

https://dspace.org/

Psychosocial Factors and Coping Narratives of Unemployed South Africans during the Covid-19 pandemic

Makola, Precious Siphokazi

2024

University of the Witwatersrand, Johannesburg

https://hdl.handle.net/10539/45769

Makola, Precious Siphokazi . (2024). Psychosocial Factors and Coping Narratives of Unemployed South Africans during the Covid-19 pandemic [Master`s dissertation, University of the Witwatersrand, Johannesburg]. WIReDSpace. https://hdl.handle.net/10539/45769

Downloaded from a DSpace repository. https://dspace.org/



Psychosocial Factors and Coping Narratives of Unemployed South Africans during the Covid-19 pandemic

---

By

Siphokazi Makola

Supervisor

Dr Mpho Mathebula

January 2024

Research project submitted in partial fulfilment of the requirements for the degree of Masters in the field of Clinical Psychology.

Faculty of Humanities, University of the Witwatersrand, Johannesburg

Contents

DECLARATION v

Acknowledgements..... vi
Chapter One: Introduction 1
1.1 Research Aims 1
1.2 Research Question 1
1.2.1 Psychosocial Impact: 2
1.2.2 Coping Mechanisms: 2
1.2.3 Social Support:.....2
1.3 Research Rationale.....2
Chapter Two: Theoretical Framework.....5
2.1 The Psychology of Unemployment 5
2.2 The Lazarus and Folkman's Transactional Model of Stress and Coping.....8
2.2.1 The Primary appraisal.....9
2.2.2 The secondary appraisal.....9
2.2.3 The Reappraisal 10
2.3 The Biopsychosocial-Spiritual Model 10
2.3.1 Biological factors.....11
2.3.2 Psychological factors 11
2.3.3 Social factors.....12
2.3.4 Spiritual factors.....12
Chapter Three: Literature Review 14
3. The Interplay between Pandemics, Unemployment, and Mental health 14
3.1 Pandemics in Africa 16
3.2 The impact of Covid-19 on Unemployment in South Africa 19
3.3 Intersectional Impact of COVID-19 on Unemployment in South Africa.....23
Chapter Four: Methodology.....27
4.1 Research Design.....27
4.2 Sample and Sampling Procedure 28
4.3 Data Collection Procedure 30
4.4 Interview interaction and Participants 30

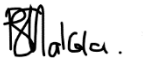
Participant A 31
Participant B 31
Participant C 31
Participant D 32
Participant E 32
Participant F 32
Participant G 33
Participant H 33
4.5 Transcription 33
4.6 Analysing Narrative Data 33
4.7 Trustworthiness: Credibility, Dependability, Confirmability, transferability, and Authenticity 36
4.8 Ethical Consideration 37
Chapter Five: Results and Discussion 41
5.1 Initial Impact of Covid-19 on Employment 41
5.2 Financial Strain and Emotional Impact 43
5.3 Mental Health and Lockdown 44
5.4 Self-Reflection and Reevaluation 47
5.5 Coping Strategies 48
5.6 Navigating Uncertainty and Hope for the Future 51
Chapter Six: Limitations and Recommendations 52
6.1 Limitations 52
6.2 Recommendation for future research 53
6.3 Conclusion 55
Reference List 57
Appendices 76
Appendix A: Permission Letter 76
Appendix B: Research Poster 77
Appendix C: Information sheet 78
Appendix D: Informed Consent 79
Appendix E: Ethics Certificate 80
Appendix F: Research Questions Guide 81
Appendix G: Interview Schedule 82

Surname:	Makola
First Name/s:	Precious Siphokazi
Student No.:	2556188
Course Code:	Master's in Clinical Psychology
Word Count/number of pages:	91

DECLARATION

I, Precious Siphokazi Makola, know and accept that plagiarism (i.e., to use another's work and to pretend that it is one's own) is wrong. Consequently, I declare that:

- The following report is my own, unaided work.
- I have correctly acknowledged all direct quotations **and** properly paraphrased ideas/content. **In addition,** I have provided a complete, alphabetized reference list, as required by the APA method of referencing.
- I have not allowed and will not allow anyone to copy my work with the intention of passing it off as his or her own work.
- I understand that the University of the Witwatersrand may take disciplinary action against me if there is a belief that this is not my own unaided work, or that I failed to appropriately acknowledge the source of the ideas or words in my writing.

Signed: 

Date: 24 January 2024

Acknowledgements

I would like to take this opportunity to express my profound gratitude to the individuals who have been instrumental in my academic journey and the completion of this thesis.

First and foremost, I extend my deepest appreciation to my research supervisor, Dr. Mpho Mathebula. Her guidance, mentorship, and unwavering support throughout this research report has been invaluable. Her expertise and dedication have shaped my work and contributed significantly to its quality and my learning experience.

To my family, and my ancestors, you have truly been the bedrock of my motivation and determination. Camagu, '*Mfene, Lisa, Jambase*…'' for the prayers, the countless words of encouragement, and understanding during the long hours of writing research. I am because '' *Umntu ngumntu ngabantu''* words that echoed so truly and deeply felt during challenging times. Enkosi!

I am also indebted to my friends and colleagues for their belief in my abilities and their words of encouragement. Your support, whether in the form of insightful discussions, shared experiences, or simply lending an empathetic ear, has kept my motivation high during the challenging moments of this process.

This journey has been a collective effort, and the support of my supervisor, family, friends, and colleagues has been crucial to my success. I am truly fortunate to have such a dedicated support network, and for that, I am sincerely thankful.

Chapter One: Introduction

1.1 Research Aims

This research project investigates the relationship between psychosocial factors and coping narratives of unemployed South Africans during the Covid-19 pandemic. South Africa has a history of high unemployment rates with some studies indicating a thirty percent unemployment rate pre-pandemic (Espi-Sanchis, Leibbrandt, & Ranchhod, 2021; Hlayisi, 2022). Current literature suggests that the Covid-19 pandemic and the subsequent lockdown exacerbated socioeconomic challenges in South Africa particularly those related to unemployment (Odeku, 2021).

According to the parliamentary monitoring group of South Africa, there were 7.2 million unemployed South Africans during the first quarter of the pandemic and this number increased to 7.8 million in the second quarter (Dunjwa, 2021). This research study aims to investigate three interrelated themes; the psychosocial aspect of job loss that impacted participants' mental well-being, social support, and coping mechanisms during the Covid-19 pandemic. The study seeks to gain a richer understanding of lived experiences through narrative dialogue and gain insight into what it is like to be unemployed at the time when there are few job prospects due to the Covid-19 pandemic.

1.2 Research Questions

The following research questions serve as a vital preamble to the core inquiries guiding this study. Delving into the psychosocial impact, coping mechanisms, and social support during the Covid-19 pandemic in the context of unemployment among South Africans, these questions aim to unveil nuanced aspects of individual experiences. By exploring the emotional and psychological dimensions of job loss, understanding coping strategies, and gauging the role of social support networks, this research seeks to contribute valuable insights to the evolving discourse on the pandemic's socio-economic implications.

1.2.1 Psychosocial Impact:

- How has the psychosocial well-being and mental health of unemployed South Africans been affected by the Covid-19 pandemic?
- What are the predominant emotional and psychological experiences of individuals facing unemployment during the pandemic?

1.2.2 Coping Mechanisms:

- What coping mechanisms are unemployed South Africans use to navigate challenges brought about by job losses during the Covid-19 pandemic?

1.2.3 Social Support:

- To what extent do social support networks contribute to the well-being and coping strategies of unemployed individuals in South Africa during the pandemic?

1.3 Research Rationale

Global Significance of the Covid-19 Pandemic: The Covid-19 pandemic has had widespread and profound effects globally (Yu, Fei, Peng, & Bort, 2024). Understanding its impact on individuals, especially in terms of unemployment, provides insights into the broader implications of such crises on mental health and coping mechanisms.

Research on unemployment and psychosocial needs has mostly been attributed to the work of Johada (1982) which fulfils both manifest and latent functions. Manifest functions include external factors such as monetary gain from employment and having a work environment. The latent functions are the psychosocial factors such as time structure, opportunities of engagement (activity), including interactions with individuals beyond one's immediate family. Other examples include one's rank and role in the broader social context, a sense of collective purpose and shared experiences (Isaksson, 1989). The loss of these functions may negatively impact on one’s mental well-being.

High Unemployment Rates: South Africa has historically faced high unemployment rates, and the pandemic likely exacerbated this issue (Kim, 2024). Investigating how individuals cope with unemployment during a crisis can shed light on the resilience of communities and individuals in the face of economic hardships. The impact of Covid-19 pandemic may have adverse negative implications on the psychosocial factors of many South Africans, more so to the unemployed. Furthermore, Covid-19-induced unemployment during national lockdown restricted economic activities resulting in massive job losses (Posel, Oyenubi, & Kollamparambil, 2021; Naidu, 2020). These massive job losses and lockdown affected the unemployed in that it rendered them with less opportunities to be active and have social contact outside the family, while faced with immense difficulty in searching for jobs.

Policy Implications: Understanding how the unemployed cope with being unemployed during the Covid-19 pandemic could better inform social researchers, policy makers and mental health practitioners when making decisions and formulating policies for employment redress and intervention.

Mental Health Implications: Unemployment is often linked to mental health issues such as stress, anxiety, and depression (Bendassolli, 2024). Exploring the psychosocial factors associated with unemployment during the pandemic can help identify potential mental health challenges and inform targeted interventions.

Coping strategies are the internal and external resources that a person uses to cope and deal with a stressful situation (Baddeley, 2009) The Covid-19 pandemic has presented a climate of uncertainty especially when it comes to financial stability and job security. According to Achdut and Refaeli (2020), being unemployed can cause financial strain as well as psychological distress. In circumstances where people are not able to change their financial situation, investigating psychosocial factors that impact them could provide a broader insight on ways in which policy makers, government and mental health practitioners can better resource the unemployed and for the unemployed to gain better insight into different coping strategies.

Narrative Approach: Focusing on coping narratives provides a qualitative dimension to the research. Examining personal stories and experiences allows for a more nuanced understanding of the challenges faced by individuals, providing a humanistic perspective to the data.

To comprehend the psychological impact and distress faced by the unemployed, some scholars have investigated the coping strategies of the unemployed (Holder, Jones, & Masterson, 2021). They observed that numerous studies exploring individuals' responses to job loss during the Covid-19 pandemic mostly use quantitative methodologies with a focus on economic aspects. This economic-centric, reductionist view has meant that rich accounts of lived experiences of coping with unemployment have been greatly ignored and doesn't account the psychosocial factors and coping narratives of unemployed South Africans. Factoring the psychosocial elements would give voice to literature that has been ignored by other researchers.

In the context of narrative research, the stories inherently become the raw data (Gillespie, Glăveanu, & de Saint Laurent, 2024). Thus, when conducting a qualitative narrative approach, the study would be identifying recurring patterns of ideas and words, or patterns generated from the data that was missed from previous studies. This approach offers the rich complexities that quantitative methodologies miss and would further factor the psychosocial and coping narratives that were missed in previous literature.

Resilience and Community Support: Investigating coping strategies may reveal the resilience of individuals and communities. Exploring how social networks and community support systems contribute to coping can highlight the importance of these factors in times of crisis (Emrich, Park, Russell, & Fendrich, 2024).

Overall, this research topic combines the global significance of the Covid-19 pandemic with the unique socioeconomic context of South Africa, offering the potential to contribute valuable insights into the psychosocial dynamics of unemployment during a crisis. This study informs interventions for this demographic and contributes to literature on Covid-19-induced job losses and similar pandemics in the future.

Chapter Two: Theoretical Framework

2.1 The Psychology of Unemployment

This chapter explores the psychology of unemployment by studying its historical context and the development of theories that have provided valuable insight into the psychology of unemployment.

The development of the psychology of unemployment stems from the need to understand how unemployment impacts individuals' mental health and physical well-being. Unemployment has been a persistent issue in human society throughout its history, dating back to the nineteenth century when symptoms such as hysteria, depression, and anxiety were noticed in unemployed individuals (Darit[i]y & Goldsmith, 1993).

The Great Depression was noted as one of the worst global economic periods in history, where many Americans lost their jobs resulting in widespread poverty and psychological consequences (Calomiris, 1993). However, the psychological impact of unemployment was not fully understood and the research at the time mainly focused on the economic theory which suggests that the rise in unemployment is a result of changes in labour demand. It was not until later that a marked interest in the field of psychology of unemployment amongst psychologists, sociologists, scholars, and researchers grew (Ezzy, 2017).

The development of theories on the psychological impact of unemployment can be traced back to early thinkers such as the American psychologist Henry Stack Sullivan who began to investigate the psychological impact of unemployment. He discovered that those who are unemployed felt worthless, lost their sense of identity, and felt socially isolated. He also discovered that each person's situation varied on how they coped psychologically (O'Brien, 1986). In addition to Henry Sullivan's works other early thinkers like Émile Durkheim's views on unemployment provided great insight into the stigma and social isolation that is associated with unemployment and its effects on people's psyche (Durkheim & Coser, 1998). However, it was the work of Jahoda (1981) and Lazarus & Folkman (1984) that shifted the paradigm of unemployment psychology. They

postulated that there is more to employment than economic instability; the study concluded that employment provides social contact, and it is the loss of that social contact which may contribute to emotional difficulties, thus, giving rise to the theoretical question of how do people cope with unemployment during times of social restrictions such as the Covid-19 pandemic?

In exploring this question, one could firstly examine the work that was done by Jahoda (1981). Her work changed the perspective of unemployment from financial instability to loss of social contact by studying the psychological impact of unemployment on individuals, societies and communities during the Great Depression. Jahoda (1981) posited that adverse effects of unemployment are not only a loss of financial stability but may manifest in emotional instability, a disruption of daily routine, loss of identity, and adjustment difficulties to their new situation. According to Marie Jahoda (1981), models of latent functions theory postulate that work provides latent functions**.** The theory provides valuable insight on the long-term psychological and social implications of unemployment during times of global economic recessions.

The theory argues that unemployed people experience psychological distress that extends beyond loss of income, as they are deprived of specific social functions that contribute to their overall well-being. (Isaksson, 1989). In the theory, latent functions are psychological benefits or needs that are essential to mental wellbeing and social well-being, such as:

- **Time structure** which provides a sense of structure to one's day or week.

- **Opportunities of engagement (activity), including interactions with individuals beyond one's immediate family** which enforces some sort of activity or regular activity.

- **Social status (rank), role in the broader social context and a collective purpose and shared experiences**. These functions provide an opportunity to work towards a shared goal and a sense of identity and community.

The model of latent functions provides great insight into the psychology of unemployment but fails to answer the question of how people cope with unemployment. Thus, the experience of

unemployment and the impact on the individual's ability to cope can be closely examined by the works of Lazarus & Folkman (1984). They argue that an individual's ability to cope with and adapt to challenges and problems is the result of the transaction (or interaction) that take places between the person and their environment. Their theory is called Lazarus and Folkman's Transactional Model of Stress and Coping theory.

The theory attempts to offer a comprehensive framework of understanding the complex process and relationship between unemployment, the individual's unique cognitive appraisal of the situation, and their coping strategies. They further argue that coping involves both cognitive and behavioural responses in an attempt to manage internal and externally perceived stressors (Lazarus & Folkman, 1984)

The **Lazarus and Folkman's Transactional Model of Stress and Coping theory**, however, oversimplifies the complexity of the individuals' ability to appraise their situation and cope with the stressor by not accounting for the biopsychosocial and spiritual factors. **The Biopsychosocial-Spiritual Model** is of way of understanding the clinical care and management of illness, it is originally rooted in medicine, and it dates back to the nineteen-seventies from the work of George Engel (Engel, 1977). The model systematically considers the biological, psychological, social, and spiritual factors that may contribute to health and illness such as somatic risk, cognitive factors or appraisal to the life stressor and interpersonal relationships. Therefore, in the context of psychology of unemployment the Biopsychosocial- Spiritual model offers a holistic view on understanding the complex interplay between health and coping with unemployment.

Furthermore, there has been significant body of research that has found a link between unemployment and stress on the body (Linn, Sandifer, & Stein, 1985). The Biopsychosocial-Spiritual model not only considers the impact of stress that an unemployed individual might experience on a psychological, social, spiritual levels, but also on the physiological level. Studies conducted by Keefe (1984) and Nakao (2010) show that chronic stress such as unemployment may cause negative health outcomes by deregulation of the autonomic, endocrine, and immune system functioning and that a useful tool would be to consider the Biopsychosocial-Spiritual model as management plan.

The key feature of both theories used in the current study is their contribution to the psychology of unemployment and their recognition that unemployment is a significant stressor, and that individuals' coping strategies affect their psychological and physiological health. The incorporation of the **Lazarus and Folkman's Transactional Model of Stress and Coping theory** (Lazarus & Folkman, 1984) and the **Biopsychosocial-Spiritual Model** (Engel, 1977) has been considered and applied as the theoretical framework for this research.

2.2 The Lazarus and Folkman's Transactional Model of Stress and Coping

Chambers (2012) stated that different individuals may have different approaches and strategies to cope with different stressors, depending on the environment and resources available to them. For instance, in the context of pre-Covid-19, an unemployed individual may rely on social systems like their community, family, church and friends. In other instances, as with many South Africans, they may rely on the informal sector for income - this is largely due to a history of high rising unemployment rates (Banerjee et al., 2008). In an effort to contain the spread of the coronavirus, the South African government took precautionary measures, that included the implementation of social distancing and lockdowns. Unfortunately, these measures had the unintended consequence of causing a significant increase in job losses (Ikwegbue, Enaifoghe, Maduku, & Agwuna, 2021).

