

**Enhancing the resilience of retrenched workers in Harare, Zimbabwe, using the
cognitive social capital model**

by

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ABSTRACT

The thrust of the research was to explore how retrenched workers dealt with the loss of employment, which adversely affected their psychological well-being and access to mental health services. The compromised financial position faced by retrenched workers further exposed them to severe mood disorders and abject poverty. In the end, the prospects of a bright future among retrenched workers gradually diminished and were superseded by a sense of hopelessness. The ecological model and thriving theory of resilience, constituted the theoretical frameworks for the study. The researcher employed concurrent triangulation mixed method convergence design to provide an intervention for retrenched workers to deal with the loss of employment. The research sample was drawn from Parirenyatwa Annex mental health hospital in Harare, Zimbabwe, where the participants voluntarily took part in the study. The researcher ensured comprehensive data analysis by applying both the descriptive and inferential statistics. From the data gathered, it emerged that culturally aligned functional social bonds, reciprocity, as well as trust and cognition, could assist participants to deal with employment loss grief. However, further studies could investigate the psychological impact on family dependence due to retrenchment of the bread winner. Future studies can also probe how religious and spirituality practices may enhance resilience among the retrenched workers.

Key words

Altruism, anhedonia, cognitive dissonance, Cognitive Social Model, deprivation, ecological model, instantaneous, mood dysphoria, psychological distress, resilience, retrenchment, self-esteem, social coherence.

DECLARATION

STUDENT No. 57647119

I declare that: **Enhancing the resilience of retrenched workers in Harare, Zimbabwe using the cognitive social capital model** is my own work, and that sources I used have been acknowledged.

Signature 

Mr Maurice Kwembeya

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DEDICATION

This work is dedicated to my wife Leonah and mother Constance.

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CHAPTER 1

INTRODUCTION

1.1 BACKGROUND TO AND MOTIVATION FOR THE STUDY

Zimbabwe used to be the bread basket of Southern Africa, characterised by a flourishing agro-based economy. The introduction of various economic policies such as the Economic Structural Adjustment Programme (ESAP) launched in 1995, poor performance in agriculture, and closure of industries, led to the massive retrenchment of workers (Peck, 1995; Murisa & Chikweche, 2015; Onwuemele, 2015). The ruling of the Supreme Court of Zimbabwe on the 17th of July 2015 in favour of the employers over a labour dispute empowered the employers to willy-nilly terminate the services of employees irrespective of the occupational categories they belonged to (Supreme Court Judgement number 43 of 2015). Although President Mugabe spoke out against massive job terminations, retrenchments were carried out by state-owned entities such as Air Zimbabwe, the Grain Marketing Board, and Sino-Zimbabwe Cotton (Zulu, 2015; Manayiti, Nyoni & Dube, 2015). Workers were retrenched from both the public and private sectors without receiving any retrenchment benefits. The invasion of the white-owned farms by the black Zimbabweans resulted in massive loss of farm jobs between the years 1999 and 2000. The land acquisition was meant to economically empower the indigenous Zimbabweans but the supposed beneficiaries had no access to strategic resources. The picture below shows the retrenched Grain Marketing Board workers camping outside the parastatal demanding retrenchment packages.



Fig 1: Picture showing retrenched workers of the Grain Marketing Board (GMB) camping outside the parastatal offices in Harare. Adapted from Newsday 26 February, 2016.

Thousands of workers, whose services were terminated, found themselves in the streets or in their rural homes with no hope of another source of livelihood as more and more companies were closing down (Moyo, 2015; Mutimutema, 2015). The people, whose employment contracts were terminated, found it difficult to mentally adjust in an environment where employers do not consider mental health as a priority. The retrenchment of workers was done without considering the severity of the psychological distress the retrenched workers were subjected to, and how they would resolve these mental health problems.

Zimbabwe does not have a functional mental health policy and model to promote resilience among the retrenched workers because of diminished physical, financial and human resources. Only 14 trained psychiatrists provide services to an estimated 1, 3 million Zimbabwean mental health patients (Okello, 2017). Despite facing some socio-economic challenges, Zimbabwe has put multi-sectoral plans to improve the mental health delivery system. Liang et al. (2016) opine that Zimbabwe has well documented health policies, as well as physical and human resources compared to the surrounding nations. Liang et al. (2016) assertions could be refuted on the grounds that the general health is prioritised but the mental

health is not. The mental health programmes, especially for the retrenched workers, continue to be side-lined. There is a continuous migration of mental health professionals to neighbouring countries and the deterioration of infrastructure irrespective of the claims made by Liang et al. (2016). According to Matare (2004) cited in Bowen (2013), the mental health policy remains a statement of intention of the Ministry of Health and Child Care (MoHCC). It can be argued that implementation of mental health policies has largely been a challenge in Zimbabwe. There are budgetary allocation restrictions in the mental health sector. The former Minister of Health, Madzorera (2013) observes that aid organisations, both local and international, are mostly focusing on HIV and AIDS programmes, but not on assisting the mentally challenged members of the community. Lack of clear and functional policy on mental health promotion among the retrenched workers has exposed them to severe and debilitating conditions, with limited chances of recovering.

