UNEMPLOYMENT AND COPING WITH STRESS, ANXIETY, AND DEPRESSION

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Abstract

Unemployment represents one of the possible significant losses which is a problem concerning many surveys with biological, psychological, social, and cultural approaches. Many psychological surveys, especially labour psychology ones, focus on the anxiety, stress, and depression experienced by the unemployed people. A significant role in the presence and the intensity of these emotional disorders is played by the resources and the strategies of individual and situational coping. The objective of our paper is to tackle these issues using hte data from our own survey.

Our survey was created to evaluate the connection between the type of coping and the levels of stress, anxiety and depression for the unemployed people. The group that participated in the survey consisted in 208 persons (102 men and 106 women), aged between 20 and 65 years, from the urban area, being unemployed, selected using the method of simple random sampling. A cross-sectional survey was performed, using the following research instruments: a psychiatric interview in order to notice whether there are important mental disorders that require a special attention, DASS-21R Scale, in order to evaluate level of stress, anxiety and depression and brief COPE Scale. Our resuls show that the levels of stress, anxiety and depression for the unemployed people are influenced by the type of coping. Moreover, we found that persons with coping focused on issue have the least levels of stress, anxiety, and depression.

Introduction

Unemployment represents one of the possible significant percieved psychological losses experienced by the human beings which is a problem that came through in many surveys with

bio-psycho-socio-cultural approach. It also comes through as a significant issue in the many entrepreneurship studies (see e.g. Strielkowski, 2012; or Janda et al., 2013). Various socialogical and psychological surveys, especially those dealing with labour psychology, focus on the anxiety, stress and the depression experienced by the unemployed people. The phenomenon defined above was and is examined owing to a large series of social, psychological, medical, cultural, and political consequences. The most recent one is the fear of Brexit and the possibility of hundreds of thousands of workers from the Central and Eastern European Countries losing their jobs and status in the United Kingdom (Simionescu et al., 2017).

The evidence for the devastating impact of unemployment is vast and solid. For example, in their survey, Gowan and Gatewood (1997) showed, like Leana and Feldman (1994) before them, that the individual variables refer to the resources of individual and situational coping and the cognitive evaluation and the coping strategies of the person. DeFranc and Ivancevich (1986) consider the immediate effects of the unemployment can be seen emotionally, and the long-term effects affect you from the psychological point of view, and they also effect your psysical condition and the social welfare of the individual. The levels of stress, anxiety and depression for the unemployed people can be influenced by the type of coping.

Our study is based on the own unique survey conducted with unemployed people. The objective of our survey was to evaluate the connection between the type of coping and the levels of stress, anxiety and depression for the unemployed people.

Materials and methods

The pool of respondents that paticipated in the survey consisted of 208 persons (102 men and 106 women), aged between 20 and 65 years, from the urban area, all being unemployed. The selection was done using the method of simple random sampling.

The selection of the participants was performed in 2014 at the heaquarters of the Municipal Agency for Employment in Bucharest based on volunteering and expressed free consent, after a psychiatric interview and some inclusion and exclusion criterias.

The inclusion criterias of the unemployed people in the survey were: men and women from the urban area, after at least one month since they became unemployed, aged betweern 20 and 65 years; the level of education: without secondary education, with secondary education, with higher education.

The exclusion criterias were set up as follows: some catgegories of unemployed people were excluded from the survey - the people diagnosed with severe mental disorders previoulsy or during the selection interview and those with somatic disorders that can influence the mental condition deeply; addicted to alcohol, drugs or other psychotropic substances and the persons who did not provide correct and complete information.

Moreover, the examined population was represented by the sampling extracted from the reference population (unemployed people) and it presented its characteristics. The independent variables used were the age and the gender. The dependent variables used were the level of stress, depression and anxiety and the type of coping. A cross-sectional survey was performed, using the following research instruments:

- psychiatric interview in order to notice whether thare are important mental disorders that require a special attention,

- DASS-21R Scale, in order to evaluate the level of stress, anxiety and depression.

The section that follows carries one with the description of the variables used in our empirical analysis.