Psychiatrists Rahe and Arthur (1978) stated that people's ability to cope with life events is based on their interpretation of the event of whether it is perceived as a positive or negative experience as well as cognitive and emotional factors, whereas sociologists Pearlin and Schooler (1978) proposed that coping is largely a function of one's social environment and thus, to understand how people cope, one needs to understand the context of problems they contend with. However, Coelho (1970) argued that in certain situations, individuals may find themselves unable to alter a stressful life event or situation. In such cases, they are left with the option of coping by either reframing the meaning of the situation or exerting control over their emotional response to it.

Lazarus & Folkman (1984) offer a broader clinical view of stress and coping in that it is viewed as an interaction or transaction between the individual and multiple systems such as their cognitive, physiological, affective, psychological, and neurological in appraising the stressful situation. This paradigm shift from a person-specific approach to a situation-specific approach to coping is echoed in the **Lazarus and Folkman's Transactional Model of Stress and Coping.** Therefore, the theory is insightful in accounting for the coping strategies and the role of environment in understanding unemployment coping narrative during the Covid-19 pandemic. The theory involves three components:

2.2.1 **The Primary Appraisal** stage is a crucial component in the individual evaluation of the stressor as it initiates the coping process and prepares the individual to take corrective actions. In this stage, there are three primary appraisals that can be distinguished - *irrelevant*, *benign-positive*, and *stressful* (Lazarus & Folkman, 1984). Within the context of the Covid-19 pandemic and unemployment, if the perceived stressor carries no implication on the person's well-being and no interest, it might be evaluated as *irrelevant*, meaning being unemployed poses no threat to the person's wellbeing. While *benign-positive* suggests that the stressor might preserve or enhance the person's well-being, meaning that they might benefit from being unemployed. Whereas if the stressor is perceived as *stressful* it suggests that it might pose a threat, challenge or harm in the meaning making function thus initiating the second appraisal stage.

2.2.2 **The Secondary Appraisal** stage evaluates an individual's resources and abilities to cope with the perceived stressor. During this stage something must be done to manage the situation, though it is a complex evaluative process, it is an interplay between external environmental factors and internal psychological processes (Lazarus & Folkman, 1984). In the context of Covid-19 pandemic and unemployment, this appraisal would include evaluating one's personal employable skills, interpersonal relationships such as social support and community. Furthermore, the evaluation might be more challenging when faced with fear of contracting the coronavirus which might be anxiety-inducing, or supporting a loved one who might be impacted by the virus. Therefore, during Covid-19

unemployment appraisal such as financial burden, lockdown, fear of contracting the virus and emotional distress while maintaining a positive attitude can be challenging and this is the importance of the secondary appraisal to evaluate one's available resources to cope with the stressor.

2.2.3 **The Reappraisal** involves a process of reevaluating and reframing the initial stressor. Throughout the coping process, an individual may continually assess the effectiveness of their coping strategies and adjust as necessary. Individuals may employ two types of coping strategies such as *Problem-focused coping* or *Emotion-focused coping* (Lazarus & Folkman, 1984). *Problem-focused coping* involves finding practical solutions for the stressor such as upgrading one's skills for future employment, networking and activity engaging in job searches whereas in *Emotion-focused coping* the aim is to regulate and manage emotional responses such as anxiety of being unemployed, depressive symptoms that are associated with financial loss and the loss of social contact due to lockdown. Thus, the reappraisal is a continuous process of adjusting and reframing the situation cognitively until the perceived stressor is under control (Kirby et al., 2022)

2.3 The Biopsychosocial-Spiritual Model

The Biopsychosocial-Spiritual Model (BPSS) could provide some insight and explain the social, psychological, and spiritual aspects of job loss during the Covid-19 lockdown. The BPSS model was formulated by George Engel. The model arose out of dissatisfaction with the biomedical model (Engel, 1977). The biomedical model places significant emphasis on the role of pathogens as the primary causes of diseases, and that the patient is a passive recipient of treatment. However, Molina (1984) argued that for a holistic view of the presenting problem, a consideration should be made based on the person's biological, psychological, social and spiritual factors that might impact on their health.

Considering the context of the Covid-19 pandemic and unemployment, the Biopsychosocial-Spiritual model recognizes that there is an interplay between biological, psychological, social, and spiritual factors. During the 52nd World Health Organization Assembly in 1999, the WHO

proposed the inclusion of the spiritual dimension in individuals' lives, leading to the establishment of the Biopsychosocial-Spiritual model (Bergland, 2023).

The BPSS model "emphasises the role of people's behaviour, what work they do, how they lead their lives, where they live, and their access to health services in determining their health status" (Ross & Deverell, 2004, p.12). Within this framework, individuals are not viewed as passive victims of illness; instead, they are seen as active participants who can engage in their own recovery and work towards maintaining good health. The framework emphasises that illness can be caused by a combination of biological, psychological, and social factors. The Biopsychosocial-Spiritual adds the spiritual dimension, which will be explained later. The following section examines these factors in the context of the Covid-19 induced unemployment and coping strategies.

2.3.1 **Biological factors*:*** Biological factors include physiological aspects of an individual's health (Taylor, Welch, Kim, & Sherman, 2007). In the context of COVID-19 induced unemployment, the biological factors may be direct health effects of the virus itself or related health conditions. Studies show that there is an associated link between unemployment and physiological stress leading to a decline in physical activity and higher risk for heart disease, obesity, and diabetes. The research findings by Nürnberger et al. (2022) concluded that the fear of contracting Covid-19 had a notable impact not only on mental health but also on somatic health. Additionally**,** financial stress associated with unemployment might make it challenging to maintain a healthy lifestyle due to poor access to health care professionals and nutritious food.

2.3.2 **Psychological factors**: Psychological factors refer to one's mental and emotional well-being (Waugh, 2020). The uncertainty surrounding the duration of the lockdown could lead to psychological distress, including symptoms such as anxiety, depression, low self-esteem, and suicidal thoughts (Lin & Leung, 2010). Such factors might impact the unemployed individuals' ability to cope with the stress and their ability to seek employment. Additionally, social isolation may intensify mental health challenges, including feelings of low self-worth and a sense of being unable to effectively handle and

manage stress (Dudek, 2021).

2.3.3 **Social factors*:*** Social factors encompass the broader social and environmental influences on an individual's health (van der Vaart, De Witte, Van den Broeck, & Rothmann, 2018). The pandemic and lockdown exacerbated feelings of isolation and a feeling of loss of community, due to limited social contact (Dudek, 2021). Other factors might include reduced access to resources due to limited movement, and social networking. Scholars such as Taylor et al. (2007) who have investigated the cultural differences regarding the influence of social support, have observed that various cultural groups often exhibit concerns about the potential adverse consequences of revealing their issues to those whom they are close to, particularly in cases like unemployment.

In 1999, the World Health Organization's 52nd Assembly introduced the Biopsychosocial-Spiritual model. Its introduction offered an examination of the impact and influence of cultural and religious factors that should be considered when providing mental health support. (Bergland, 2023).

In the attempt to highlight a broader and more holistic perspective of human experience the Bio-psychosocial-Spiritual model, views aspect of a person's biology, psychological, social, and spiritual aspects as intertwined and it attempts to provide a comprehensive understanding of illness including medical and psychiatric conditions (Engel, 1977; Sulmasy, 2002). South Africa is characterized by a diverse population and as such the bio-psycho-social spiritual model is a useful framework to consider when working in a South African context, as it enables for a particular emphasis on the socio-cultural and spiritual factors that underlie various traditional and religious models used to explain mental illness in South Africa (Monteiro, 2015; Watermeyer, 2003). It is anticipated that by extending to the bio-psychosocial spiritual model in this study that the researcher could better explore how (*if any*) religious and traditional aspects might impact on how individuals and communities cope with unemployment stressors (Monteiro, 2015).

2.3.4 **Spiritual factors*:*** Different scholars have given varying definitions of spirituality in health sciences. According to McKee-Ryan et al. (2005) spiritual aspects include the beliefs,

values, and meanings that individuals associate with their lives and experiences, while the most comprehensive definition can be attributed to works of Saad et al. (2017). They stated that spirituality can be defined in terms of one's exploration for meaning, purpose, and significance, expressed through belief systems, values, traditions, and practices about oneself, one's family, one's community, nature, and sacred practices.

The biopsychosocial spiritual framework recognizes that unemployment is not solely determined by one factor but is influenced by biological, psychological, social, and spiritual dimensions, thus these factors are interconnected and impact the unemployed individuals' perspectives of unemployment. According to the research findings by Muller et al. (2004), it seems that spiritual orientation is associated with better wellbeing during times of unemployment and lower levels of stress. These may include prayer, mediation and engaging in acts of services. While others may argue that spiritual experience is subjective (Kleftaras & Vasilou, 2016), it is important to note that spiritual wellbeing has been linked to better health outcomes and may impact on the person's ability to cope with unemployment (Linn et al., 1985).

Chapter Three: Literature Review

3. The Interplay between Pandemics, Unemployment, and Mental Health

Throughout history, pandemics have consistently shaped societies, economies, and public health worldwide. Literature shows that there is a link between employment opportunities and subsequent effects on mental well-being during times of pandemics (Achdut & Refaeli, 2020). During pandemics, government often implements measures to minimize the spread of the disease, such as measures that might be restriction of movement, quarantine and social distancing (Qiu, Rutherford, Mao, & Chu, 2017). These may have severe impact on the economic activities leading to job loss. So, by studying past pandemics it might offer some valuable insight into lived experiences, explanations, and strategies to tackle future pandemics.

The prevalence of mental health issues among the unemployed, as observed by Banks, Fancourt, , & Xu (2021) during the Covid-19 pandemic showed that anxiety, depression and stress are among the commonly reported psychological challenges associated with prolonged unemployment. In a complementary study by Davillas & Jones (2021), the focus shifted to the broader impact of lockdown measures and economic restrictions. Their findings suggest that these measures may have had indirect repercussions on both physical and mental health issues. Conversely, the experience of unemployment itself has been extensively linked to negative mental health outcomes (Sharone, 2024). Findings show that stress and uncertainty associated with unemployment can exacerbate mental health conditions. Additionally, individuals facing mental health challenges may encounter stigma related to unemployment, and discrimination. The uncertainties regarding future employment, financial strain, and a sense of loss can contribute to a decline in mental health.

The psychological impact of prolonged unemployment may include psychiatric symptoms such as depression, anxiety and stress, which have been noted in the literature (Lin & Leung, 2010; McDaid, 2021; Sharone, 2024). Socioeconomic factors, such as access to mental health services, may exacerbate the impact of mental health on unemployment (Isaksson, 1989; Linn et al., 1985; McDaid, 2021). On a more optimistic finding, research by Bhattacharjee & Baksi, (2024) and Kapur (2024) has explored coping mechanisms and resilience among individuals facing mental

health challenges and unemployment. Thus, understanding the interplay between pandemics, unemployment, and mental health is crucial in exploring coping narratives during the Covid-19 pandemic. The purpose of this section is to contribute to the understanding of these factors in the African context and as well as to examine current literature.

There are multiple definitions that can be found in literature for the term *"pandemic."* However, the most common definition, refers to *"pandemic"* as a worldwide occurrence of a disease that spreads across extensive geographical regions, affects the greater global communities while disrupting daily life, health care systems and causing increased mortality. It is characterized by illnesses that are either novel or connected with unique variations of existing organisms (Morens et al., 2009; Piret & Boivin, 2021). Thus, for this research report, whenever the word *"pandemic"* appears, it is noted to this definition.

Throughout history, various pandemics, such as smallpox (variola), cholera (cholera morbus), bubonic plague (plague), influenza (the flu), dengue fever (dengue), severe acute respiratory syndrome (SARS-CoV), and acquired immunodeficiency syndrome (AIDS) have had a significant impact on public health, and have been extensively documented (Qiu et al., 2017). In the context of Africa, historically pandemics include Cholera, Ebola Outbreaks, HIV/AIDS and currently the Covid-19 pandemic. Its impact varied depending on the specific outbreak and the region affected (Adu-Gyamfi et al., 2021). Despite its periodic occurrence and devastating consequences, it seems that regions like America, Europe and Asia, have experienced extensive research and there has been some disparity in the amount of research and scholarly exploration dedicated to understanding the interplay between pandemics, unemployment, and mental health in the African context (Huremović, 2019; Piret & Boivin, 2021).

Pandemics often destabilize the economy and have direct and long-term costs. Interestingly, researchers like Mubiala (2022), Qiu et al. (2017) and Rodríguez-Caballero & Vera-Valdés (2020) have explored pandemics in the African context and have found a correlation between pandemics in the region, as well as strained labour markets that have resulted in increased numbers of unemployment. An example of such a study was drawn from the regional health security regime in Africa. The regime includes entities such as the African Union (AU) and its specialized agencies

such as the Africa Centres for Disease Control and Prevention (Africa CDC) and the West African Health Organization (WAHO). These entities are responsible for executing measures that prevent imminent threats to people's health. However, the study offered a limited account into the coping narratives of those impacted by the pandemic-induced unemployment. Noteworthy, Gabriel et al. (2010) attempted to offer some insight into coping strategies of those who experienced unemployment during the great depression, however, the study seems to focus on the societal, financial, and political contexts of their coping strategies and the Great Depression was not a pandemic nor were the participants from Africa. Additionally, other studies like those by Kaur et al., (2020), Qiu et al. (2017), and Rodríguez-Caballero & Vera-Valdés (2020), also focused on economic repercussions of pandemics in Africa but neglected to offer insight into how to navigate through such challenging times. And thus, the focus for the next section is not to dispel the correlation between pandemics in Africa and its economic repercussions but to shift the focus into how pandemics in Africa impact on unemployment and mental health with the hopes of gaining insight and understanding of unemployed coping narratives.

3.1 Pandemics in Africa

The earliest documented pandemic in Africa dates back to the 14th century and details the scourge of the Bubonic plague, which was caused by Yersinia pestis bacteria, primarily spreading through flea bites, rats, and mice onto humans. Its symptoms included high fever and painful, swollen lymph nodes (Phillips, 2012). The Black death also known as the Bubonic Plague had a profound impact in Europe, Asia and Africa, particularly in North Africa with studies showing that nearly two hundred million people died (Adu-Gyamfi et al., 2021). The trade route linking Africa and the rest of the world played a role in the spread of this devastating plague (McEvedy, 1988). The high mortality rate and changes in the labour trade, its impact on unemployment suggest that there might have been varied lived experiences including psychiatric symptoms immense fear, panic, and grief (Qiu et al., 2017). During the Bubonic Plague outbreak in Europe, there were emerging themes of dance, macabre and vanitas together with worship that some scholars have noted as coping mechanisms (Seregina & Van den Bossche, 2022). The historical context of how Africans coped with the Bubonic Plague seems to be limited.

The seventh Cholera outbreak, began in 1961 in Indonesia and as of March 2022 the World Health Organization (WHO) noted that it is still a current pandemic that continues to have intricate connection between health crises, economic downturns, and mental health challenges (Ngwainmbi & Manda, 2023). Cholera is a waterborne disease that has caused major epidemics in African regions such as Zimbabwe, Sierra Leone, South Sudan, Ghana and now recently South Africa had experienced the Cholera epidemic (Smith et al., 2023).

The psychosocial impact of Cholera in communities as found in Schaetti et al. (2013) includes financial loss in the family due to interruptions with employment related activities and increased alcohol use in some rural parts of Kenya due to limited health care services. Other studies show that the psychosocial impacts of Cholera can extend beyond the immediate outbreak with some communities reporting fear and anxiety associated with the stigma of cholera and their own risk of infection (Chatterjee & Chauhan, 2020; Schaetti et al., 2013). Other reports indicate that disruption of daily routine could contribute to feelings of uncertainty, helplessness, and frustration (Grimaud & Legagneur, 2011). Additionally, communities in Sierra Leone, Liberia, and Guinea were deeply impacted by the Cholera outbreak due to job losses and disruptions in their livelihoods but were able to use the informal networks and solidarity mechanisms to support each other and cope with the impact of outbreak (Rancourt, 2013).

The high prevalence of HIV/AIDS pandemic in Africa has gained momentum since the 1980's, while the prevalence various between regions, presently Southern Africa has the highest number of adult infected people with Swaziland, Lesotho, and Botswana with the Eastern Africa follows , with Tanzanian experiencing a decline in the number of infected people, however Uganda continually ranked as a high burden country with high HIV/AIDS prevalence that continues to rise (Cohen et al., 2008). Notably efforts have been made to reduce the number of the HIV prevalence in Uganda, however literature shows that among people aged 15 – 49, the country still has a high proportion of people living with HIV/AIDS.

Poverty has been linked to spread of the virus in Africa as limits access to health care, and education while creating a vicious cycle of unemployment and worsens the economic situation (Dilger & Luig, 2022). For instance, a study conducted by Timmons & Fesko (2004) found that

individuals who experienced long term unemployment were likely to engage in risky sexual behaviours and were at risk at contracting HIV/AIDS, with some reporting on experiencing discrimination and stigma due to their HIV/AIDS status. Psychological symptoms such as post-traumatic stress, depression and anxiety have been seen more commonly reported in people living with HIV/AIDS compared to non-infected people (Sherr et al., 2011). Additionally, the ripple effects also extend to families and communities who also experiences the financial and emotional burden of caring the sick and orphaned (Strydom & Carolus, 2010).

Research on quality of life of HIV/AIDS patients shows that social supports acts as buffer or mental disorders, with some reporting that spirituality has contributed to feelings of wellbeing and meaning to life. The study also shows that coping by denial correlates with feelings of low-self-esteem and depression. By recognizing the impact of the HIV/AIDS pandemic it might foster a more empathetic response and inform the government how to better support those impacted by the virus including communities.