Retrenchment brings a period of sense breaking characterised by discontent with the self in relation to the ideal self (Makarawo, 2017; Price, Choi & Vinokur, 2002; Ngele & Erasmus, 2009). The psychological sense of self-identity and hope for a good future slowly begins to fade away and is gradually replaced by some psychological distress. The retrenched workers sometimes experience cognitive dissonance which can be misinterpreted by the community as insanity. Gaffinery (2015) notes that retrenched workers who previously earned higher incomes felt less grief than previously low-income participants. The retrenched workers are susceptible to psychological distress irrespective of the previous occupational categories held. Caring for the mentally distressed retrenched workers can sometimes be a burden to the immediate family members. They may have limited psycho-social skills and strategies of handling and helping the distressed retrenched workers to manage the grief.

Mental health care receives less than 1% of the overall health budget (Madzorera, 2013; Murambidzi, 2013; Mangezi & Chibanda, 2010). Institutions such as Ingutsheni Central Hospital in Bulawayo, which serve as one of the major referral centres for the mentally ill patients in Zimbabwe, is struggling with an increased influx of patients. The shortage of clothes, food, medical supplies, as well as lack of support from donor organisations is largely cited. This shows that the limited public mental health institutions experience the full weight of the rise in psychiatric patients, without adequate facilities to cater for them. The limited facilities contribute to overcrowding of the patients. Some of the retrenched workers

experiencing mental health challenges are admitted involuntarily. The stigmatisation associated with the mental health challenges leads to the discrimination of retrenched workers in their own communities.

In a bid to curb the overcrowding of mental health institutions, the government of Zimbabwe decentralised mental health treatment services. These institutions serve as primary mental health care systems. They are run by lay mental health workers with either limited or no competence to offer therapeutic services. It is essential to note that the lay mental health workers lack the competence to help the retrenched workers to deal with the grief. The full operation of these institutions is hindered by the restricted budgetary allocations, a critical shortage of mental health professionals, and that of facilities (Makri, 2016; Ridgwell, 2017; Tsai, 2017).

Stigma associated with mental illness in Zimbabwe, deters clients from seeking mental health services (Matare, 2004 & Bonde, 2015). The patients are likely to be discriminated and also have their needs ignored due to lack of psycho-education on mental illness among the members of the community. In a socio-centric society in Africa, and particularly in Zimbabwe, not all family members discriminate each other on the grounds of poor mental health functioning. The family and community members are closely linked by interpersonal ties. There are, however, some cultural misconceptions about mental illness among the community members. Few depressed patients reported having cordial relationships and encouragement from family members and colleagues (Ngui, Khasakhala, Ndeti & Roberts, 2010; Reavley, 2016). However, retrenched workers are not spared from discrimination as they struggle to deal with the pain of unemployment.

Cadsby, Song and Tapon (2016), and Hintze, Olson, Adami and Hertwig (2015) observe that people are risk-averse; that is, they respond more strongly to potential losses than to potential gains. The severity of the psychological distress is, however, not felt the same way by all the retrenched workers. The interpretation of the perceived distress differs among the individuals. The retrenched workers have different levels of cognitive, social and protective factors. The mentally affected retrenched workers need help to deal with the grief. Failure to consider the retrenched workers' resilience-enhancing programmes is characteristic, not only in Zimbabwe, but also in Zambia. There was an excessive retrenchment of copper mine

workers in Zambia (Lungu & Mulunga, 2005; Lusakatimes, 19 November 2015). The retrenched workers were susceptible to diminished mental health conditions difficult to deal with (Ogbechie, 2015; Manyaya, Bhebhe, Chavunduka & Nikisi, 2016).

Bonde (2015) and Keating (2010) say that, despite the proliferation of research studies on mental health, little has been done to enhance resilience of the retrenched workers. These resilience-enhancing strategies are built on cultural values of self-reliance. The retrenched workers are involved in gold panning, buying and selling, subsistence farming, among other survival strategies (Williams & Gurtoo, 2011 cited in Ndiweni & Verhoeven, 2013; Chingwaru & Jakata, 2015). They have limited resilience-enhancing options as they face stiff competition in the informal sector. There has not been much retrenchment mental health policies and programmes due to limited research.