Description of the variables

Our first research instrument, DASS-21R Scale represents a set of 3 scales of self-evaluation, each scale having 7 items, made in order to evaluate the negative emotional conditions of depression, anxiety and stress, experienced in the last week.
The DASS 21-R scale represents the short version of DASS questionnaire (Lovibond & Lovibond, 1995) with 42 items, translated for the Romanian population by Adela Perțe and Monica Albu. This questionnaire can be used for research purpose and in clinical context. The targe population is the non-clinic population of more than 17 years old.
The administration forms are: individually or in groups, the paper-pencil version. The average time of applicance is around 10 minutes.
With regard to utility of the function, one should note that the main function of the DASS test is to evaluate the severeness of the central symptoms of the depression, the anxiety and the stress. The discrimination capacity between the 3 conditions related to depression, anxiety and stress is useful for the researchers who are concerned with the nature, the etiology and the mechanisms of the emotional disorders.
The differences between the normal persons who experience depression, anxiety and stress conditions and those with clinical disorders who experience this kind of conditions are rather differences in intensity of the conditions experienced.
In this situation, DASS is not involved directly in a strict diagnosis such as the postulated ones in the classification systems such as: DSM (Diagnostic and Statistical Manual of Mental Disorder) and ICD (The International Classification of Diseases).
The 21 DASS items are presented to the persons evaluated by random, using a scale of 4 points, with the answers:

- 0 = "it was not for me"
- 1 = "it was not for me in a certain way or from time to time"
- 2 = "it was not for me long enough or very often"
- 3 = "it was not for me very much or almost all the time".

For each option listed above, the respondent needed to circle the number that indicates how much it was the chosen statement for him/her during that week. There are no correct or wrong answers and you not spend a lot of time for a statement. The total score for each of the DASS scales is obtained by summing up the scores of the 7 items of each scale. Regarding the present survey, we have used the short version of the scales known as DASS 21. The items have been selected such way to represent all the subscales and the total score to be turned into the scores of the original version of the DASS scales by dividing with 2. When DASS 21 is being quated, the total for each scale needs to be divided with 2 each time before it is registered.
The interpretation of the scores is as follows: DASS scores do not have to be used as a single criterion when the clinic decisions are being made. The depression scale was set as follows:

- 0-9   = normal
- 10-13= mild
- 14-20= moderate
- 21-27= severe
- 28+   = extremely severe

- The anxiety scale:
- 0-7   = normal
- 8-9   = mild
- 10-14= moderate
- 15-19 = severe
- 20+   = extremely severe
- The stress scale:
- 0-14 = normal
- 15-18= mild
- 19-25= moderate
- 26-33= severe
- 34+ = extremely severe

Brief COPE Scale: in order to identify the coping strategies, we chose the Brief COPE questionnaire (translation and adaptation in Romanian by: S. C. Carver, 1997). The COPE questionnaire implies 14 forms of coping that can be mainly active or passive. The questionnaire contains 28 statements. The answer is on a scale from 1 to 4 where 1 represents "I usually do not do this", and 4 represents „I often do this".
The 14 scales corresponding to the coping strategies are:

1. The active coping refers to the concrete actions that aim to remove the stressing factor or the alleviation of its effects (items 2, 7) - coping focused on issue
2. Withdrawal refers to the withdrawal from the situation created (items 1, 19) – avoiding coping
3. Denial refers to the refusal to believe the stressing factor exists or to the undertaken actions that ignore the stressing factor as if it was not real (items 3 , 8) -avoiding coping
4. Consuming substances and alcohol refers to using the anxiolytic medication or alcohol in order to alleviate the psychic discomfort derived from facing the threatening situation (items 4, 11) - avoiding coping
5. Emotional support refers to the way the person tends to ask for understanding, compassion or moral support from friends, relatives, colleagues in order to diminish the stress (items 5, 15)- coping focused on emotion
6. Instrumental social support evaluates the tendency to ask for advice, information, material suuport necessary to improve the situation (items 10, 23)- coping focused on issue
7. Disengagement evaluates the tendency of coping with stress by reducing the effort or abandoning in reaching the goal. (items 6, 16)- avoiding coping
8. Emotional (expressing) release underlines the tendency of a person to reduce the level of stress, expressing the feelings and negative emotions (items 9, 21)- avoiding coping
9. The positive reinterpretation identifies the tendency of a person to benefit from an undiserable situation or with bad consequences (items 12, 17)- active coping
10. Planning refers to the thinking orientation towards the steps or the action ways (items 14, 25)- active coping
11. Humor (items 18, 28)- avoiding coping
12. Acceptance refers to the resignation that he cannot do anything to improve the situation (items 20, 24)- avoiding coping
13. Self-accusing (items 13, 26)- coping focused on emotion
14. Religion refers to the way the subject asks for the help of God in insecure moments - coping focused on emotion

The questionnaire items were created such way the same instrument can allow the examination both of coping moods, but also the coping answers concerning a specific situation. The difference is the instruction provided to the subject. When the *coping style* is evaluated, the subject is required to respond about the way he acts in general when he faces difficulty or stressful situations. In order to evaluate the *situational coping,* the subject will choose the way of answering that reflects the best the way he acted in a specific situation. The statistic analysis of the information has been performed using the SPSS application.