The recurring Ebola outbreak, in Central and West Africa, has been characterized by rapid mortality rate, psychological distress and economic disruptions that has led to increased health vulnerabilities (Huremović, 2019). Ebola haemorrhagic fever, also known as Ebola, is a deadly rare disease caused by the infection with one of the Ebola viruses' strains, with fruit bats being a probable source. It was first noted in a remote village of Guinea, West Africa in December 2013, and it quickly spread to Nigeria, Mali, Liberia and most notably in Sierra Leone in 2015 (Kamorudeen et al., 2020). The Ebola pandemic exacerbated the already strained health care in these countries, further complicated by the unique socio-political-cultural and religious factors in navigating support for the region (Kamradt-Scott, 2016), with the African Centre for Disease Control and Prevention (ACDCP) reporting that The World Health Organization was slow in responding to the crises which resulted in high mortality rate and neuropsychological sequelae after discharge from the Ebola treatment centre. These included anxiety, depression and fatigue being the most common symptoms noted (James et al., 2019; Mubiala, 2022).

The Africa Centre for Disease Prevention and Control (CDC), further responded to the pandemic

by deploying health care teams to the DR Congo, Sierra Leone, Guinea, and Liberia to aid in support both the communities and Ebola survivors. Studies showed that survivors reported stigma and discrimination from their respectively communities, while others reported that they coped through religious support such as praying, reading the bible and forming support groups (James et al., 2019; Qiu et al., 2017).

In summary, understanding and exploring the complex interplay between pandemics, unemployment, and mental health within the African context, yielded invaluable insight into the effects of the Bubonic Plague, Cholera, HIV/AIDS, and Ebola outbreak impacted on survivors, communities, and government organization. It revealed resilience in how different regions coped with the psychosocial, economic, and neuropsychological impact of the pandemic and including pandemic-induced unemployment. However, it is imperative to acknowledge some limitations and the need for caution interpretation of these findings, for instance the grouping of coping strategies and lived experiences into a cluster of symptoms, region and pandemics may oversimply the complexity of responses. This approach seems reductionist and it does not comprehensively address the multifaceted factors between pandemics, unemployment, and mental health within the African context. Thus, to address this limitation the objective of this research is to shift to a specific region in Africa and explore in-depth the psychosocial factors and coping narratives of unemployed South Africans during the Covid-19 pandemic.

3.2 The impact of Covid-19 on Unemployment in South Africa

Globally the Covid-19 pandemic emerged as a significant concern due to its notable impact on the world's population. In response to the concerns regarding the Covid-19 pandemic, the South African government imposed a three-week nationwide lockdown, following the first reported case on March 5th, 2020 (Stiegler & Bouchard, 2020).

Prior to the Covid-19 pandemic, South Africa was already grappling with significant high unemployment rates with some studies indicating a thirty percent unemployment rate pre-pandemic (Hlayisi, 2022). Current literature suggests that the Covid-19 pandemic with the lockdown exacerbated socioeconomic challenges in South Africa particularly those related to

unemployment (Odeku, 2021). Further support of this can be found in (Posel et al., 2021) where they noted that the impact of the pandemic goes beyond morbidity and mortality, and in South Africa its adverse impact has been noticeable in public health, the recent protests, the resurgence of high unemployment, socioeconomic inequalities and the psychological impact. Moreover, literature also shows that certain industries were heavily impacted by the lockdown. For instance, international restriction of flights to the country severely impacted the tourist, hospitality and transport industry (Chitiga-Mabugu et al., 2022). As a result, individuals working in these sectors found themselves unemployed and therefore adding to the country's rising unemployment rate. Similarly in a study by Nguse & Wassenaar (2021) found that the lockdown has exacerbated existing socioeconomic challenges such as service delivery, gender-based violence, unemployment and it has widened the poverty gap. This was further supported by the research conducted by Nwosu & Oyenubi (2021), where they investigated the impact of the COVID-19 pandemic on income-related health inequalities in South Africa and found that about three million South Africans experienced job loss between February and April 2020 due to the COVID-19 pandemic and the associated hard lockdown. These findings suggest that there may have been an impact on how South Africans may have coped with being unemployed during the Covid-19 pandemic. However salient knowledge gaps become evident, as the current literature fails to offer insights into unemployment coping narratives among South Africans.

Existing, unemployment literature, such as the works of (Weich & Lewis, 1998) has mainly focused on the financial strain of unemployment and its' impact on the individuals' well-being , these studies have revealed (Vinokur et al., 1996) that there is a link between the unemployment and common mental health disorders such as depression, anxiety, stress and psychiatric disorders however the limitation in these studies was the use of general health questionnaires and it doesn't provide an in-depth clinical interview of unemployment coping narratives. On the other hand, researcher such as Bocchino et al. (2021) attempted to explore how the Covid-19 unemployment crisis may differ from previous unemployment period and its impact on mental health, their study revealed responses of grief and trauma evoked by the loss of work but fails to account on the coping narratives and lived experiences by those impacted by Covid-19 induced unemployment. Additionally, it appears that there is paucity of research focused on the South African population and the impact that lockdown might have.

The restriction of movement due to the implementation of the Covid-19 lockdown measures introduced a stressor to many South Africans and it may suggest that there might have been substantial differences in lived experiences, mainly due to factors like income, education, access to quality mental health services, inequalities and the high unemployment rate (Simon & Khambule, 2022). For instance Masuku & Nzewi (2021) research revealed that in South Africa, the informal sector accounts for twenty percent of total employment, with over two million five hundred thousand South Africans. This is further supported by Odeku (2021) who posits that disengagement from the economy due to Covid-19 induced unemployment created financial strain on the population that relied on the informal sector. However, the limitation of these studies does not account for lived experiences of a Covid-19 induced unemployment and thus giving rise to the theoretical question of how do people cope with Covid-19 induced unemployed during lockdown?

In attempting to answer this question, Köhler et al., (2023) stated that the informal sector in South Africa refers to the type of work that is not regulated by labour laws, where most of the workers do not benefit from legal protection such as formal contracts, health insurance benefits and paid leave days. These workers are self-employed, or are in lower-skilled sectors such agriculture, domestic work, construction, transportation and are characterized by low-income wages, a lack of job security and poor working conditions. Subsequently, Khambule (2022) showed that the Covid-19 lockdown negatively impacted the informal sector in South African where participants reported a decline in their socioeconomic status and were more vulnerable to poverty and unemployment.

Studies show that the most vulnerable population to unemployment are the youth (Dawson & Fouksman, 2020) as about sixty-six black youth aged fifteen to thirty-four are unemployed followed by women, particularly black women who continue to suffer higher unemployment, lower wages (Francis et al., 2020). Historical and systematic racial inequities have had a significant impact on unemployment. Studies show that the COVID-19 pandemic has significantly disrupted the informal economy, primarily comprised of these two groups (Dawson & Fouksman, 2020; Francis et al., 2020; Ikwegbue et al., 2021). Furthermore, government social

and economic stimulus packages, such as the COVID-19 Social Relief Grant, have not fully addressed the needs of the unemployed, with many recipients still living below the poverty line (Simon & Khambule, 2022).

Another stressor that has received limited attention in current research of unemployment during the Covid-19 pandemic are the psychosocial factors. These are the factors that account for unemployed in relation to their social environment and mental health. Moreover studies by (Nguse & Wassenaar, 2021), have revealed that the unemployed and lower income South Africans were more vulnerable to mental health effect of the Covid-19 pandemic, with some participants reported feelings of anxiety and fear about contracting the coronavirus while others, expressed worries related to transport difficulties, resulting in defaulting on their psychotherapy appointments due to the lockdown period. Meanwhile, other researchers such as (Wettstein et al., 2022), studied how the COVID-19 lockdown affected the use of mental health care services in South Africa and found that there was substantial decrease in rates in terms of the mental health use of inpatient and outpatient following the Covid-19 pandemic lockdown. There was an increase in hospital admissions due to alcohol withdrawal syndrome, however, there were statistical ambiguity around these estimates and thus making it difficult to reach a definite conclusion on the estimates.

A study by Yao (2021) investigated mental health disorders related to COVID-19-induced unemployment and found that mental health is significantly more negatively impacted by Covid-19 induced unemployment. Furthermore, Finch & Wilson (2021) indicated that there is a strong and consistent link between unemployment and adverse health outcomes and that the psychological effects of unemployment are not limited to economic factors. Additionally, Bocchino et al. (2021) found that families experiencing unemployment are more likely to experience psychological symptoms such as stress, anxiety, depression, anger, frustration, fear, and behavioural issues such as alcohol and drug abuse. Unfortunately, the difficulties that these families face may have long-term consequences for their children's development. Unemployment and psychological distress are emphasised in these studies and are indicative of the importance of having employment (Ogueji et al., 2021). According to Ogueji (2021), being occupied with

one’s job is imperative for preventing distress during the pandemic.

According to Nguse & Wassenaar (2021) the Covid-19 pandemic has amplified the existing mental health gap in South Africa, and it has had intersectional impact on the mental health of South Africans particularly those who were marginalized in terms of accessibility to quality psychiatric and mental health services due to structural inequality, poverty, unemployment, and other socioeconomic constraint. This was further echoed by Naidu (2020) as they stated that in a society that has been affected by collective trauma and a significant unemployment prevalence, the pandemic in South Africa represents another threat. The World Bank (2020) estimated that about fifty-five percent of South Africans live below the national upper middle class poverty line in crowded households of intergenerational families that poverty can have negative impacts on mental health.

The psychological effects of unemployment and Covid-19 examined in these studies indicate that Covid-19 and unemployment have a profound influence on one's mental health. However, despite the current research, little attention has been given to the unemployment coping narrative during the Covid-19 pandemic in South Africa.

3.3 Intersectional Impact of COVID-19 on Unemployment in South Africa

Intersectionality recognizes that multiple and intersecting social identities may exist in how South Africans may experience being unemployed during the Covid-19 pandemic. The concept of intersectionality describes the ways in which overlapping and interconnected systems of social identities such as race, gender, age and class intersect to shape people’s experiences and opportunities (Collins & Bilge, 2020). According to Gezici and Ozay (2020), the high unemployment rate in South Africa predates the Covid-19 pandemic. Vulnerability to job loss is an important area of interest as it impacts both individual and household wellbeing, particularly in times of pandemics where the restriction of movement may create an additional stressor to the unemployed (Ranchhod & Daniels, 2021). In investigating the impact of coping with unemployment during the Covid-19 pandemic and understanding intersecting factors such as racial

disparities, educational and skill disparities as well as minority groups may provide valuable insight into the lived experiences and highlight any inequalities that may exist. Such focus may be beneficial in the South African context as it may guide future interventions.

Historical and systemic racial inequities in South Africa dates back to the apartheid era, where the then government imposed unequal access to job opportunities and discrimination to non-white applicants and subsequently contributing to the disproportionately high unemployment rates, particularly among the black African communities (Leibbrandt et al., 2010). The COVID-19 pandemic further exacerbated these disparities, with the prevalence of the job loss occurring mostly in black populated industries such as the informal sector (Ranchhod & Daniels, 2021). This finding was further supported by the South African labour and Development Research Unit, research where they investigated the impact of the Covid-19 pandemic on the labour marker (Jain et al., 2020).

The informal sector is an example of racial employment disparities because it is categorized by unskilled or menial jobs performed by the black community due to the apartheid government administration of reserving such employment for black Africans (Katzen, 2014). Studies show that despite post-apartheid policies such as affirmative action which were aimed at rectifying the historical distribution of employment based by race, it seems that the highest unemployed population in South Africa is still the Black population followed by the Coloured, Indian and Whites (Katzen, 2014; Kingdon & Knight, 2004). It is worth highlighting that the findings by (Ranchhod & Daniels, 2021) indicate that during the Covid-19 pandemic and lockdown, many black people lost their jobs due to changes in the labour market, which were a result of restriction of movement and subsequently experienced difficulties in applying for new employment because of lower chances of finding employment. Additionally, black South Africans were amongst the lowest paid followed Indians, Coloured and Whites earning the most (Mabuza, 2020).

Some of the key socioeconomic perpetuating factors of unemployment in South Africa is related to educational and skill disparities and its impact on the minority group (Meyer, 2017). Inequality in education, roots back to how different races were treated including how state resources were distributed. Historically, the majority of the state resources were diverted to ‘’white’’ schools

meaning that these school were well funded and developed compared to non-white schools during the apartheid era, additionally being Afrikaans or English first language speaker meant that intergenerationally were more likely to have benefited from well-funded and resourced education (Leibbrandt et al., 2010). Although the school infrastructure has improved in the last 28 years, research shows that some students were impacted differently by the Covid-19 pandemic and lockdown, for instance students and households from advantage communities were stable to sustain learning during lockdown by making use of online learning strategies however students from disadvantage communities were not able to continue and keep up with the pace of learning due to limited resources and school infrastructure, this study suggest that there might be deepened and widened educational inequalities due to limited resources, which may impact on future employment prospects (Reimers, 2022). Furthermore, boys and girls from rural areas were more likely to be impacted by the pandemic compared to boys and girls from urban areas due to access to online learning resources. Subsequently remote learning also created an unpaid care burden on women as they spent time teaching their children due to the pandemic compared to men (United Nations, 2021).

A study by Bonga-Bonga et al. (2023), found that there were gender differences in labour market outcomes during the Covid-19 pandemic. The study indicated that the type of employment that women were employed in was likely to be impacted by the economic fluctuations of the pandemic and thus resulting in higher number of women being impacted by lockdown. Additionally, it seems that pre-pandemic women who had tertiary education were less likely to lose their jobs compared to those who did not. Similarly in a research study by Khwela-Mdluli and Beharry-Ramraj (2020), it was found that economically women were severely impacted by the lockdown resulting in unemployment or salary cuts and were amongst the highest to experience severe physical, mental and psychological stress. On the other hand, research by Casale & Shepherd (2021) shows that Covid-19 induced unemployment in men were most likely linked to those with an educational background of matric and less while those who had post-matric education gained employment during February to October 2020 lockdown. Additionally, for men employment recovery was found to be highest post lockdown compared to women.

In a study by the United Nations (2020), it was found that black female-headed household of

casually employed women and who had not completed matric were amongst the highest to be impacted by unemployment due to the lockdown compared to white women, with some women reporting an increased rates of intimate partner-violence and psychological distress. In another study by Parry & Gordon (2021) found that black women in rural areas who are farmers and informal traders were impacted by the aftermath of the pandemic due to severe loss of income and some relying on loan sharks to sustain their livelihoods, coupled with uncertainty and psychological symptoms such as anxiety and depression

Recent research show that South African youth are amongst the minority group to be impacted by the Covid-19 pandemic that had resulted in a scarcity of jobs. De Lannoy et al., (2020). Despite employment policy initiatives it seems that South Africa youth unemployment was particularly vulnerable to the impact of lockdown and due to ongoing employment challenges and they are mostly characterized by low-skill jobs, low income and poor job security (Habiyaremye et al., 2022). Racial and gender inequalities continue to play a role in youth unemployment, with some studies showing that black and coloured youth are more vulnerable to unemployment compared to white and Indian youth (De Lannoy et al., 2020). Other studies show that unemployment is higher for youth than for adults and that young African men make up the majority of youth unemployment while others have not completed their matric (Du Toit, 2003). Some of the reported difficulties that were faced by the youth during the pandemic were a lack of financial support to start business (Ngcobo & Khumalo, 2022). Some of the psychological consequences that were reported were uncertainty of job prospects coupled with societal pressure to which increased stress, depression and prolonged unemployment lead to feelings of hopelessness and anxiety (Eichhorst et al., 2022).

In summary, this section provided an analysis of intersectionality of unemployment during the covid-19 pandemic by presenting its historical context based on racial disparities, educational and skill disparities as well as minority groups. In conclusion, intersectionality offers a holistic lens and perspective on unemployment in South Africa during the Covid-19 pandemic.

Chapter Four: Methodology

4.1 Research Design

Qualitative research is described as a type of research that is obtained when a researcher gathers data that is rich with description and context (Merriam, 2002). Qualitative research typically conveys findings using descriptive language rather than primarily relying on numerical data. Consequently, the analysis needs to allow for nuanced descriptions that may not be reducible to mere comparisons of greater or lesser values (Stiles, 1993). The term qualitative research encompasses a variety of conceptual frameworks and approaches such as narrative, phenomenology, grounded theory, action research, case studies, ethnography and historical research (Heigham & Croker, 2009).

Narrative research offers a detailed understanding of the subject matter and highlights the stories that are being told in context. In lived narratives, participants tell their lived experiences. The participants' assigned meaning in their lived experiences is the focus of the narration. The three interrelated themes namely the psychosocial factors such as the participants' mental well-being, social support, and their coping narratives during the Covid-19 pandemic will be the focus of the narration. Furthermore, narrative research approach can provide rich insights into lived experience and it prioritizes individuals' experiences of concrete events, rather than constructs, opinions, or abstractions (Carless & Douglas, 2017).

Narrative research is not only about telling one's story through a dialogical interaction, but also to uncover participants' lived experiences whilst providing the participants the opportunity for reflections and better insight into their narratives. Thus, an important toll is the social construction of reality. In understanding the lived narratives of unemployed South Africans during the Covid-19 pandemic it is important to highlight the personal and social conditions. The personal conditions such as their psychological wellbeing and social conditions of their environment. In working narratively, researchers can benefit from each participant's expertise about their own lives, understanding meaning and co-constructing it through a dialogical interaction. It is therefore, through dialogical interaction that this study seeks to gain

"*participants' expertise about their own lives"* in an in-depth understanding.