Kossek, Lewis and Hammer (2011) and Khalema and Shankar (2014) note that very little research has been done on the mental health challenges experienced by the retrenched workers, especially in the African context. Resilience-enhancing programmes have been done in Africa, particularly in Zimbabwe (Ungar, Brown, Liebenberg & Levine, 2008; Shiferaw, Tesfaye, Kassie, Abate, Prasanna, & Menkir, 2014). The programmes focused on natural disasters such as floods, droughts, hunger and poverty without considering resilience-enhancement of retrenched workers. Anaf, Baum, Newman, Ziersch and Jolley (2013) conducted research on the psychological impact of retrenchment at a Mitsubishi automotive manufacturing company in South Australia; a developed context with well-equipped and capacitated mental health institutions. It was a different scenario from the African context in general, and Zimbabwean context in particular, where findings showed no attention paid to the mental health needs of retrenched workers.

Marchand, Demers and Durand (2005), note that social support enjoyed by the workers prevents psychological distress. However, there is no organisational mental health policy directed towards the alleviation of psychological distress among the retrenched workers. The retrenched workers are not helped to deal with the distress. It is possible that some retrenched workers start experiencing some serious occupationally related mental health challenges before they are even retrenched. Their mental health condition can be worsened, especially in developing countries where there are limited mental health support policies and programmes.

1.2 RATIONALE FOR THE STUDY

Retrenched workers are prone to severe psychological distress due to the loss of jobs. In Zimbabwe, there are limited mental health provisions to assist the retrenched workers to deal with retrenchment grief. The researcher noted, with great concern, that resilience-enhancement of retrenched workers was not given attention even by the World Health Organisation (WHO). The Global Mental Health Action Plan (2013-2020), adopted by the 66th World Health Assembly, is silent on resilience-enhancement programmes for retrenched workers (WHO, 2013). It focuses on substance abuse as the major cause of mental illness. The Global Mental Health Action Plan (2013-2020) discourages the discrimination and segregation of mentally ill patients. Resilience-enhancement of retrenched workers is not considered. Jimenez, Bartels, Cardenas, Daliwal and Alegria (2013); Mantovani, Pizzolati and Gillard (2015), and Weldeslasie (2015) reveal that most Africans have poor mental health because they do not seek help from professionals due to cultural mistrust, poor or no belief in treatment efficacy, and the stigma regarding mental health issues.

1.2.1 Motivation to the study

Zimbabwe has experienced a significant rise in mental illness cases as the economic situation worsens (Zhangazha, 2014). The researcher was motivated by the desire to come up with an intervention model to assist the retrenched workers to deal with employment loss and grief. Resilience-enhancement strategies based on local research findings were likely to be relevant, meaningful and understood by the participants. The retrenched workers had dwindling financial resources and would not afford to pay for the high cost of centralised professional mental health services in Zimbabwe.

1.2.2 Significance of the study

The study serves as a strong base for building strong psycho-social support ties in the context of the retrenched workers' cultural settings. Strategies to assist the retrenched workers to deal with the psychological distress are provided in the study. The contextual cultural misconceptions related to mental health challenges experienced by retrenched workers can be clarified and prevented. The retrenched workers can accept and acknowledge the loss of

employment as part of life experiences. They can develop a sense of mental health seeking and promotion behaviour essential for resilience-enhancement. Through the findings, the employers may realise the need to fund and support mental health enhancing programmes for the retrenched workers in Zimbabwe. The study findings can serve as an initial platform to lobby for the formulation and implementation of national mental health policies to assist the retrenched workers to deal with the grief of retrenchment.

1.3 STATEMENT OF THE PROBLEM

The retrenched workers are prone to severe psychological distress. They live under difficult mental health conditions characterised by abject poverty, limited mental health support systems, and the crippling economy experienced in Zimbabwe (Tsiko, 2009). To what extent does the CSC model enhance the resilience of retrenched workers in Harare, Zimbabwe?

1.4 RESEARCH AIM

The main aim of this intervention study is to assist the retrenched workers in Harare, Zimbabwe to deal with grief of employment loss.

1.5 RESEARCH OBJECTIVES

- To identify the mental health needs of retrenched workers.
- To assist the retrenched workers using a contextually relevant CSC model to deal with grief of employment loss.
- To evaluate the strengths and weaknesses of the CSC model and make related adjustments.
- To strengthen and utilise the existing culturally aligned interpersonal relationships in enhancing resilience.