Results and debates

The types of coping reported to the levels of stress, anxiety and depression were examined for the researched group.

The persons with mild stress have a dominant coping focused on issue. Those with moderate stress have a dominant coping focused on emotion. The severe stress and the extreme stress is most frequently for the people with avoiding coping (Table 1, Figure 1).

Table 1: The level of stress reported to the type of coping

Level stress	% out of	Coping focused on issue	Coping focused on emotion	Avoiding coping
Mild stress	Stress level	79.6%	20.4%	0%
Moderate stress	Stress level	30.5%	56.2%	13.3%
Severe stress	Stress level	2%	37.3%	60.8%
Extremely severe stress	Stress level	0%	16.7%	83.3%
Mild stress	Coping	56.6%	12.2%	0%
Moderate stress	Coping	42.1%	65.6%	28%
Severe stress	Coping	1.3%	21.1%	62%
Extremely severe stress	Coping	0%	1.1%	10%

Source: own calculations

Graph 1: The stress level reported to the type of coping
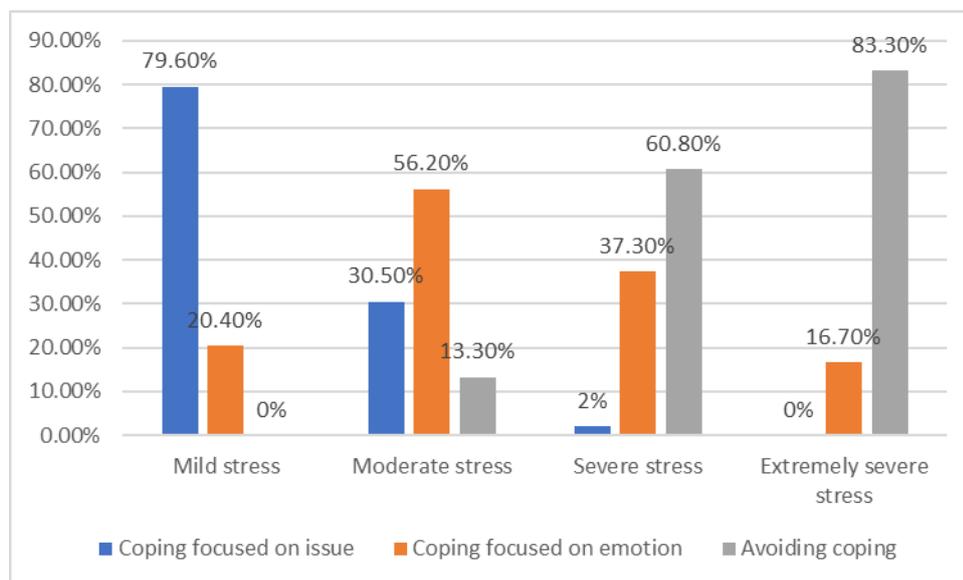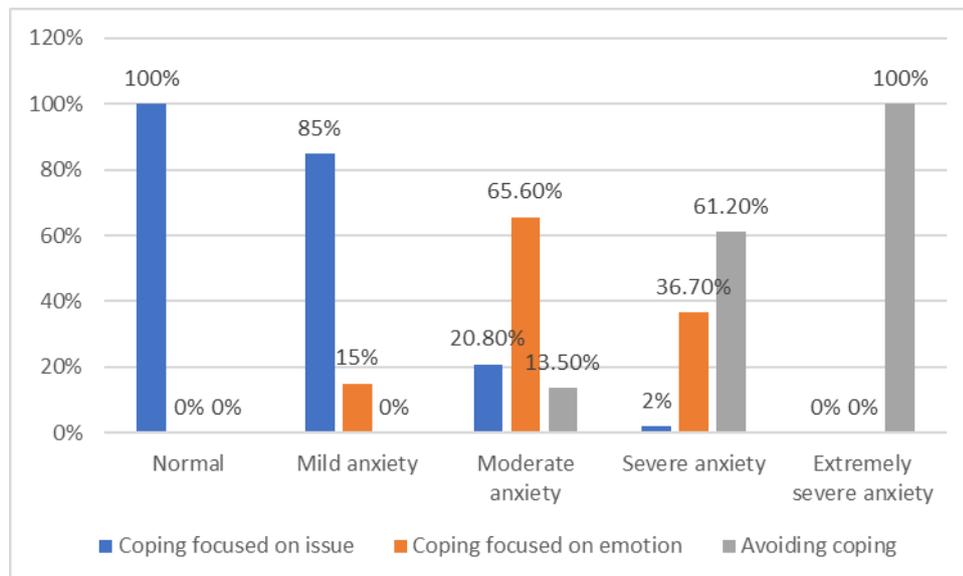

Source: own calculations

All those who have normal anxiety have a coping focused on issue. Those with mild anxiety have a dominant coping focused on issue. The coping focused on emotion is dominant for those with moderate anxiety. The unemployed people with severe anxiety have a dominant avoiding coping and all the unemployed people with extremely severe anxiety have only avoiding coping. (Table 2, Figure 2).