4.2 Sample and Sampling Procedure

There are various sampling methods that researchers could consider during the sampling procedure. For instance, non-probability sampling and probability sampling are two distinct approaches that are used in research and are usually guided by the research objective, the available resources, and the theoretical question being investigated (Etikan, 2016). In narrative research both non-probability sampling and probability sampling could be considered. For example, non-probability sampling is commonly employed in narrative research as it enables the researchers to purposefully choose participants based on accessibility, specific characteristics as well their rich account of the phenomenon being studied (Vaismoradi et al., 2013).

Furthermore, as stated by Squire et al. (2014) purposive sampling approach is a sampling method found in non-random sampling, also known as non-probability sampling. It is employed in qualitative research and can be used in narrative research. According to Palinkas et al. (2015) it is noted that the purposive sampling approach is a cost-effective sample method, non-random technique, whereby the researcher identifies willing participants who can provide information-rich data based on their knowledge or experience. On the other hand, Etikan (2016) explains that probability sampling method could be considered when conducting narrative research as it allows for generalizations to be made from the sample of the population. However, probability sampling, more specifically random sampling has its limitation in this study as it does not offer an in-depth exploration of the research question and the lived experiences of the participants. Subsequently, probability sampling seems to offer statistical generalizability and thus fails to address the rich account of lived experienced of the unemployed population. Therefore, for this reason purposive sampling approach has been used as it aims to provide a unique and meaningful account of the unemployed narrative.

In conducting purposive sampling, it is essential to note that this study is not funded by any organisation or institution and that the selection of the participants would not directly benefit the organisation in which the participants were sourced from. Thus, due to the limited resources

available the participants were sourced from a non-profit organisation that provides life skills training, free academic courses, job training and placement as well as free counselling services to unemployed informal residents of Cape Town. The targeted age group for the research were participants aged 21 to 45 years old.

The initial stage of the sampling process began by writing a formal letter, asking for permission **(*See appendix A*).** The letter was addressed to the head of the training department at the chosen Non-Profit Organisation (NPO) asking permission to access potential research participants. Upon confirmation of approval from the head of the training department, the sampling process thereafter involved identifying and selecting participants who experienced unemployment during the Covid-19 pandemic because of lockdown. This means that these participants were impacted by the Covid-19 lockdown and thus were unemployed. This was made known using a poster seeking research participants **(*See appendix B*)**.

The participant information sheet, (***See appendix C*)** was posted at the NPO notice board, inviting potential participants to participate in voluntary research with no remuneration fee in participating. As part of the selection process, participants were informed that they are free to choose whether they want to participate, and that they could withdraw at any time during the research process by contacting the researcher or the research supervisor. Withdrawal from the study would have no negative repercussions on their training with the NPO. Identified and willing participants were invited to talk about their experiences of being unemployed during the Covid-19 pandemic through externalising conversations whereby participants engaged in conversations about their feelings and experience of *unemployment,* and subsequently their coping experiences via reauthoring conversations. This created a space for reflection and to look at their experiences in a different way. This process was done using semi-structured guide interviews *via* ZOOM at the NPO centre thus the potential participants had no financial cost in participating in the research. An informed consent form **(*See appendix D)*** was given detailing what the study is about, how long the interviews will take, which is approximately about 45- 60 minutes.

4.3 Data Collection Procedure

In conducting this research, eight unemployed South Africans were interviewed. Four of the participants were sampled from an NPO that provides training skills to unemployed South Africans, whilst the other four participants were selected from the responses from the research poster **(Appendix B)** which was posted on social media**.** The Research poster included the title of the research, and a brief description of the study. The restrictions mentioned were that "Covid-19 induced unemployed participants aged 21-45 will be interviewed". The poster included a voluntary disclaimer and the contact details of the researcher. All participants were informed in detail about the research process, the voluntary participation disclaimer, and the next step in the process of the interview. Participants who agreed and signed the consent form were interviewed via Zoom.

4.4 Interview interaction and Participants

In narrative research, interview interaction is an important dynamic of exchange that takes place between the researcher and the participant, it is whereby the two partake in a back-and-forth conversation and the process is seen as a collaborative process through participatory and interactive methods, therefore, the interview interaction is not solely constructed by the researcher, but rather it is jointly constructed by researcher and the participant (Georgakopoulou, 2006).

Researchers such as Esin (2013), highlight the importance of the researcher to be aware of their own agenda and to understand the power dynamic that might occur during the interview interaction in narrative research. Esin cautions that since interviewing places the researcher at a powerful position of asking questions, one should not disempower the participant and that they have the right to choose how they will answer the questions. Furthermore, the researcher should as part of the interview design encourage the participants to find their own voice and one way of doing that is by asking less restrictive questions and engage in open ended questions with the participant. It seems that, as stated by Rosenthal (1993) the central theme during the interview interaction process is to elicit further narrations through the idea of co-construction and meaning

making. Below is a brief description of the participants at the time of interviews.

Participant A

Participant A is a 44-year-old white woman. She has been working in the liquor industry for 10 years as a sales consultant. The March 2020 alcohol ban lasted for 63 days, and it impacted her income. At the time she relied on her savings to support her family. In July 2020, the second alcohol ban was imposed, resulting in her becoming unemployed and with no savings to support her family. During the lockdown, she started a small knitting business making gloves and scarfs, but her knitting business was not making enough money for her to support her family and she relied on NGOs for food and necessities like toiletries. She described feelings of depression and suicidal thoughts during that time. She is currently unemployed and enrolled at a skills development centre where she is doing a short course in culinary skills.

Participant B

Participant B is a 26-year-old coloured woman. She worked as a cleaner prior to the Covid-19 pandemic. During the first lockdown, her job as a cleaner became redundant resulting in her becoming unemployed for six months. She applied for varies jobs during that time and in level 3 of the lockdown, she got a full-time job as a Covid-19 coordinator at her local clinic. The job entailed screening people for Covid-19 and keeping records of people coming into the clinic. However, due to the clinic restructuring her job as Covid-19 coordinator was terminated, resulting in her becoming unemployed again. She described feelings of hopelessness and anxiety. She is currently unemployed and enrolled at a skills development centre where she is doing a short course in basic administration.

Participant C

Participant C is a 27-year-old black woman. She worked as a finance administer prior to the Covid-19 pandemic. During the first lockdown, she worked from home however as the pandemic continued her company did some restructuring and her job became redundant. She decided to start

selling hand sanitizers to make up for the loss of income, but her business did not make much profit as a lot of people were selling hand sanitizer as well. When level 3 was imposed she described feeling financially stressed and anxious. She is currently unemployed and enrolled at a skills development centre where she is doing a course in small business training.

Participant D

Participant D is a 22-year-old black woman. She worked full time in the poultry industry as a packer. During the first lockdown, her company restricted movement and most of the employees were laid off due to the company not making money and those that remained were offered employment as casual workers. However, as the Covid-19 pandemic lockdown continued, the company replaced all casual workers with machines. She described feeling depressed and suicidal as she was the only breadwinner for her family. She is currently unemployed and enrolled at a skills development centre where she is doing a short course in basic office skills.

Participant E

Participant E is a 21-year-old black woman. After matriculating from High School, her parents were unable to fund her higher education, so she decided to start a small business selling muffins and vegetables. Her small business was doing well, but when the Covid-19 lockdown was imposed, she was unable to deliver her muffins to her clients and thus became unemployed due to the Covid-19 lockdown. She described feeling isolated and very sad. She is currently unemployed and enrolled at a skills development centre where she is learning basic culinary skills.

Participant F

Participant F is a 33-year-old black woman. She was a full-time picker at a farm. During the first Covid-19 pandemic lockdown her employer-imposed restrictions where they came every second week of the month resulting in financial stress. As the lockdown continued, most of the employees lost their jobs and the farm decided to hire foreigners who were paid less than South Africans resulting in xenophobic tension and job loss. She described feeling frustrated and angry that she

has lost her job. She is currently unemployed and enrolled at a skills development centre where she is learning basic computer skills.

Participant G

Participant G is a 34-year-old black woman. She was employed for 7 years as an accounted for an NGO but when the Covid-19 pandemic lockdown hit, the NGO lost their contract and project. When the NGO was restructuring due to the impact of the Covid-19 pandemic lockdown, she was laid off and became unemployed for 8 months. At the time of interview, participant G, was employed.

Participant H

Participant H is a 25-year-old unemployed black woman. She worked as a picker on a farm. When the first Covid-19 pandemic lockdown hit, she was laid off due to restriction of movement. She described feeling suicidal and depressed as she has not been able to find employment since the first lockdown. She was enrolled in a skills development centre, doing a short course in office admin but expressed difficulty in finding employment since the pandemic.

4.5 Transcription

Transcription of interviews is part of narrative research, and it is an interpretive process (Esin, 2013). Audio and video recordings were transcribed, verbatim and where possible noting nonverbal communication, tone and interactional cues (Davidson, 2009). Two of the interview narratives were conducted in isiXhosa, thus were first transcribed in isiXhosa thereafter translated into English and then analysed.

4.6 Analysing Narrative Data

Thematic analysis offers a systematic approach to identifying, organizing, and gaining insights into meaningful patterns, often referred to as "themes," within a given dataset (Braun & Clarke,

2006). Thematic analysis' key focus is on how participants tell their story *(What is being told).* The re-telling of the story is taken as a whole *(content)* and interpreted via themes by the researcher (Järvinen & Mik-Meyer, 2020). These themes in the data would capture both the relation to the research question and it would represent some pattern within the research data.

According to (Braun & Clarke, 2006), there are two main reasons to use thematic analysis, namely, accessibility and flexibility , while Javadi & Zarea (2016) further stated that thematic analysis is easy to understand, apply and that it is a straightforward, enjoyable, and adaptable process that does not require intricate theoretical or technical expertise, like discourse analysis or conversational analysis.

Braun & Clarke (2006) identified a ***six-phase approach to thematic analysis*** objective is outline the steps involved in the analysis process, while also pinpointing the central themes, their corresponding subthemes, and the connections that exist between them.

Phase 1: Familiarising yourself with the data: In this phase the researcher should immerse themselves by gaining a deeper understanding of the data whereby repeatedly reading the textual information, and in this case by listening to the audio and video recording and interview transcripts. This is an important aspect of process analysis and coding (Braun & Clarke, 2006).

Phase 2: Generating initial codes: The researcher systematically works through the entire data, while paying close attention to each data and identifies any patterns of themes that may have been repeated across the data set (Braun & Clarke, 2006)

Phase 3: searching for themes: Looking for themes requires an active and engaged approach whereby the researcher review the data, looking for commonalities, differences, and significant concepts, which are then categorized into themes, this is an important step in organizing and understanding the data (Javadi & Zarea, 2016). Themes are reoccurring ideas within the data set and form part of the research question. Another crucial aspect of this stage involves initiating an exploration of the connections between themes and contemplating how these themes will collaborate to convey the overarching narrative of the data. (Braun & Clarke,

2006).

Phase 4: Reviewing Potential themes**:** This stage includes an iterative process; This step is important in reviewing the themes; The researcher examines the identified themes in comparison to the gathered data extracts to determine how well the themes align with the data. By the end of this step, it should be evident to the researchers what the distinct themes are and how they collectively contribute to the overall narrative (Braun & Clarke, 2006).

Phase 5: Defining and naming themes. In this phase the researcher defines and refines the themes, in order to identify the "essence" of each theme is about and to ascertain which aspect of the data each theme captures (Maguire & Delahunt, 2017). As part of the refinement process, in this phase, it is important for the researcher to assess whether a theme incorporates any sub-themes, which are essentially themes within a theme. By the end of this stage, it should be distinctly clear what each theme encompasses and what it does not (Braun & Clarke, 2006).

Phase 6 : Producing the report*:* At this stage the researcher does the final analysis by writing and reporting to ensure that the themes are accurately expressed, consistently and logically, and without repetition (Maguire & Delahunt, 2017). The report must be written in such a way as to convince the reader of the validity and reason of the study. It is essential that the analysis *(the write-up of the analysis, including data exacts*) should strive to provide a clearly written, logical structure, without any repetition and should be coherent. Furthermore, it should be engaging narrative of the story that were emerging from within and across themes". In conclusion, Braun & Clarke (2006) stated that the extracts should vividly portray the narratives embedded in the research data.

The researcher conducted semi-structured interviews, transcribed, and analysed them using Thematic analysis. In using thematic analysis individual meanings, expressed in words and phrases, can be identified from the interview texts. Consequently, in conducting a thematic analysis, the interview transcripts were able to reveal the rich lived experiences, convey the complex realities, and capture the intimate experiences of unemployed South Africans during the Covid-19 pandemic. Thematic analysis thus offers the possibility of developing alternative

narratives that participants would have not known. The themes narrate stories told by those impacted by the Covid-19 lockdown and their coping strategies and therefore hopes to increase understanding into unemployment narratives.

4.7 Trustworthiness: Credibility, Dependability, Confirmability, transferability, and Authenticity

The core objective in qualitative research is to ensure trustworthiness, primarily by establishing the credibility and reliability of the research findings. This, in turn, instils confidence in other scholars and readers that the information presented in the research study is dependable and can be trusted (Moon et al., 2016).

In qualitative research, the most common criteria to evaluate the quality of the study and to maintain rigour are those purported by Guba & Lincoln (1986). Lincoln and Guba initially outlined four criteria: *credibility, dependability, confirmability, and transferability*. However, in 1994, they introduced a fifth criterion, *authenticity* (Cope, 2014).

Credibility: encompasses capturing the most authentic meanings and values from participants' responses during interviews and accurately interpreting them. Moreover, a research study gains credibility when the narrative findings are readily recognized by individuals who have shared similar experiences (Cope, 2014).

Dependability: pertains to the consistency of data under similar conditions. For instance, a research process and descriptions are considered dependable if the study's findings are replicated with similar participants in similar conditions and produce consistent results (Cope, 2014; Guba &Lincoln, 1986 Moon et al., 2016).

Confirmability: pertains to the objectivity and neutrality of the evidence of how the results emerged from the study, for instance it involves taking steps to ensure that the findings came of the research and not the researcher biases of the researcher (Cope, 2014).

Transferability: is regarded as an external validity (Cope, 2014). It pertains to the way in which the research findings can be applicable and useful to theory, practice, and future research, including those not associated with the study and those who find meaning in the findings based on their own experiences (Guba & Lincoln, 1986; Moon et al., 2016).

Authenticity*:* pertains to the extent and the ability in which the researcher captures and expresses the truest emotions of the research participants and does so in a faithful account of the narrative (Cope, 2014). Additionally, the appraisal process should include integrity and critical reflection of interpretation of the data by the researcher (Guba & Lincoln, 1986; Moon et al., 2016).

This research is investigating the psychosocial factors and coping narratives of unemployed South Africans during the Covid-19 pandemic. Throughout the research process, the research was conducted in a *trustworthy* manner whereby I did not exploit the participants in any way, and I acted with integrity. I was reflective and mindful of my own cultural, political and social ideologies when conducting the research. I gathered specific themes from the accounts of the participants by listening carefully to what is being asked and taking notes of each participant's response thereby documenting it for my supervisor to review and ensure validity and trustworthiness of the data collected. Finally, I understand that each participant's socioeconomic background is different thus each participant's account of the events was reflected as told by the participants. Honesty, integrity, validity and credibility of the data obtained were ensured through the process by means of reflecting and discussion with my supervisor.

4.8 Ethical Consideration

Ethical consideration in research ensures that the research is conducted with integrity and that the rights of the participants are safeguarded and protected throughout the research process (Ketefian, 2015; Mayan, 2023; Orb et al., 2001). Throughout the study, the following ethical principles were taken into account and upheld informed consent, autonomy, nonmaleficence, beneficence, and justice (Beauchamp & Childress, 2001; Ketefian, 2015).

Building upon these ethical principles, additional measures were integrated to further enhance the protection of participants and integrity of the research process. These include confidentiality, anonymity, data security measures, distress protocols and support services (Ketefian, 2015; Shaikh & Chhachhar, 2024).

Informed consent: ensures that all participants have a comprehensive understanding of the research process, procedure, potential risk and benefits and how these might impact them as so giving them the right to withdraw at any time their participation in the study (Ketefian, 2015).

The willing participants were informed about their participant rights within the letter of information and the letter of consent**.** Participation in this research only took place when the individual signed the consent form without being influenced or coerced in any way.

***Autonomy*:** refers to the concept that participants have the capacity for self-governance, which means they possess the ability to make informed and independent decisions regarding their involvement in the research study. It involves respecting their right to make choices without undue influence or coercion from the researcher or others. Autonomy ensures that participants have the freedom to provide informed consent and are not compelled to participate against their will (Beauchamp & Childress, 2001).

Nonmaleficence*:* refers to the process of protecting the participants' information. This includes safeguarding their privacy and protecting them from any psychological and physical harm and lastly by not compromising their dignity (Orb et al., 2001).

Beneficence: refers to the balance of potential benefit for the participant rather than risk and harm. This ensures that the participants are not harmed by the research study whether directly or indirectly (Ketefian, 2015). Additionally, the study prioritised the participants well-being and ensured that no negative impact on their mental health and emotional state during the interviews.

Justice: Another ethical consideration is that of justice. This refers to the equality and the fairness within the research study (Orb et al., 2001).

Confidentiality**:** Confidentiality is a paramount ethical consideration in this research, ensuring the utmost protection of participants' sensitive information. All data collected during the study will be treated with the highest level of confidentiality. To uphold this principle, access to any personally identifiable information will be restricted solely to the researcher and authorized personnel directly involved in the study. Additionally, any personal details that could potentially disclose participants' identities will be carefully anonymized to safeguard their privacy. Confidentiality measures extend to the storage and handling of both digital and physical data, reinforcing the commitment to maintaining the integrity and security of participants' information throughout the research process (Shaikh & Chhachhar, 2024). Additionally, the non-profit organization (NPO) will not have access to the participants' transcripts or personal details (Britz & Le Roux-Kemp, 2012).