1.6 RESEARCH METHODOLOGY

The researcher employed concurrent triangulation mixed method convergence design in the study. The design enabled the researcher to corroborate, integrate and complement the research findings. The research sample was drawn from Parirenyatwa Annex mental hospital in Harare, Zimbabwe, where the participants voluntarily took part in the study. In this study, the data collection instruments were informed by the research design. Both quantitative and qualitative tools were used to collect data as explained in chapter 4. The inferential and descriptive statistics were used during quantitative data analysis. The data were classified into themes, categories and sub-categories during the qualitative data analysis stage. Ethical considerations namely; informed consent, participants' protection, deception avoidance, informed consent, confidentiality, voluntary participation and withdrawal from research, were made. A detailed discussion of research methodology is given in chapter 4.

1.7 CHAPTERS DIVISION OUTLINE

The study is divided into chapters as given below:

Chapter one discussed the background to, and motivation for, the study, the rationale for the study, significance of the study, statement of the problem, research aim, research objectives and research methodology.

Chapter two spells out the literature surveyed which incorporates the cognitive social capital history, the cognitive social capital model, the research evidence of cognitive social capital model, resilience, historical perspectives of resilience and ends with the chapter summary.

Chapter three provides the theoretical framework of the study; the thriving theory of resilience and the ecological model. The components of the thriving theory of resilience are given as disaster event, deteriorating phase, adaptive, recovery and growing phase. The ecological model consists of the microsystem, mesosystem, exosystem, macrosystem and the chronosystem. The chapter concludes with a summary.

Chapter four focuses on research methodology which encompasses the research design, study procedure and instruments, target population, sample and sampling techniques.

Chapter five presents findings pertaining enhancing the resilience of retrenched workers in Harare, Zimbabwe using the cognitive social capital model. Findings have been presented in the form of tables, themes and narratives. Chapter six discusses the study findings and ends with a summary.

Chapter seven provides the conclusion with specific reference to study objectives. The study recommendations are also given.

CHAPTER 2

LITERATURE SURVEY

2.1 INTRODUCTION

This chapter focuses on the related literature survey. The literature on enhancing resilience among retrenched workers through the use of the cognitive social capital model was reviewed. Literature on the model was reviewed within the context of enhancing-resilience among the retrenched workers in Harare, Zimbabwe. The social capital and the cognitive realms would be linked to behavioural phenomena (Sendogdu & Erdirencelebi, 2014; Muckenhuber, Pollak, Stein, & Dorner, 2016).

2.2 HISTORY OF COGNITIVE SOCIAL CAPITAL

Durkheim (1888), cited in Kushner and Sterk (2005), is credited as one of the major proponent of social capital. Durkheim (1897) observes that the disintegration of family ties contributes to depression which leads to suicide. The model has a history of success based on the reports made by the once depressed participants who successfully resolved the psychological distress (Bandura, 2001; Schwartz, 1994; Bandura, 1997; Maddux & Kleiman, 2012). According to Forsman, Nyqvist, Schierenbeck, Gustafson and Wahlbeck (2012), Claridge (2016) and John (2017), the cognitive social capital model is a shared contextual representations, meanings, and language governed by cultural ideologies, relational social ties, values, beliefs, attitude, trust, reciprocity and empathy. The shared representations and interpretations on resilience-enhancing norms, values and beliefs constitute the internal aspects (Putnam 2000; Seppala, Rossomando & Doty, 2013; Menes & Donato, 2013) or embedded contents of the cognitive social capital model (Granovetter 1992; Moran 2005; Nahapiet & Ghoshal, 1998). The cognitive social capital model includes the sum of resources; actual or virtual, that is available to the individuals (Claridge, 2004). Not all the individuals who are exposed to adversity will become resilient (Arnesen, 2009). Bandura (1971) and Bourdieu (1986) are the major proponents of the CSC model. The CSC model influences an individual's style of thinking and behaviour in a given cultural context. It capitalises on interpersonal relationship, cooperation within social ties, trust and reciprocity, to enhance-resilience (Harpham, 2008). Bandura (2005) identifies four cognitive

components, namely; attentional, representational, enactive translational and motivational processes. In the context of enhancing-resilience, the CSC model plays a crucial role in enhancing self-efficacy and building innovative, complex cognitive and social skills among individuals (Bandura, 2001; Johnson, Rostila, Svensson, & Engstrom, 2017). The history of the success of the CSC model is, however, reported in a European cultural context different from Africa in general, and Zimbabwe in particular. The perceived efficacy of the model may not be the same in Zimbabwe. It is also important to note that Bandura (1971) employed some controlled laboratory experimental conditions without considering some research ethical grounds. The participants were subjected to prescribed and rigorously controlled experimental conditions.