Table 2: The level of anxiety reported to the type of coping

Anxiety level	% out of	Coping focused on issue	Coping focused on emotion	Avoiding coping
Normal	Anxiety level	100%	0%	0%
Mild anxiety	Anxiety level	85%	15%	0%
Moderate anxiety	Anxiety level	20.8%	65.6%	13.5%
Severe anxiety	Anxiety level	2%	36.7%	61.2%
Extremely severe anxiety	Anxiety level	0%	0%	100%
Normal	Coping	5.3%	0%	0%
Mild anxiety	Coping	67.1%	10%	0%
Moderate anxiety	Coping	26.3%	70%	26%
Severe anxiety	Coping	1.3%	20%	60%
Extremely severe anxiety	Coping	0%	0%	14%

Source: own calculations

Graph 2: The anxiety level reported to the type of coping

Source: own calculations

The unemployed people without depression had dominant coping focused on issue and they did not have avoiding coping; people with mild depression have a coping focused on issue.

For the unemployed people with moderate depression the dominant coping is foccused on emotion. For the people with severe depression the avoiding coping prevails and there is no coping focused on issue. The unemployed people with extremely severe depression have only avoiding coping, (Figure 3).

Table 3: The level of depression reported to the type of coping

Depression level	% out of	Coping focused on issue	Coping focused on emotion	Avoiding coping
Normal	Depression level	87.5%	12.5%	0%
Mild depression	Depression level	50.6%	44.2%	5.2%
Moderate depression	Depression level	18.8%	52.9%	28.2%
Severe depression	Depression level	0%	29.6%	70.4%
Extremely severe depression	Depression level	0%	0%	100%
Normal	Coping	27.6%	3.3%	0%
Mild depression	Coping	51.3%	37.8%	8%
Moderate depression	Coping	21.1%	50%	48%
Severe depression	Coping	0%	8.9%	38%
Extremely severe depression	Coping	0%	0%	6%

Source: own calculations

Graph 3: The level of depression reported to the type of coping
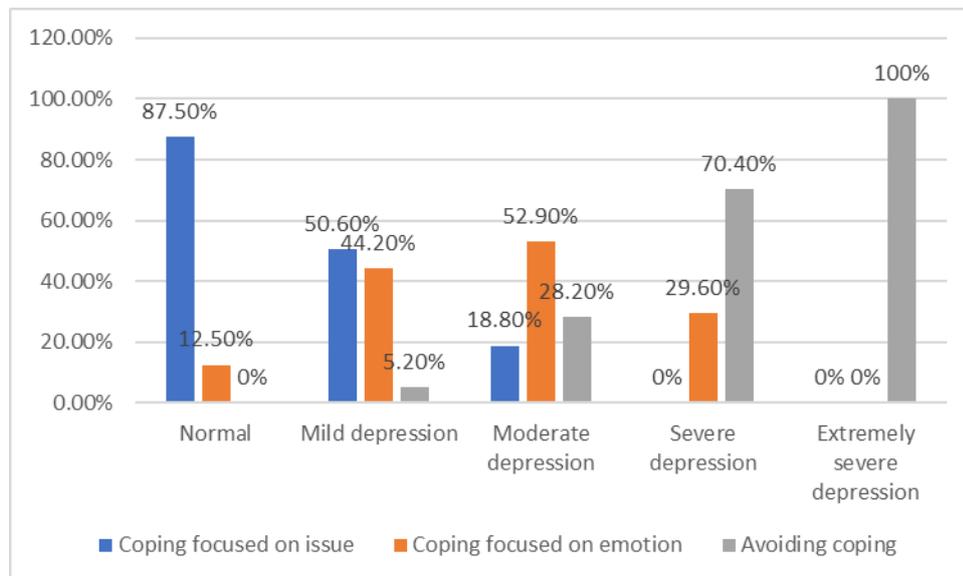
Source: own calculations

Conclusions

Overall, our results confirm that intuitive finding that a loss of job or actual unemployment can represent a significant loss in the life of a person. Being unemployed comes through as a significant factor of stress, anxiety and depression. It constitutes a problem that has been pinpointed in many surveys that used biological, psychological, social, or cultural cultural approach.