Anonymity**:** Anonymity is a fundamental aspect of participant protection in this research. To ensure anonymity, each participant will be assigned a unique identifier code that dissociates their responses from personal details. This code will be exclusively known to the researcher, and it will not be linked to any identifiable information in the final analysis or reporting of findings. Participants' names or any identifying markers will not be used in any research outputs, preserving their anonymity. This approach not only aligns with ethical standards but also provides participants with the assurance that their contributions will be treated with the utmost discretion and that their identities will remain confidential throughout and beyond the research study.

They were also informed about their freedom to withdraw from the research study at any time without facing any negative consequences related to their training with the non-profit organization (Emanuel, 2000; White, 2020).

***Data Security Measures*:** To further fortify participant data security, all collected data will be stored in a secure, password-protected digital storage. Access to this storage will be strictly controlled, limited to the researcher, and authorized team members. The password protection mechanism adds an additional layer of defence against unauthorized access, ensuring that only those with explicit permission can retrieve or manage the stored information. These measures collectively reinforce the commitment to maintaining the privacy, confidentiality, and anonymity of participants in accordance with the highest ethical standards (Shaikh & Chhachhar, 2024).

Distress protocol and Support services: A distress protocol was implemented to inform participants about available services, including free counselling services and an online support group designed for unemployed South Africans. It is important to note that these services were not affiliated with the researcher or the non-profit organization (NPO), thus ensuring that participants had a neutral space to freely express themselves (South African Medical Research Council, 2003).

The NPO offers free in-house counselling services and referrals to registered counsellors. As part of the distress protocol, an additional counselling service provider not affiliated with the NPO was put in place should participants wish to make use of an external provider. The participants were made aware of this service at the start of the interviews. The counselling service was free of charge and there was an option to join a weekly online unemployment support group.

Chapter Five: Results and Discussion

This research project investigated the psychosocial factors and coping narratives of unemployed South Africans during the Covid-19 pandemic. The Lazarus and Folkman's Transactional Model of Stress and Coping theory, attempts to offer a comprehensive framework of understanding the complex process relationship between unemployment, the individual's unique cognitive appraisal of the situation, and their coping strategies while the Biopsychosocial-Spiritual model offers a broader clinical picture into their lived experiences. The following themes emerged from the interviews of participants who experienced COVID-19-induced unemployment and it highlights their lived experiences including emotions and coping strategies.

5.1 Initial Impact of Covid-19 on Employment

The sudden disruption caused by the pandemic is highlighted through participants' narratives of their stable employment situations abruptly transforming into uncertainty.

Participant A*: " At the beginning of the pandemic, I was doing well. My business was flourishing. I had a steady stream of clients, and my financial situation was stable. But as the lockdown measures were implemented and businesses had to shut down, everything changed.''*

Participant B*: "I lost my job... financial stress was unbearable..."*

Participant C*: "Before Covid-19, things were good. I had a steady job..."*

Participant D*: "The company I worked for had to shut down due to lockdown.... I didn't see it coming."*

Participant E: *"I was comfortably employed before Covid-19, and then everything changed."*

Participant F*: "My job ended in March 2020; we didn't know what would happen next''*

Participant G*: "Our project was put on hold due to lockdown...for the first time in my career I found myself unemployed for the first time…. The lockdown not only disrupted our work but also affected our future job prospects.''*

Participant H*: "At the start of the pandemic, I worked as a picker on the farm but lockdown… I lost my job…. I did not know what to do. "*

Discussion: The sudden shifts in employment circumstances experienced by many participants triggered cognitive appraisals. Maierhofer et al. (2002) asserts that the way in which people cope with the initial impact of job loss differs from person to person and the personal meaning of the job loss event. In the context of this study, the appraisals involve evaluating the changes in relation to their pre-existing situations. For instance, Participant A's initial success, "*My business was flourishing'*, Participant C's stability '*I had a steady job...",* and Participant E's comfort," *"I was comfortably employed before COVID-19"* all serve as benchmarks against which the changes are assessed.

These cognitive evaluations shaped the participants' emotional responses. As seen in Participant B's case, the loss of a job resulted in "*unbearable*" financial stress, indicating the emotional toll of such changes. Likewise, Participant F's job loss left them in a state of uncertainty, manifesting as emotional distress. The emotional responses triggered by these appraisals play a vital role in shaping how the participants perceived their coping strategies. Participant G's realization of unemployed "*I found myself unemployed for the first time"* further exemplifies a cognitive evaluation of their situation.

Participant D's unexpected job loss showcases the emotional turbulence that can precipitate a need for coping mechanisms. These themes highlight the disruption brought by Covid-19 on employment. The cognitive appraisal process of encountering a stressor (*the pandemic*) had to be reassessed as the environment evolved (*lockdown led to unemployment).* According to Lazarus and Folkman's Transactional Model, the initial appraisal shapes emotional responses. The shift from stability to uncertainty triggers emotional responses and prompts participants to evaluate the significance and potential threat of the situation (Lazarus & Folkman, 1984). All participants highlighted how external circumstances directly influenced their employment circumstances, further revealing the interdependence of the environment and their psychological state.

Additionally, from a Biopsychosocial Model perspective, it highlights how emotions interact with physiological and psychological factors, revealing the interconnectedness of psychosocial experiences (Bolton & Gillett, 2019). Some studies have found a link between being unemployed

and experiencing increased psychosomatic symptoms like sleep disturbances, fatigue and hypertension (Maierhofer et al., 2002). Psychological dimensions come to the fore as cognitive appraisals trigger emotional responses. The realization of unmet aspirations, as depicted by Participant B, illustrates how these emotional responses can lead to distress and potentially influence physiological states. Additionally, the cognitive appraisal process such as reevaluating priorities like Participant A can initiate shifts in emotional states and Participant D's account of company shutdown exemplifies how changes in employment status can impact through personal and social spheres.

Lastly, studies McKee-Ryan et al. (2005) seem to support the findings that individuals' who transition from employment to unemployment may experience some psychiatric symptoms such as anxiety, worry, financial difficulties, family and marital difficulties and that factors such as personal coping strategies and stress appraisal can impact on their overall psychological and physical health wellbeing.

5.2 Financial Strain and Emotional Impact

The connection between financial strain and emotional well-being became evident as participants recounted the distress caused by the loss of income. Their narrative accounts revealed the relationship between financial stability and mental health, further casting light on the far-reaching consequences of financial strain on self-esteem, overall well-being, and the ability to navigate everyday life.

Participant B*: "I lost my job... financial stress was unbearable..."*
Participant C: "*We were in a dire financial situation... it was extremely stressful."*
Participant E: "*Financial strain impacted my self-esteem and well-being*."
Participant F: "*We were stuck at home, running out of food... it was really hard."*
Participant H*: "I was stressed because I didn't know what will happen next…"*

Discussion: Within the Biopsychosocial Model, financial strain triggered psychological distress, influencing participants' emotional well-being. A study by Birmingham et al. (2023) indicated that

the financial impact of unemployment due to the Covid-19 pandemic might have contributed to participants feelings of anxiousness about possible reemployment and worries about making ends met. While other studies have found a link between unemployment and elevated cortisol levels, leading to health issues such as physiological changes (Sumner & Gallagher, 2017).

In Participant B's case "*I lost my job... financial stress was unbearable*", and Participant C, "*it was extremely stressful* 'the chronic stress resulting from job loss could lead to physiological changes. For example, increased levels of the stress hormone cortisol could have negative effects on the individual's physical health over time. The appraisal inevitably influences the emotional responses described by both Participant B and Participant C, further illustrating the cyclical nature of cognitive, emotional reactions and physiological changes. Other psychological factors such as those described by Participant E: "*Financial strain impacted my self-esteem and well-being*," these feelings of low self-esteem and may also lead to symptoms of depression or anxiety. Literature suggest that self-esteem can play a role as an etiological factor in the development of depressive symptom, it's important to note that it usually interacts with other variables such as psychological, social, and biological factors (Butler et al., 1994).

Furthermore, it seems that the secondary appraisal was activated, where individuals evaluated their coping resources and strategies to manage the stressor. Participant F's account of being "*stuck at home, running out of food*" exemplifies an external stressor impacting the participants' environment, and limitation to essential resources, a component emphasized both in the Lazarus and Folkman's model and the Biopsychosocial-Spiritual Model.

In conclusion, the participants' narratives highlight that financial strain, particularly the loss of income, led to significant psychological distress. This aligns with the primary appraisal phase of Lazarus and Folkman's model, where individuals assess a situation as potentially harmful, threatening, or challenging.

5.3 Mental Health and Lockdown

The participants revealed the impact of the lockdown on their mental health. While the lockdown

was a necessary measure to ensure physical safety, it also precipitated a parallel crisis that left some of the participants grappling with overwhelming emotion and profound need for emotional connection.

Participant A: "*The stress and uncertainty of lockdown took a toll on my mental health. My business, which was flourishing before the pandemic, suddenly faced a lot of challenges. The lockdown measures affected our operations, and I had to make difficult decisions to keep the business afloat. The constant worry about the future, the health of my employees, and the financial stability of the business weighed heavily on me. I found myself dealing with anxiety and sleepless nights. The isolation caused by lockdown also affected my emotional well-being."*

Participant B*: "Being stuck at home during lockdown worsened my anxiety and affected my mental health..."*

Participant C: *"I felt overwhelmed and anxious... it was like a cloud hanging over me."*

Participant D: "*The sudden change brought on by lockdown impacted my mental health negatively. I had been working steadily before the pandemic hit, and then everything came to a halt. It was like a shock to my system. The routine I had built over the years disappeared overnight. I was suddenly confined to my home, with limited social interactions. This isolation started taking a toll on my mental well-being.*"

Participant E: *"Lockdown was challenging... My mental health started deteriorating as time went on...Depression crept in... I felt like I was stuck in a never-ending cycle."*

Participant G: "*Living alone during the pandemic made things worse... I was alone with my thoughts."*

Participant F*: "The uncertainty during lockdown was overwhelming... My mental health took a hit."*

Participant G: "*Lockdown isolated me... I felt the weight on my mental health increasing… I struggled with stress... it was a mental battle to keep going. … Living alone during the pandemic made things worse. Being alone with my thoughts for an extended period during lockdown took a toll on my emotional well-being."*

Participant H*: "My mother was in Eastern Cape, and I was worried about her… getting covid…lockdown made it hard to visit family."*

Discussion: The participants description of their feelings showed the emotional distress that they experienced, these emotional responses reflect the psychological aspect of the Biopsychosocial model where cognitive perceptions interact with emotional states and how social distancing and disruption of routine could impact on their overall health (Bolton & Gillett, 2019).

Several participants express a range of negative emotions, including anxiety (Participants A, B, C, D, G), depression (Participant E), and overwhelming uncertainty (Participants F, G), these emotional responses align with the emotional reactions described in the Lazarus and Folkman model, which occur after the primary appraisal of a stressful situation. In addition, it seems that there were concerns for family wellbeing, that might have contributed to their mental health as seen with Participant H: "*I was constantly concerned about my mother's health in the Eastern Cape. The lockdown made it hard to visit her, and the worry consumed me.".* Another contributor seems to social isolation, Participant E: "*Lockdown was challenging... My mental health started deteriorating as time went on...Depression crept in... I felt like I was stuck in a never-ending cycle*." And Participant G: "*Lockdown isolated me... I felt the weight on my mental health increasing… I struggled with stress... it was a mental battle to keep going."*

Literature shows that during the Covid-19 lockdown that the lack of social support and interaction might have contributed to mental distress (Rwafa-Ponela et al., 2022). Evaluating coping resources and strategies in response to the stressors, plays an essential role in secondary appraisal in the Lazarus and Folkman model. For instance, the coping strategies employed by the participants, seeking emotional connection and reflecting on personal growth, align with the problem-focused coping suggested by Lazarus and Folkman (Lazarus & Folkman, 1984).

There were also maladaptive coping mechanism as seen by Participant E "*I felt like I was stuck in a never-ending cycle"* this suggest that this type of coping style might inadvertently prolong their distress whereas a Participant A's "*and I had to make difficult decisions to keep the business a float*" could be seen as their attempt to engage in problem-focused coping, striving to address the stressor directly. Moreover, the environmental context, as highlighted by Participant G "*Living alone during the pandemic"*, significantly influences their coping mechanisms, in alignment with

both theories.

Findings by Agha (2021) and Budimir et al. (2021), found that the coping strategies most frequently employed were active-avoidance and religious coping style to deal with the psychological distress of the pandemic and that these strategies contributed to mental well-being, on the other hand problem-focused and positive strategies didn't seem to indicate a clear impact or influence on overall mental wellbeing.

5.4 Self-Reflection and Re-evaluation

In the face of adversity, participants were challenged to introspect and reevaluate their lives and priorities. Their narratives reveal the different ways in which the participants may have navigated the complexities of life, drawing from their unique insights, and coping strategies.

Participant C: "*It made me rethink my life and what truly matters..."*
Participant G: "*I learned to stop comparing myself... I'm on my own journey."*
Participant F: *"Covid made me think of other ways to make money... it came when I was in lockdown."*
Participant B: *"I had hoped to be married with children... here I am, 34, struggling."*

Discussion: The narrative suggests the transformative effort made by participants to introspect and reevaluate their unemployment narratives. Cognitive realignments triggered emotional and physiological responses. The participant's account serves as a vivid illustration of how individuals can harness cognitive reappraisal to navigate challenging circumstances.

In the Lazarus and Folkman's stress and coping model, their realization signifies an adaptive cognitive coping strategy, fostering psychological resilience as seen by Participant G: "*I learned to stop comparing myself"* and Participant C: "*It made me rethink my life and what truly matters...'*'whereby they reframed the appraisal that led to significant emotional shifts. Drawing from (Carver, 1997), extensive research on coping strategies, participant G coping style could be seen as an acknowledgment that everyone's journey is unique, suggesting a shift from potentially

maladaptive coping, such as comparing oneself unfavourably to others, to a more "*adaptive approach*". Meanwhile participant C approach aligns with the concept of "*positive reframing*". Where they sought a different and more positive approach to their situation. Both are a key element of Charles S. Carver's research on coping strategies and individuals' responses to adversity.

Likewise alternative paths were taken by participant F "*Covid made me think of other ways to make money...*" This proactive search for alternative means of income highlights problem-focused coping mechanisms and it demonstrates resilience in the face of challenges. This coping strategy is mirrored in the Biopsychosocial Model's emphasis on the interaction between environment and psychological responses. Adaptive exploration exemplifies the dynamic relationship between individual responses and external circumstances.

Furthermore, Participant B's candid reflection on unmet life aspirations resonates deeply with the Transactional Model's appraisal process, in their reflection they recognize the incongruence between their current situation "*being 34 and struggling"* and their desired life situation "*married with children"*. Their feelings of struggle and unfulfillment are indicative of appraisals that may trigger emotional distress stress and they may be reflecting on whether their current struggles are a result of personal limitations or external factors, and whether achieving their desired life goals is still feasible. In addition, participant B exemplifies the psychological strain that might be mirrored in the Biopsychosocial Model, where psychological responses influence emotional and physiological states.

5.5 Coping Strategies

Amid the uncertainties of lockdown and Covid-19 induced unemployment some participants exhibited a variety of coping strategies to navigate their emotional, environmental, and psychological challenges. The following coping themes emerged:

Emotion-focused Coping: *Adaptive Coping through Personal Activities*

Participant A: "*As a way to cope with the uncertainty, I found solace in reading and reflecting on my journey. Engaging in personal activities like this allowed me to momentarily*

shift my focus and find some sense of control amid the chaos."

Participant B: *"Losing my job doesn't make me a bad mother and talking to someone has helped me cope with the abuse and to learn to accept challenges in life. I think sometimes, I tend to focus on the positive like reading a book that has also helped me to manage the stress at home and being unemployed.*"

Participant D: *Remember, I said I had trouble naming my emotions. Some of the exercises that I learned to do the NGO helped me write down some of the habits that I have, and I got to know, what I am feeling when I do certain things, some of the strength and weakness. Who knew that basic questions would help me name what I was feeling. So, I try to manage some of my emotions, and I know what I am feeling. This was cool too me."*

Participant E: "*During those challenging times, I turned to baking, not just as a distraction but as a way to cope. Baking made me feel that everything is fine, even if just for a moment.*

Participant F*: "Talking to others and sharing stories... made me see things differently."*

Participant G*: "I started painting during my free time. It not only helped distract me from worries but also became a therapeutic outlet.*

Participant H: "*It was challenging, but I had to learn new skills and explore different opportunities to stay afloat."*

Discussion: The narrative account of these participants showed that personal activities such as reading, baking and introspection, although they differ in impact from one individual to the other, highlight the importance of engaging in personal activities to shift the focus in order to regain control into one's life amid overwhelming uncertainties. This further echo Lazarus and Folkman's emphasis on the significance of cognitive appraisal, and facilitating adaptive coping strategies to manage and navigate complex emotions.

Emotion-focused Coping: ***Adaptation to Change and Uncertainty***

Participant A: "*At first, I was really stressed and overwhelmed, but with time, I learned to take things one step at a time."*

Participant E: "*I had to adjust my expectations and be more flexible about the type of job I was looking for."*

Participant H*: "I knew being sad wasn't going to help me, so I started think how to help myself''.*

Discussion: The modifying of emotional reactions serves as adaptive coping strategies in managing one's emotions response to challenge. This type of response aligns with Lazarus and Folkman's conceptualization of emotion-focused coping and could serve as a buffer against health-related illness as also seen in the Biopsychosocial-Spiritual Model.

Biopsychosocial-Spiritual Model: ***Coping through Faith, Prayer, and Social Network***

Participant A: *"My family's encouragement and my community's support gave me hope."*

Participant D*: "Recognizing the importance of social support, I reached out to friends, family, and my community for support. Their understanding and encouragement provided me with the emotional strength to face the uncertainties of unemployment."*

Participant E*: "I joined online support groups... it was comforting to connect with others."*

Participant G*: "Amid the isolation caused by the pandemic, I turned to my church community for support. The church's WhatsApp group became a place of connection and solace, where I could share my story and receive words of encouragement from others facing similar challenges."*

Participant G: " *Luckily, we had a church WhatsApp group... I reached out to them telling them my story. ...My faith played a crucial role in helping me navigate the difficulties of being unemployed. I had faith that God would see me through this difficult time and that I would emerge stronger."*

Discussion: The spiritual dimension of the coping emerged vividly in the participants coping narratives. It seems that faith communities and spiritual practices play a significant role in fostering

resilience and providing a sense of meaning amid social distancing and unemployment. Furthermore, it appeared that coping mechanisms are not isolated actions, but intricate responses moulded by cultural, social, and psychological factors that corollary to comprehensive support systems.

5.6 Navigating Uncertainty and Hope for the Future

The presence of hope as a positive outlook can act as coping mechanisms, providing individuals with a sense of agency and motivation to navigate through challenging circumstances.

Participant A: "*I am 44 years old, and I had to start again. Yho, that is hard. I do not know what will happen next, but I hope this culinary course will help me make something."*

Participant B: *"I admit I struggled with the uncertainty. It felt like my life was on hold, and I didn't have control over my own destiny."*

Participant D: "*I have hope that things will get better, and I'm focusing on starting my own business.*

Participant F: "*I try to stay positive and hopeful that eventually, the job market will improve, and I'll find a new opportunity."*

Participant G: "*It's been tough, but I believe in my skills and determination. I have hope that I'll find a job that's even better than my previous one."*

Discussion: The participants` acknowledgement of their challenges seems to suggest that they were engaged in the Lazarus and Folkman's primary appraisal, as they evaluated the significance of the stressor and its potential impact. They employed both problem-focused coping strategies and emotion-focused strategies. Through these strategies they regained control and created meaning amidst uncertainty. Additionally, through hope, participants engaged in adaptive strategies that address emotional, cognitive, and social dimensions of their experiences, further highlighting the inseparable connection between psychological and physiological well-being.

Chapter Six: Limitations and Recommendations

6.1 Limitations

The emergence of the Covid-19 pandemic has been documented in literature as having the most impact on social and economic factors in many societies due to the lockdown regulations (Simon & Khambule, 2022). In South Africa, one of the most notable impacts induced by the Covid-19 pandemic was its impact on the increasing unemployment rates and the economic disruptions which led to widespread job losses (Francis et al., 2020). As a result, this research study investigated the psychosocial factors and coping narratives of unemployed South Africans during the Covid-19 lockdown.

A significant strength of this research is the use of qualitative interviews as a research method, as it provided a richer account through interviews and the use of thematic analysis. In a narrative research design, the participants' accounts are often seen as a frame of reference and a way of reflecting on their lived experiences and thus it provided the researcher with an in-depth account of their experiences (Riessman, 2008). Another notable strength in this study is the diversity in the participants, in that they are from different races, cultural background and age group which allowed for a broader perspective on the topic. While the research study provided some insightful account of the participants' lived experiences, it is important to acknowledge that the findings of this study were influenced by the participants subjective perceptions and experiences. By identifying the limitations of this study, it is hoped that future scholars can reflect, make improvements and provide a critical evaluation for future studies on this topic (Bailey & Bailey, 2017). As with any research study, it had some limitations, and these limitations may offer valuable insights for future policy makers and a deeper understanding of those who work with this demographic.

6.1.1. Sampling Size and Diversity: While sample size and bias are acknowledged as a limitation in this study, it is worth noting that some qualitative researchers argue that valuable insight can be drawn even in smaller sample size (Bekele & Ago, 2022). The study drew on the accounts of eight female participants, and due to the relatively small sample size, the generalizability of the findings may be compromised, and their experiences may not fully mirror the diverse range of experiences within the broader unemployed population of South Africa during the Covid-19 pandemic. Sample

size and diversity are important considerations in research as they might have a profound effect on the reliability and generalizability of the study findings (Kothari, 2004). As such, it is recommended that future studies include a mixed gender both males and females and in addition, a longitudinal study could provide a more comprehensive understanding of the evolution of the individuals' lived experiences and coping strategies rather than a single account. It is suggested to consider a larger sample size.

6.1.2. Cultural and Contextual Factors: South Africa is characterized by cultural, socioeconomic, and religious diversity. However, the limitation lies in not fully exploring the contextual factors and potential influence lived experience including its possible impact on psychosocial experiences and coping strategies. For instance, a study by Kirmayer et al. (2003) highlighted the importance of the use of cultural formulation which includes the social, political and cultural aspect that might influence a patient's symptoms and behaviour. Understanding these factors might help guide practitioners to culturally appropriate diagnostic assessment, including treatment planning and service delivery. Therefore, a consideration of these factors might shed light into the broader applicability of this study within the South African context.

6.1.3. Applicability Beyond Covid-19: It is essential to recognize that the findings of this study are specific to the context of the Covid-19 pandemic and may not necessarily be directly transferrable to other economic downturns or global crises. The lockdown measures of the Covid-19 pandemic might have resulted in increased level of isolation and significant mental health implications which is not typically associated with other economic downturns or other global crises (Fraser et al., 2020). Therefore, it is important to consider the findings in the context of the study and any generalization should be met with caution and further consideration.

6.2 Recommendation for future research

Building upon the limitations identified in the previous section, these recommendations for future research aim to bridge the gaps and further enrich our understanding of the psychosocial factors of unemployed South Africans, particularly during challenging times like the Covid-19 pandemic.

The research limitations provided a useful avenue for future research and it highlighted areas for policy consideration for those working in this demographic. For example, exploring the role of social support networks, including those of family, friends, and communities during times of pandemic and how these might impact on individuals coping strategies. Some scholars suggest that enhancing social support could mitigate some of psychosocial stresses associated with the Covid-19 pandemic (Padmanabhanunni et al., 2023). Further investigation in this area might inform government and policymakers on how to better align supportive interventions with those struggling with unemployment during times of social distancing and economic restrictions.

In addition, it is imperative to understand and acknowledge the link between social support and psychosocial well-being during times of social distancing. The study by Thoits (2011) found a strong link between social ties, social support, and their impact on both physical and mental health outcomes and have found. Similarly, other studies by Herman et al. (2009) and Lund et al (2013) indicated that there is a link between mental disorders such as severe depression and anxiety and loss of income in lower socioeconomic households. Therefore, prioritizing quality access to mental health services could address some of the physical health consequences seen by those experiencing unemployment related stress and it could mitigate some of the financial burden on the South African healthcare system (Kohn et al., 2004).

The recent revision to the Health Professions Council of South Africa (HPCSA) telehealth policy, during the pandemic enabled mental health care providers such as psychologists and psychiatrists to provide psychological services remotely. This policy suggests a progressive step towards improving mental health accessibility. However, due to the current socioeconomic landscape of South Africa challenges such as geographical disparities, access to the internet, income inequalities, and the overall affordability of mental health services persist and potentially limiting the reach of those who need it most. Therefore, it is imperative that further exploration into the nuances of accessibility and affordability within the South African context be investigated as it could yield some insightful intervention for future pandemics (Rabe, 2022; Sodi et al., 2021).

Lastly, this research could serve as the basis for evaluating current government policies and its effectiveness on whether current interventions align with the coping strategies and support systems

of unemployed South Africans.

6.3 Conclusion

In conclusion this research project investigated the psychosocial factors and coping narratives of unemployed South Africans during the Covid-19 pandemic using the Lazarus and Folkman's Transactional Model of Stress and Coping theory and the Biopsychosocial- Spiritual Model as theoretical frameworks.

Studies show that pandemic induced lockdowns and restrictions resulted in high rates of unemployment including increased psychiatric conditions (Fourie & Lamb, 2023; Galea et al., 2020; Kazmi, 2020). As such, in an attempt to provide a comprehensive lens into the lived experiences of unemployed South Africans during the Covid-19 lockdown, the Lazarus and Folkman's Transactional Model of Stress and Coping theory and the Biopsychosocial-Spiritual Model provided valuable insights into how participants evaluated and appraised their given situation and how their appraisal had a direct link into their emotional and behavioural response of the perceived stressors.

The investigation from this study showed that the participants' coping narratives seemed to align with the framework of coping, broadly categorized into problem-focused and emotion-focused strategies, as per Lazarus and Folkman's Transactional Model of Stress and Coping theory (Lazarus & Folkman, 1984). In the context of the Covid-19 induced unemployment the abrupt loss of employment shaped the participants' perception of their emotional response and coping strategies. These findings highlighted the effects of financial difficulties on emotional well-being, particularly in the context of pandemic-induced unemployment. Additionally, other themes that emerged were the complex relationship between mental health and the extended periods of lockdown and isolation. In an attempt to cope, some participants self-reflected and reevaluated their coping strategies. Overall, it appears that the participants were engaged in various coping strategies to navigate the challenges that they faced during the pandemic.

The Biopsychosocial-Spiritual Model provided a broader clinical picture of the interconnectedness

of the biological, psychological, social and spiritual factors influencing their health and well-being (Bolton & Gillett, 2019; Nürnberger et al., 2022). Many of the participants were engaged in coping through faith, prayer, and social networks. It seems that spirituality is an integral aspect of the broader clinical Biopsychosocial-Spiritual Model, and it provides a holistic approach to understanding coping narratives (Bergland, 2023; Budimir et al., 2021; Sulmasy, 2002). In the context of the Biopsychosocial-spiritual model, coping appears to be a deeply personal process and can manifest in various ways. In the study spirituality was seen as a source of strength, resilience, and hope, allowing participants to find meaning and purpose in their experiences of unemployment during the Covid-19 pandemic. In addition, the narrative accounts of the participants provided a rich account of their lived experiences including the emotional difficulties experienced due to the pandemic induced unemployment.

In conclusion, this research contributes to current literature as it provides some insight into the interplay between psychosocial factors, coping narratives and well-being among those impacted by Covid-19 induced unemployment. It is hoped that the insight gained from this study will inform future scholars, researchers, policies, and intervention measures to better support individuals from this demographic.

Reference List

Achdut, N., & Refaeli, T. (2020). Unemployment and Psychological Distress among Young People during the COVID-19 Pandemic: Psychological Resources and Risk Factors. *International Journal of Environmental Research and Public Health*, *17*(19), 7163. https://doi.org/10.3390/ijerph17197163

Adu-Gyamfi, S., Brenya, E., Gyasi, R. M., Abass, K., Darkwa, B. D., Nimoh, M., & Tomdi, L. (2021). A COVID in the wheels of the world: A contemporary history of a pandemic in Africa. *Research in Globalization*, *3*, 100043. https://doi.org/10.1016/j.resglo.2021.100043

Agha, S. (2021). Mental well-being and association of the four factors coping structure model: A perspective of people living in lockdown during COVID-19. *Ethics, Medicine and Public Health*, *16*, 100605. https://doi.org/10.1016/j.jemep.2020.100605

Baddeley, M. (2009). *A qualitative study of coping with unemployment*. 62.

Bailey, C. R., & Bailey, C. A. (2017). *A guide to qualitative field research*. Sage Publications.

Banerjee, A., Galiani, S., Levinsohn, J., McLaren, Z., & Woolard, I. (2008). Why has unemployment risen in the New South Africa? [1]. *Economics of Transition*, *16*(4), 715–740. https://doi.org/10.1111/j.1468-0351.2008.00340.x

Banks, J., Fancourt, D., & Xu, X. (2021). Mental health and the COVID-19 pandemic. *World Happiness Report, 2021, 107-130.*

Beauchamp, T. L., & Childress, J. F. (2001). Principles of biomedical ethics. *Oxford University Press, USA.*

Bekele, W. B., & Ago, F. Y. (2022). Sample Size for Interview in Qualitative Research in Social

Sciences: A Guide to Novice Researchers. *Research in Educational Policy and Management, 4*(1), 42–50. https://doi.org/10.46303/repam.2022.3

Bendassolli, P. F. (2024). Work and depression: A meaning-making perspective. *Culture & Psychology*, 1354067X241226452. https://doi.org/10.1177/1354067X241226452

Bergland, T. (2023). HOLISTIC STRATEGIES FOR TREATING MENTAL DISORDERS. *Journal of Family Research and Practice, 3(1), 127.*

Bhattacharjee, S., & Baksi, R. (2024). *Employment versus Unemployment: A Study on Psychological Distress During COVID-19*. Perspectives in Sustainable Management Practices (pp. 27-34). Routledge India.

Birmingham, W. C., Wadsworth, L. L., Lassetter, J. H., Graff, T. C., Lauren, E., & Hung, M. (2023). COVID-19 lockdown: Impact on college students' lives. *Journal of American College Health, 71*(3), 879–893. https://doi.org/10.1080/07448481.2021.1909041

Bocchino, A., Gilart, E., Roman, I. C., & Lepiani, I. (2021). Unemployment Syndrome during COVID-19: A Comparison of Three Population Groups. *International Journal of Environmental Research and Public Health*, *18*(14), 7372.

Bolton, D., & Gillett, G. (2019). *The Biopsychosocial Model of Health and Disease: New Philosophical and Scientific Developments*. Springer International Publishing. https://doi.org/10.1007/978-3-030-11899-0

Bonga-Bonga, L., Molemohi, T., & Kirsten, F. (2023). he role of personal characteristics in shaping gender-biased job losses during the COVID-19 pandemic: The case of South Africa. *Sustainability, 15(8), 6933.*

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Britz, R., & Le Roux-Kemp, A. (2012). Voluntary informed consent and good clinical practice for clinical research in South Africa: Ethical and legal perspectives. *South African Medical Journal*, *102*(9), 746. https://doi.org/10.7196/SAMJ.5498

Budimir, S., Probst, T., & Pieh, C. (2021). Coping strategies and mental health during COVID-19 lockdown. *Journal of Mental Health, 30(2), 156-163.*

Butler, A. C., Hokanson, J. E., & Flynn, H. A. (1994). A comparison of self-esteem lability and low trait self-esteem as vulnerability factors for depression. *Journal of Personality and Social Psychology*, *66*(1), 166–177. https://doi.org/10.1037/0022-3514.66.1.166

Calomiris, C. W. (1993). Financial Factors in the Great Depression. *Journal of Economic Perspectives*, *7*(2), 61–85. https://doi.org/10.1257/jep.7.2.61

Carless, D., & Douglas, K. (2017). Narrative research. *The Journal of Positive Psychology*, *12*(3), 307–308. https://doi.org/10.1080/17439760.2016.1262611

Carver, C. S. (1997). You Want to Measure Coping But Your Protocol's Too Long: Consider the Brief COPE. *International Journal of Behavioral Medicine, 4(1), 92-100.*

Casale, D., & Shepherd, D. (2021). He gendered effects of the COVID-19 crisis and ongoing lockdown in South Africa: Evidence from NIDS-CRAM Waves 1–5. National Income Dynamics Study Coronavirus Rapid Mobile Survey. *NIDS-CRAM) Working Paper.*

Chatterjee, K., & Chauhan, V. S. (2020). Epidemics, quarantine and mental health. *Medical Journal Armed Forces India*, *76*(2), 125–127. https://doi.org/10.1016/j.mjafi.2020.03.017

Chitiga-Mabugu, M., Henseler, M., Mabugu, R., & Maisonnave, H. (2022). The impact of the COVID-19 enforced lockdown and fiscal package on the South African economy and environment: A preliminary analysis. *Environment and Development Economics*, *27*(3), 209–222. https://doi.org/10.1017/S1355770X21000243

Coelho, G. V. (1970). *Coping and adaptation: A behavioral sciences bibliography* (Vol. 2087). National Institute of Mental Health.

Cohen, M. S., Hellmann, N., Levy, J. A., DeCock, K., & Lange, J. (2008). The spread, treatment, and prevention of HIV-1: Evolution of a global pandemic. *Journal of Clinical Investigation*, *118*(4), 1244–1254. https://doi.org/10.1172/JCI34706

Collins, P., & Bilge, S. (2020). *Intersectionality*. John Wiley & Sons.

Cope, D. G. (2014). Methods and Meanings: Credibility and Trustworthiness of Qualitative Research. *Oncology Nursing Forum*, *41*(1), 89–91. https://doi.org/10.1188/14.ONF.89-91

Darity, W., & Goldsmith, A. H. (1993). Unemployment, Social Psychology, and Unemployment Hysteresis. *Journal of Post Keynesian Economics*, *16*(1), 55–71. https://doi.org/10.1080/01603477.1993.11489969

Davidson, C. (2009). Transcription: Imperatives for Qualitative Research. *International Journal of Qualitative Methods*, *8*(2), 35–52. https://doi.org/10.1177/160940690900800206

Davillas, A., & Jones, A. M. (2021). *The first wave of the COVID-19 pandemic and its impact on socioeconomic inequality in psychological distress in the UK.*

Dawson, H. J., & Fouksman, E. (2020). Labour, laziness and distribution: Work imaginaries among the South African unemployed. *Africa*, *90*(2), 229–251. https://doi.org/10.1017/S0001972019001037

De Lannoy, A., Graham, L., Patel, L., & Leibbrandt, M. (2020). Why Is Youth Unemployment So Intractable in South Africa? A Synthesis of Evidence at the Micro-Level. *Journal of Applied Youth Studies*, *3*(2), 115–131. https://doi.org/10.1007/s43151-020-00012-6

Dilger, H., & Luig, U. (2022). *Morality, Hope and Grief: Anthropologies of AIDS in Africa*. Berghahn Books.