Our results show that people who are either unemployed or are fearing being fired from their jobs express the highest levels of stress and anxiety. Moreover, we found that people who can cope with the loss of a job or are aware that this can be their fate and therefore are fine with it, have the lowest levels of stress, anxiety and depression. Loosing a job might be a nasty thing but if a person has prepared herself or himself for this situation, coping with it might be be mildest. Such well-prepared individuals are fast in re-arranging their lives and in finding new opportunities.

References

- American Psychiatric Association (2003). *Manual de diagnostic şi statistică a tulburărilor mintale*, Bucharest, Asociaţia Psihiatrilor Liberi din România.
- Benhabib, J., Day, R.H. (1982). Characterization of erratic dynamics in the overlapping generation model. *Journal of Economic Dynamics and Control*, 4, 37-55. https://doi.org/10.1016/0165-1889(82)90002-1
- Cohen S., & Edwards J.R. (1989). *Personality caracteristics as moderators of the relationship between stress and disorder*. In R.W. Neufeld (ed.) in Advances in the investigation of psychological stress.J. Wiley and Sons, Chichester.
- DeFranc, R. S., & Ivancevich, J. M. (1986). Job Loss. An Individual Level Review and Model, *Journal of Vocational Behavior*, Vol. 28.
- Gowan, M.A., & Gatewood, R.D., (1997). A model of response to the stress of involuntary job loss. *Humans Resources Management Review*, 7, 227-298. https://doi.org/10.1016/S1053-4822(97)90009-7
- Janda, K., Rausser, G., & Strielkowski, W. (2013). Determinants of profitability of Polish rural micro-enterprises at the time of EU Accession. *Eastern European Countryside*, *19*, 177-217. https://doi.org/10.2478/eec-2013-0009
- Leana, C. R., & Feldman, D., C. (1994). The Psychology of Job Loss, *Research in the Personnel and Human Resources Management*, Vol. 12.
- Lovibond, S.H., & Lovibond, P.F. (1995). *DASS. Manual for the Depression Anxiety Stress Scales*, Cluj-Napoca, ASCR Publishing House.
- Montgomery, S. M., Cook, D. G., Bartley, M. J., & Wadsworth, M. E. (1999). Unemployment pre-dates symptoms of depression and anxiety resulting in medical consultation in young men. *International Journal of Epidemiology*, *28*(1), 95-100. https://doi.org/10.1093/ije/28.1.95
- Paul, K.I., & Moser, K. (2009). Unemployment impairs mental health: Meta-analyses, *Journal of Vocational Behavior*, 74(3), 264–282. https://doi.org/10.1016/j.jvb.2009.01.001
- Riga, S., & Riga, D. (2008). *Stresologie, adaptologie si sănătate mintală*; Bucharest, Cartea Universitaria.
- Sadock, B.J., & Sadock, V.A. (2009). *Manual de buzunar de psihiatrie clinică*; Bucureşti, Editura Medicală.

- Scheier, M. F., Carver, Ch. S. (1992). Effects of optimism on psychological and physical well-being. *Cognitive Therapy and Research*, 16(2), 201-228. https://doi.org/10.1007/BF01173489
- Scheier, M. F., Wentraub, J. K., Carver, Ch. S. (1986). Coping with Stress: Divergent Strategies of Optimists and Pesimists. *Journal of Personality and Social Psychology*, 51(6), 1257-1264. https://doi.org/10.1037/0022-3514.51.6.1257
- Simionescu, M., Strielkowski, W., & Kalyugina, S. (2017). The impact of Brexit on labour migration and labour markets in the United Kingdom and the EU. *Terra Economicus*, *15*(1), 148-156.
- Strielkowski, W. (2012). Factors that determine success of small and medium enterprises. the role of internal and external factors. *Journal of Applied Economic Sciences*, *7*(3), 334-350.
- Vitalino P. (1990). Appraised changeability of a stressor as a modifier of the relationship between coping and depression. *Journal of Personality and Social Psychology*, 59(3), 582-592. https://doi.org/10.1037/0022-3514.59.3.582
- Wheatley, D. (1997). Stress, anxiety and depression, *Stress and Health,* 13(3), 173-177. https://doi.org/10.1002/(SICI)1099-1700(199707)13:3%3C173::AID-SMI739%3E3.0.CO;2-6

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