Du Toit, R. (2003). *Unemployed youth in South Africa: The distressed generation?*

Dudek, A. (2021). Experiences of Job Loss among Migrants in Poland during the COVID-19 Pandemic: A Qualitative Study. *Annales Universitatis Mariae Curie-Skłodowska, Sectio H Oeconomia*, *LV*(2), 49–56.

Dunjwa, M. (2021, November 21). Impact of COVID-19 and lockdown on employment in South Africa. *Parliamentary Monitoring Group*. https://pmg.org.za/committee-meeting/33912/

Durkheim, É., & Coser, L. (1998). *The Division of labour in society* (W. D. Halls, Trans.; 8th ed.). Macmillan.

Eichhorst, W., Marx, P., Rinne, U., & Brunner, J. (2022). *Promoting youth employment during COVID-19: A review of policy responses*. *188*.

Emanuel, E. J. (2000). What Makes Clinical Research Ethical? *JAMA*, *283*(20), 2701. https://doi.org/10.1001/jama.283.20.2701

Emrich, M., Park, C. L., Russell, B. S., & Fendrich, M. (2024). Differential effects of COVID-19 stressor types on mental health and moderating roles of coping strategies. *International Journal of Stress Management*. https://doi.org/10.1037/str0000318

Engel, G. L. (1977). *The Need for a New Medical Model: A Challenge for Biomedicine*. *196*.

Esin, C. (2013). Narrative analysis approaches. Qualitative research methods in psychology. *Combining Core Approaches, 92-117.*, *1*(15), 54–55. https://doi.org/10.53841/bpsqmip.2013.1.15.54

Espi-Sanchis, G., Leibbrandt, M., & Ranchhod, V. (2021). *The role of employment history and age during COVID-19: Understanding 2020 South African employment dynamics in historical context.*

Etikan, I. (2016). Comparison of Convenience Sampling and Purposive Sampling. *American*

Journal of Theoretical and Applied Statistics, *5*(1), 1. https://doi.org/10.11648/j.ajtas.20160501.11

Ezzy, D. (2017). *Narrating unemployment*. Taylor & Francis.

Finch, D., & Wilson, H. (2021). *Unemployment and mental health—The Health Foundation*. https://www.health.org.uk/publications/long-reads/unemployment-and-mental-health

Fourie, P., & Lamb, G. (2023). *The South African Response to COVID-19: The Early Years* (1st ed.). Routledge. https://doi.org/10.4324/9781003294931

Francis, D., Valodia, I., & Webster, E. (2020). Politics, Policy, and Inequality in South Africa Under COVID-19. *Agrarian South: Journal of Political Economy: A Triannual Journal of Agrarian South Network and CARES*, *9*(3), 342–355. https://doi.org/10.1177/2277976020970036

Fraser, N., Brierley, L., Dey, G., Polka, J. K., Pálfy, M., Nanni, F., & Coates, J. A. (2020). *Preprinting the COVID-19 pandemic* [Preprint]. Scientific Communication and Education. https://doi.org/10.1101/2020.05.22.111294

Gabriel, Y., Gray, D. E., & Goregaokar, H. (2010). Temporary Derailment or the End of the Line? Managers Coping with Unemployment at 50. *Organization Studies*, *31*(12), 1687–1712. https://doi.org/10.1177/0170840610387237

Galea, S., Merchant, R. M., & Lurie, N. (2020). The Mental Health Consequences of COVID-19 and Physical Distancing: The Need for Prevention and Early Intervention. *JAMA Internal Medicine*, *180*(6), 817. https://doi.org/10.1001/jamainternmed.2020.1562

Georgakopoulou, A. (2006). The other side of the story: Towards a narrative analysis of narratives-in-interaction. *Discourse Studies*, *8*(2), 235–257. https://doi.org/10.1177/1461445606061795

Gezici, A., & Ozay, O. (2020). How Race and Gender Shape COVID-19 Unemployment Probability. *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.3675022

Gillespie, A., Glăveanu, V., & de Saint Laurent, C. (2024). *Pragmatism and methodology: Doing research that matters with mixed methods*. Cambridge University Press.

Grimaud, J., & Legagneur, F. (2011). Community beliefs and fears during a cholera outbreak in Haiti. Intervention: *International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict*.

Habiyaremye, A., Habanabakize, T., & Nwosu, C. (2022). Bridging the labour market skills gap to tackle youth unemployment in South Africa. *The Economic and Labour Relations Review*, *33*(4), 786–805. https://doi.org/10.1177/10353046221138400

Heigham, J., & Croker, R. A. (Eds.). (2009). *Qualitative research in applied linguistics: A practical introduction*. Palgrave Macmillan.

Herman, A. A., Stein, D. J., Seedat, S., Heeringa, S. G., Moomal, H., & Williams, D. R. (2009). The South African Stress and Health (SASH) study: 12- month and lifetime prevalence of common mental disorders. *Anxiety Disorders*, *99*(5).

Hlayisi, V.-G. (2022). Increasing unemployment rate amongst health professionals: Will there be jobs for newly graduated South African audiologists post-COVID-19? *South African Journal of Communication Disorders*, *69*(2). https://doi.org/10.4102/sajcd.v69i2.909

Holder, M., Jones, J., & Masterson, T. (2021). The Early Impact of Covid-19 on Job Losses among Black Women in the United States. *Feminist Economics*, *27*(1–2), 103–116. https://doi.org/10.1080/13545701.2020.1849766

Huremović, D. (2019). Brief History of Pandemics (Pandemics Throughout History). In D. Huremović (Ed.), *Psychiatry of Pandemics* (pp. 7–35). Springer International Publishing.

https://doi.org/10.1007/978-3-030-15346-5_2

Ikwegbue, P., Enaifoghe, A., Maduku, H., & Agwuna, L. (2021). The Challenges of COVID-19 Pandemic and South Africa's Response. *African Renaissance*, *18*(1), 271–292. https://doi.org/10.31920/2516-5305/2021/18n1a13

Merriam, S. B. (2002). Introduction to qualitative research. Qualitative research in practice: Examples for discussion and analysis, 1(1), 1-17.

Isaksson, K. (1989). Unemployment, Mental Health and the Psychological Functions of Work in Male Welfare Clients in Stockholm. *Scandinavian Journal of Social Medicine*, *17*(2), 165–169. https://doi.org/10.1177/140349488901700207

Jahoda, M. (1981). Work, employment, and unemployment: Values, theories, and approaches in social research. *American Psychologist, 36(2), 184.*

Jain, R., Budlender, J., Zizzamia, R., & Bassier, I. (2020). *The labor market and poverty impacts of covid-19.*

James, P. B., Wardle, J., Steel, A., & Adams, J. (2019). Post-Ebola psychosocial experiences and coping mechanisms among Ebola survivors: A systematic review. *Tropical Medicine & International Health*, *24*(6), 671–691. https://doi.org/10.1111/tmi.13226

Javadi, M., & Zarea, K. (2016). Understanding Thematic Analysis and its Pitfall. *Journal of Client Care*, *1*(1). https://doi.org/10.15412/J.JCC.02010107

Kamorudeen, R. T., Adedokun, K. A., & Olarinmoye, A. O. (2020). Ebola outbreak in West Africa, 2014 – 2016: Epidemic timeline, differential diagnoses, determining factors, and lessons for future response. *Journal of Infection and Public Health*, *13*(7), 956–962. https://doi.org/10.1016/j.jiph.2020.03.014

Kamradt-Scott, A. (2016). WHO's to blame? The World Health Organization and the 2014

Ebola outbreak in West Africa. *Third World Quarterly*, *37*(3), 401–418. https://doi.org/10.1080/01436597.2015.1112232

Kapur, R. (2024). UNEMPLOYMENT: MAJOR BARRIER WITHIN THE COURSE OF PROMOTING COMMUNITY WELL-BEING. *International Journal of Information, Business and Management, 16(1), 18-26*.

Katzen, L. (2014). *The Employment Problem in Post-Apartheid South Africa. In Sustainable Development for a Democratic South Africa*. Routledge.

Kaur, H., Garg, S., Joshi, H., Ayaz, S., Sharma, S., & Bhandari, M. (2020). A Review: Epidemics and Pandemics in Human History. *International Journal of Pharma Research and Health Sciences*, *8*(2), 3139–3142. https://doi.org/10.21276/ijprhs.2020.02.01

Kazmi, S. S. H. (2020). COVID-19 and Lockdown: A study on the Impact on Mental Health. *SSRN 3577515*.

Keefe, T. (1984). The Stresses of Unemployment. *Social Work*, *29*(3), 264–268. https://doi.org/10.1093/sw/29.3.264

Ketefian, S. (2015). Ethical considerations in research. Focus on vulnerable groups. *Investigación y Educación En Enfermería*, *33*(1), 164–172. https://doi.org/10.17533/udea.iee.v33n1a19

Khambule, I. (2022). COVID-19 and the informal economy in a small-town in South Africa: Governance implications in the post-COVID era. *Cogent Social Sciences*, *8*(1), 2078528. https://doi.org/10.1080/23311886.2022.2078528

Khwela-Mdluli, N., & Beharry-Ramraj, A. (2020). The effect of covid-19 on working women in South Africa. *Gender & Behaviour, 18(4), 16501-16512.*

Kim, A. W. (2024). Psychosocial stress, adult suicidal ideation, and the mediating effect of poor

sleep quality during the COVID -19 pandemic in South Africa. *American Journal of Human Biology*, e24038. https://doi.org/10.1002/ajhb.24038

Kingdon, G. G., & Knight, J. (2004). Race and the Incidence of Unemployment in South Africa. *Review of Development Economics*, *8*(2), 198–222. https://doi.org/10.1111/j.1467-9361.2004.00228.x

Kirby, L. D., Qian, W., Adiguzel, Z., Afshar Jahanshahi, A., Bakracheva, M., Orejarena Ballestas, M. C., Cruz, J. F. A., Dash, A., Dias, C., Ferreira, M. J., Goosen, J. G., Kamble, S. V., Mihaylov, N. L., Pan, F., Sofia, R., Stallen, M., Tamir, M., van Dijk, W. W., Vittersø, J., & Smith, C. A. (2022). Appraisal and coping predict health and well-being during the COVID-19 pandemic: An international approach. *International Journal of Psychology*, *57*(1), 49–62. https://doi.org/10.1002/ijop.12770

Kirmayer, L. J., Groleau, D., Guzder, J., Blake, C., & Jarvis, E. (2003). Cultural Consultation: A Model of Mental Health Service for Multicultural Societies. *The Canadian Journal of Psychiatry*, *48*(3).

Kleftaras, G., & Vasilou, E. (2016). Spirituality and the psychological impact of unemployment: Personality characteristics, loneliness and depressive symptomatology. *The European Journal of Counselling Psychology*, *5*(1), 62–77. https://doi.org/10.5964/ejcop.v5i1.90

Köhler, T., Bhorat, H., Hill, R., & Stanwix, B. (2023). Lockdown stringency and employment formality: Evidence from the COVID-19 pandemic in South Africa. *Journal for Labour Market Research*, *57*(1), 3. https://doi.org/10.1186/s12651-022-00329-0

Kohn, R., Saxena, S., Levav, I., & Saraceno, B. (2004). The treatment gap in mental health care. *Bulletin of the World Health Organization*.

Kothari, C. R. (2004). *Research methodology: Methods and technique*. New Age International.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping* (11. [print.]). Springer publishing company.

Leibbrandt, M., Woolard, I., McEwen, H., & Koep, C. (2010). EMPLOYMENT AND INEQUALITY OUTCOMES IN SOUTH AFRICA. *University of Cape Town: Southern Africa Labour and Development Research Unit*, *45*-*6*.

Lin, X., & Leung, K. (2010). Differing effects of coping strategies on mental health during prolonged unemployment: A longitudinal analysis. *Human Relations*, *63*(5), 637–665. https://doi.org/10.1177/0018726709342930

Lincoln, Y. S., & Guba, E. G. (1986). But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New Directions for Program Evaluation*, *1986*(30), 73–84. https://doi.org/10.1002/ev.1427

Linn, M. W., Sandifer, R., & Stein, S. (1985). Effects of unemployment on mental and physical health. *American Journal of Public Health*, *75*(5), 502–506. https://doi.org/10.2105/AJPH.75.5.502

Lund, C., Myer, L., Stein, D. J., Williams, D. R., & Flisher, A. J. (2013). Mental illness and lost income among adult South Africans. *Social Psychiatry and Psychiatric Epidemiology*, *48*(5), 845–851. https://doi.org/10.1007/s00127-012-0587-5

Mabuza, N. (2020). Salary disparities in South Africa: An analysis on race and gender in the Labour Market. *Master's Thesis, Faculty of Commerce. UCT*.

Maguire, M., & Delahunt, B. (2017). *Doing a Thematic Analysis: A Practical, Step-by-Step Guide for Learning and Teaching Scholars. 8*(3).

Maierhofer, N. I., Kabanoff, B., & Griffin, M. A. (2002). The Influence of Values in Organizations: Linking Values and Outcomes at Multiple Levels of Analysis. In C. L.

Cooper & I. T. Robertson (Eds.), *International Review of Industrial and Organizational Psychology 2002* (1st ed., pp. 217–263). Wiley. https://doi.org/10.1002/9780470696392.ch7

Masuku, B., & Nzewi, O. (2021). The South African informal sector's socio-economic exclusion from basic service provisions: A critique of Buffalo City Metropolitan Municipality's approach to the informal sector. *Journal of Energy in Southern Africa*, *32*(2), 59–71. https://doi.org/10.17159/2413-3051/2021/v32i2a5856

Mayan, M. J. (2023). *Essentials of qualitative inquiry*. Taylor & Francis.

McDaid, D. (2021). Viewpoint: Investing in strategies to support mental health recovery from the COVID-19 pandemic. *European Psychiatry*, *64*(1), e32. https://doi.org/10.1192/j.eurpsy.2021.28

McEvedy, C. (1988). The Bubonic Plague. *SCIENTIFIC AMERICAN*.

McKee-Ryan, F., Song, Z., Wanberg, C. R., & Kinicki, A. J. (2005). Psychological and Physical Well-Being During Unemployment: A Meta-Analytic Study. *Journal of Applied Psychology*, *90*(1), 53–76. https://doi.org/10.1037/0021-9010.90.1.53

Meyer, D. F. (2017). *AN ANALYSIS OF THE SHORT AND LONG-RUN EFFECTS OF ECONOMIC GROWTH ON EMPLOYMENT IN SOUTH AFRICA*. *9*(1).

Molina, J. A. (1984). Understanding the biopsychosocial model. *The International Journal of Psychiatry in Medicine, 13(1), 29-36.*

Monteiro, N. M. (2015). Addressing mental illness in Africa: Global health challenges and local opportunities. *Community Psychology in Global Perspective, 1(2), 78-95*.

Moon, K., Brewer, T. D., Januchowski-Hartley, S. R., Adams, V. M., & Blackman, D. A. (2016). A guideline to improve qualitative social science publishing in ecology and conservation

journals. *Ecology and Society*, *21*(3), art17. https://doi.org/10.5751/ES-08663-210317

Morens, D. M., Folkers, G. K., & Fauci, A. S. (2009). What Is a Pandemic? *The Journal of Infectious Diseases*, *200*(7), 1018–1021. https://doi.org/10.1086/644537

Mubiala, M. (2022). Africa and Pandemics: Towards a Regional Health Security Regime. *Yearbook of International Disaster Law Online*, *3*(1), 71–91. https://doi.org/10.1163/26662531_00301_004

Muller, J., Creed, P., & Francis, L. (2004). Does Spirituality Mediate the Relationship between Environmental Stressors and Psychological Wellbeing in Distressed Unemployed People? *Australian Journal of Career Development*, *13*(2), 44–54. https://doi.org/10.1177/103841620401300207

Naidu, T. (2020). The COVID-19 pandemic in South Africa. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*(5), 559–561. https://doi.org/10.1037/tra0000812

Nakao, M. (2010). Work-related stress and psychosomatic medicine. *BioPsychoSocial Medicine*, *4*(1), 4. https://doi.org/10.1186/1751-0759-4-4

Ngcobo, S., & Khumalo, N. (2022). Challenges of adopting entrepreneurship education as a strategic approach to unemployed-youth in South Africa. *Technium Soc. Sci. J., 29, 98.*

Nguse, S., & Wassenaar, D. (2021). Mental health and COVID-19 in South Africa. *South African Journal of Psychology*, *51*(2), 304–313. https://doi.org/10.1177/00812463211001543

Ngwainmbi, E. K., & Manda, L. Z. (2023). *Theory, Practice, and Guidelines for Communicating Health and Pandemics in Africa.* Cambridge Scholars Publishing.

Nürnberger, P., von Lewinski, D., Rothenhäusler, H. B., Braun, C., Reinbacher, P., Kolesnik, E., & Baranyi, A. (2022). A biopsychosocial model of severe fear of COVID-19. *Plos One*,

17(2), E0264357.

Nwosu, C. O., & Oyenubi, A. (2021). Income-related health inequalities associated with the coronavirus pandemic in South Africa: A decomposition analysis. *International Journal for Equity in Health*. https://doi.org/10.1186/s12939-020-01361-7

O'Brien, G., E. (1986). *Psychology of Work and Unemployment*. Wiley.

Odeku, K. O. (2021). *SOCIO-ECONOMIC IMPLICATIONS OF COVID-19 PANDEMIC IN SOUTH AFRICA*.

Ogueji, I. A., Agberotimi, S. F., Adesanya, B. J., & Gidado, T. N. (2021). Mental health and coping strategies during the COVID-19 pandemic: A qualitative study of unemployed and employed people in Nigeria. *Analyses of Social Issues and Public Policy*, 10.1111/asap.12259. https://doi.org/10.1111/asap.12259

Orb, A., Eisenhauer, L., & Wynaden, D. (2001). Ethics in Qualitative Research. *Ethics in Qualitative Research*, 4.

Padmanabhanunni, A., Pretorius, T. B., & Isaacs, S. A. (2023). We Are Not Islands: The Role of Social Support in the Relationship between Perceived Stress during the COVID-19 Pandemic and Psychological Distress. *International Journal of Environmental Research and Public Health*, *20*(4), 3179. https://doi.org/10.3390/ijerph20043179

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Administration and Policy in Mental Health and Mental Health Services Research*, *42*(5), 533–544. https://doi.org/10.1007/s10488-013-0528-y

Parry, B. R., & Gordon, E. (2021). The shadow pandemic: Inequitable gendered impacts of COVID-19 in South Africa. *Gender, Work & Organization*, *28*(2), 795–806.

https://doi.org/10.1111/gwao.12565

Pearlin, L. I., & Schooler, C. (1978). The Structure of Coping. *Journal of Health and Social Behavior*, *19*(1), 2–21. https://doi.org/10.2307/2136319

Phillips, H. (2012). *Epidemics: The story of South Africa's five most lethal human diseases.* Ohio University Press.

Piret, J., & Boivin, G. (2021). Pandemics Throughout History. *Frontiers in Microbiology*, *11*, 631736. https://doi.org/10.3389/fmicb.2020.631736

Posel, D., Oyenubi, A., & Kollamparambil, U. (2021). Job loss and mental health during the COVID-19 lockdown: Evidence from South Africa. *PLOS ONE*, *16*(3), e0249352. https://doi.org/10.1371/journal.pone.0249352

Qiu, W., Rutherford, S., Mao, A., & Chu, C. (2017). The Pandemic and its Impacts. *Health, Culture and Society*, *9*, 1–11. https://doi.org/10.5195/HCS.2017.221

Rabe, M. (2022). Telehealth in South Africa: A guide for healthcare practitioners in primary care. *South African Family Practice*, *64*(1). https://doi.org/10.4102/safp.v64i1.5533

Rahe, R. H., & Arthur, R. J. (1978). Life change and illness studies: Past history and future directions. *Journal of Human Stress*, *4(1), 3–15*.

Ranchhod, V., & Daniels, R. C. (2021). Labour Market Dynamics in South Africa at the Onset of the COVID-19 Pandemic. *South African Journal of Economics*, *89*(1), 44–62. https://doi.org/10.1111/saje.12283

Rancourt, N. (2013). Gender and Vulnerability to Cholera in Sierra Leone: Gender analysis of the 2012 cholera outbreak and an assessment of Oxfam's response. *Oxfam GB*.

Reimers, F. M. (Ed.). (2022). *Primary and Secondary Education During Covid-19: Disruptions to Educational Opportunity During a Pandemic*. Springer International Publishing.

https://doi.org/10.1007/978-3-030-81500-4

Riessman, C. K. (2008). *Narrative methods for the human sciences.* Sage.

Rodríguez-Caballero, C. V., & Vera-Valdés, J. E. (2020). Long-Lasting Economic Effects of Pandemics:Evidence on Growth and Unemployment. *Econometrics*, *8*(3), 37. https://doi.org/10.3390/econometrics8030037

Rosenthal, G. (1993). Reconstruction of life stories: Principles of selection in generating stories for narrative biographical interviews. *The Narrative Study of Lives, 1(1), 59-91*.

Rwafa-Ponela, T., Price, J., Nyatela, A., Nqakala, S., Mosam, A., Erzse, A., Lalla-Edward, S. T., Hove, J., Kahn, K., Tollman, S., Hofman, K., & Goldstein, S. (2022). "We Were Afraid": Mental Health Effects of the COVID-19 Pandemic in Two South African Districts. *International Journal of Environmental Research and Public Health*, *19*(15), 9217. https://doi.org/10.3390/ijerph19159217

Saad, M., de Medeiros, R., & Mosini, A. (2017). Are We Ready for a True Biopsychosocial–Spiritual Model? The Many Meanings of "Spiritual". *Medicines*, *4*(4), 79. https://doi.org/10.3390/medicines4040079

Schaetti, C., Sundaram, N., Merten, S., Ali, S. M., Nyambedha, E. O., Lapika, B., Chaignat, C.-L., Hutubessy, R., & Weiss, M. G. (2013). Comparing sociocultural features of cholera in three endemic African settings. *BMC Medicine*, *11*(1), 206. https://doi.org/10.1186/1741-7015-11-206

Seregina, U., & Van den Bossche, A. (2022). *Art-based Research in the Context of a Global Pandemic.* Taylor & Francis.

Shaikh, S. S., & Chhachhar, A. (2024). *Research Ethics Among Undergraduates of the Social Sciences. In Methodologies and Ethics for Social Sciences Research*. IGI Global.

Sharone, O. (2024). *The stigma trap: College-educated, experienced, and long-term unemployent*. Oxford University Press.

Simon, B. A., & Khambule, I. (2022). Modelling the impact of the COVID-19 pandemic on South African livelihoods. *International Journal of Sociology and Social Policy*, *42*(11/12), 926–948. https://doi.org/10.1108/IJSSP-04-2021-0099

Smith, A. M., Sekwadi, P., Erasmus, L. K., Lee, C. C., Stroika, S. G., Ndzabandzaba, S., Alex, V., Nel, J., Njamkepo, E., Thomas, J., & Weill, F.-X. (2023). Imported Cholera Cases, South Africa, 2023. *Emerging Infectious Diseases*, *29*(8). https://doi.org/10.3201/eid2908.230750

Sodi, T., Modipane, M., Oppong Asante, K., Quarshie, E. N.-B., Asatsa, S., Mutambara, J., & Khombo, S. (2021). Mental health policy and system preparedness to respond to COVID-19 and other health emergencies: A case study of four African countries. *South African Journal of Psychology*, *51*(2), 279–292. https://doi.org/10.1177/00812463211012177

South African Medical Research Council. (2003). Guidelines on ethics for medical research: General principles. *South African Medical Research Council.*

Squire, C., Andrews, M., Davis, M., & Esin, C. (Eds.). (2014). *What is narrative research?* Bloomsbury.

Stiegler, N., & Bouchard, J.-P. (2020). South Africa: Challenges and successes of the COVID-19 lockdown. *Annales Médico-Psychologiques, Revue Psychiatrique*, *178*(7), 695–698. https://doi.org/10.1016/j.amp.2020.05.006

Stiles, W. B. (1993). Quality control in qualitative research. Clinical psychology review, 13(6), 593-618

Strydom, C., & Carolus, B. C. (2010). *UNEMPLOYMENT AND HIV/AIDS IN A RURAL.*

COMMUNITY. Bridges/Tiltai, 50(1).

Sulmasy, D. P. (2002). A Biopsychosocial-Spiritual Model for the Care of Patients at the End of Life. *The Gerontologist*, *42*(suppl_3), 24–33. https://doi.org/10.1093/geront/42.suppl_3.24

Sumner, R. C., & Gallagher, S. (2017). Unemployment as a chronic stressor: A systematic review of cortisol studies. *Psychology & Health*, *32*(3), 289–311. https://doi.org/10.1080/08870446.2016.1247841

Taylor, S. E., Welch, W. T., Kim, H. S., & Sherman, D. K. (2007). Cultural Differences in the Impact of Social Support on Psychological and Biological Stress Responses. *Psychological Science*, *18*(9), 831–837. https://doi.org/10.1111/j.1467-9280.2007.01987.x

Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior, 52(2), 145-161.*

Timmons, J. C., & Fesko, S. L. (2004). *The impact, meaning, and challenges of work: Perspectives of individuals with HIV/AIDS*. Health & Social Work, 29(2), 137-144.

United Nations, U. (2020). *The impact of COVID-19 on women (Policy Brief)*.

United Nations, U. (2021). *Covid-19 Rapid Gender Assessment: Gender Perspective.*

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences*, *15*(3), 398–405. https://doi.org/10.1111/nhs.12048

van der Vaart, L., De Witte, H., Van den Broeck, A., & Rothmann, S. (2018). A psychosocial typology of the unemployed in South Africa. *South African Journal of Psychology*, *48*(2), 179–192. https://doi.org/10.1177/0081246317721600

Vinokur, A. D., Price, R. H., & Caplan, R. D. (1996). Hard Times and Hurtful Partners: How Financial Strain Affects Depression and Relationship Satisfaction of Unemployed Persons and Their Spouses. *Journal of Personality and Social Psychology*.

Watermeyer, B. (2003). *Psychopathology and Social Prejudice in a South African Context, Derek Hook and Gillian Eagle (Eds.): Book review*. South African Journal of Psychology, 33(1), 66-67.

Waugh, C. E. (2020). *The roles of positive emotion in the regulation of emotional responses to negative events. Emotion*.

Weich, S., & Lewis, G. (1998). Poverty, unemployment, and common mental disorders: Population based cohort study. *BMJ, 317*(7151), 115–119. https://doi.org/10.1136/bmj.317.7151.115

Wettstein, A., Tlali, M., Joska, J. A., Cornell, M., Skrivankova, V. W., Seedat, S., Mouton, J. P., van den Heuvel, L. L., Maxwell, N., Davies, M.-A., Maartens, G., Egger, M., & Haas, A. D. (2022). The effect of the COVID-19 lockdown on mental health care use in South Africa: An interrupted time-series analysis. *Epidemiology and Psychiatric Sciences*, *31*, e43. https://doi.org/10.1017/S2045796022000270

White, M. G. (2020). Why Human Subjects Research Protection Is Important. *Ochsner Journal*, *20*(1), 16–33. https://doi.org/10.31486/toj.20.5012

World Bank. (2020). Poverty and shared prosperity 2020: Reversals of fortune. *The World Bank*.

Yao, R. (2021). *Mental Disorders Associated with COVID-19 Related Unemployment*. 22.

Yu, W., Fei, J., Peng, G., & Bort, J. (2024). When a crisis hits: An examination of the impact of the global financial crisis and the COVID-19 pandemic on financing for women entrepreneurs. *Journal of Business Venturing*, *39*(2), 106379.

https://doi.org/10.1016/j.jbusvent.2024.106379

Appendices

Appendix A: *Permission Letter*

FISANTEKRAAL
Centre for Development
Equipping people for a meaningful life

30 March 2022

Siphokazi Makola

Email 2556188@students.wits.ac.za

Dear Siphokazi,

Thank you for approaching FCD about the Clinical Psychology Masters research project that you are conducting titled: ***Psychosocial Factors and Coping Narratives of Unemployed South Africans during the COVID-19 pandemic***.

You are very welcome to conduct individual Zoom interviews with the students of our ***Job Readiness program on the following days.*** The research poster has been shared with the students.

- 09 May, between 10h30 and 12h30
- Or 2 June between 10h30 and 12h30

Please let me know which date you'd prefer.

Sincerely

Head of Training

Appendix B: *Research Poster*

COVID-19 AND UNEMPLOYMENT

CALL FOR PARTICIPANTS

SHARE YOUR EXPERIENCE IN A 45-60 MINUTES INTERVIEW



Are you eligable?

- **You were unemployed due to the Covid-19 pandemic and lockdown**
- **You had no source of income**
- **You are 21 -45 years old**

Please contact Siphokazi
cell: 071 8898 794
Email : psmakola@gmail.com

The Covid-19 pandemic and lockdown has resulted in high levels of unemployment in South Africa.

The psychosocial aspect of job loss may impact participants' mental well-being, social support, and their coping strategies during the Covid-19 pandemic. This study aims to explore through dialogue how Covid-19 induced unemployment impacted participants coping strategies and psychosocial well-being.

Appendix C: *Information sheet*

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
PSYCHOLOGY

Participation Information Sheet

Good day,

My name is Siphokazi Makola, and I am an M1 Clinical Psychology student at the University of Witwatersrand in Johannesburg. As part of my studies, I have to undertake a research project, and I am investigating the psychological impact of Covid-19 on unemployed individuals. The aim of this research project is to investigate unemployment coping narratives during the COVID-19 pandemic from participants aged 21 – 35.

This Participant Information Sheet tells you about the research project. It explains the processes involved in taking part in this research, knowing what is involved will help you decide if you want to take part in the research. **Please read this information carefully**. Ask questions about anything that you don't understand or want to know more.

Participation in this research project is voluntary and you will not receive any direct benefits from participating in this research thus there are no negative repercussions on your studies at Fisantekraal Centre for Development (FCD) should you not participant in this research. As part of this project, I would like to invite you to take part in a 20 – 30 minutes semi-guide interview zoom interview where we will talk about unemployment coping narratives during the Covid-19 pandemic. And with your permission, I would like to record this interview. In accordance with completing my Clinical Psychology Masters, a written report of this research would be made available online at the University of Witwatersrand library and the data collected may be used by other academics, researchers, and scholars in an anonymized format. I will be using a pseudonym (false name) to represent the participants in my final research report and the data will be password stored on icloud for 3 years. A free counselling services with the South African Depression and Anxiety Group is available should you need emotional support during or after the interview. The contact number is 0800 567 567 and the WhatsApp line is 076 882 2775

If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrec-medical.researchoffice@wits.ac.za

Yours Sincerely

Researcher: Siphokazi Makola 071 8898 794 or via Email 2556188@students.wits.ac.za

Research Supervisor Dr. Mpho Mathebula Mpho.Mathebula@wits.ac.za

Appendix D: *Informed Consent*

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
PSYCHOLOGY

Consent form to participate in a research study

Research title:

Psychosocial Factors and coping narratives of unemployed South Africans during the Covid-19 pandemic

Name of Researcher: Siphokazi Makola

I_____(Name of participant) agree to participate in this research project. The purpose of the study has been explained to me and I understand that I can withdraw from the study at any point with no negative repercussions with my training at Fisantekraal Centre For Development.

(Please circle the relevant option below)

I agree that my participation will remain anonymous	Yes	No
I agree that the researcher may use anonymous quotes in his / her research report	Yes	No
I agree that the interview will be audio or video recorded	Yes	No
I agree that the data collected may be used by other academics, researchers, and scholars in an anonymised format after this project subject to their own ethics clearance being obtained.	Yes	No

Name of participant _____

Signature of participant _____

Date (DD/MM/YY)_____/_____/_____

Name of researcher: Siphokazi Makola
Contact number: 071 8898 794

Appendix E: *Ethics Certificate*

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT ETHICS COMMITTEE
CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE:	**PROTOCOL NUMBER: MCLIN/22/02**
PROJECT TITLE:	Psychosocial factors and coping narratives of unemployed South Africans during the Covid-19 pandemic.
INVESTIGATOR	Makola Precious (2556188)
SCHOOL/DEPARTMENT OF INVESTIGATOR	SHCD/Psychology
DATE CONSIDERED	10 June 2022
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	Low Risk
EXPIRY DATE	31 December 2024

ISSUE DATE OF CERTIFICATE 11 August 2022 **CHAIRPERSON** C Harvey
(Dr Clare Harvey)

Cc: Dr Mpho Mathebula (Supervisor)

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

I fully understand the conditions under which I am are authorized to carry out the abovementioned research and I guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee.

Signature **Date** 11 / Aug / 2022

Appendix F: Research Questions Guide

In conducting a narrative research inquiry, the study gained a deeper understanding into the lived experiences of the participants' psychosocial factors and coping narratives without restricting their perspectives. The researcher utilized semi-structured questionnaires as a dual-purpose tool, both guiding the interview process and prompting participants to provide narrative accounts of their lived experiences.

The formulation of interview questions for the research was undertaken autonomously by the researcher. The process involved a meticulous consideration of the study's objectives, theoretical framework, and the nuanced aspects of the research topic. The researcher, drawing upon expertise in the field and a comprehensive review of relevant literature, crafted inquiries designed to elicit meaningful and insightful responses from participants. This approach ensures alignment between the research questions and the overarching goals of the study, contributing to the methodological rigor and depth of the investigative process.

These were some of the questions asked.

- How did you experience unemployment during the Covid-19 pandemic?
- How would you describe your mental well-being during the Covid19 pandemic?
- How did social support if any look like during the Covid19 pandemic?
- What were your coping strategies/skills during the Covid19 pandemic?
- Is there anything more that you wish to share about being unemployed during the Covid19 pandemic?

Appendix G: Interview Schedule

Psychosocial Factors and Coping Narratives of Unemployed South Africans during the Covid-19 pandemic

Introduction:

Brief introduction of the researcher, followed by an explanation of the research purpose and confidentially assurance.

Demographic Information: Participant's background:

- Age
- Gender
- Educational Background
- Employment History

Covid-19 Pandemic and Job Loss:

- How has the Covid-19 pandemic affected your employment status?
- Can you describe your emotional and psychological experiences following job loss during the pandemic?

Psychosocial Well-being:

- How would you describe your current psychosocial well-being and mental health?
- Have there been noticeable changes in your well-being since the onset of the pandemic?

Coping Mechanisms:

- What coping mechanisms have you employed to navigate the challenges brought about by job loss during the Covid-19 pandemic?
- Have these coping mechanisms been effective, and if so, in what ways?

Social Support:

- To what extent do you rely on social support networks to cope with unemployment?
- Can you describe specific instances where social support has positively influenced your well-being during this period?

Reflection and Future Outlook:

- Reflecting on your experiences, is there anything you wish you had known or done differently?
- How do you envision your future considering the challenges posed by unemployment during the pandemic?

Conclusion:

- Express gratitude for their participation and offer any additional information or support if needed.