2.3 HISTORICAL PERSPECTIVES OF RESILIENCE

Wassell and Gulligan (2010) and Shean (2015) note that the desire to understand how some children could persist and thrive in the face of perturbations inspired studies on resilience. Garmerzy and Mastern (1986) and Hunter (2012) contributed to the history of resilience by studying the resilience of children having schizophrenic parents. It was found that there was absence of behaviour disorder among the children brought up by parents having disorganised behaviour patterns. The study attributed social engagement with peers as a protective factor which builds resilience. These prior studies' findings can be linked to the current study as social interconnections are also attributed to resilience building. The study findings had some limitations as the participants were children who had not yet developed competent language skills to fully express their resilience perceptions.

Holling (1973) originally introduced the term resilience. Holling (1986) and Flemming and Ledogar (2008) refined the definition of resilience to the ability of a system to maintain its structure and patterns of behaviour in the face of disturbance. Pimm (1984) and Mastern, Best and Garmezy (1990) defined it as a measure of the speed of a system to return to equilibrium following a perturbation. Rutter (1985) and Luthar, Cicchetti and Becker (2000) regarded resilience as the ability to change by exploiting instabilities. Carmeli, Friedman and Tishler (2013) viewed resilience-enhancing as an interactive process involving CSC model components such as beliefs and religious principles as well as neighbourhood over a long time. Resilience is not a static characteristic of an individual, but rather a dynamic process

that must be understood within the context of each individual's experiences (Anderson, 2009; Asnaani & Hofmann, 2012). Resilience can be viewed as the *operando* of acclimatising to an adverse situation which can lead to a state of shock, misfortune, stress or fears (APA, 2013; Mastern, 2014). The trajectories of positive development despite adversity have been articulated in the definitions (Shean, 2015; APA, 2017).

2.4 PSYCHOLOGICAL DISTRESS EXPERIENCED BY RETRENCHED WORKERS

The CSC model affords an opportunity for the retrenched workers to be aware of early signs and symptoms of maladaptive behaviour and thinking patterns (Henriques, 2012; Jacofsky, Santos, Patel, & Neziroglu, 2015; Gyawandi et al., 2016). This could help them to institute early protective measures essential for resilience-enhancement (Thomas, Jenkins, Burch, Nasir, Fisher, Giotaki, Gnani, Hertel, Marks, Mathers, Sanders, Morris, Shah, Stange, Thomas, White & Wright, 2016; Macheca 2012). Early intervention may result in quick recovery and restoration of the lost internal and external locus of control (Membride, 2016; Corrigan & Watson, 2018; Dutta, 2016). Maukera and Blignault (2015) and Shean (2015) note that resilience-enhancement requires the knowledge of the participants' mental health needs, concerns and to live a life that one values. The mental health concerns may serve as guidelines for decision making essential for building resilience strategies (Saxena, Jané-Ilopis & Hosman 2006; Smith, Segal, Robinson & Segal, 2018). Symptoms of psychological distress may have different meanings among individuals (Bartels, Cardinas, Daliwal, & Alegría, 2012). This implies that the perceived psychological distress can be interpreted differently by the retrenched workers. The cultural misconceptions on mood and behaviour disturbances can trigger segregation, discrimination and labelling of the retrenched workers by community members. Distressed retrenched workers sometimes construe themselves as rebuffed by the community (Koffie, 2016; Hansen, 2009).

The retrenched workers are sometimes subjected to mind blindness where they become unaware of the mental states of the self and others (Tang, Shum, Leung, Chen, & Salkovskis, 2013; Cohen, Bowen, Holt, Allison, Auyeung & Lombardo, 2015; Edey, Cook, Brewer, Johnson, Bird & Press, 2016). They may undergo a period of sense breaking characterised by discontenting the self in relation to the ideal self. They experience cognitive dissonance

(Dambrun & Ricard, 2011). The depressed mood, low self-esteem, loss of internal and external locus of control is related to loss of employment (Zawawi & Hamaideh 2009; Hair, Renaud & Ramsay, 2006). Those who felt segregated may exaggerate the distress to draw the attention and sympathy of their colleagues, and to get more help, care and love (Nygqvist & Forsman, 2013; Elizabeth, Sarah, Susan, Malspeis & Nancy, 2015).

The adversity created by the loss of employment can instil fear (Yoon, 2017; Seifert, 2013). This implies that the retrenched workers may have a sense of uncertainty of life and relinquish control over thinking processes. Isolated individuals not having social connectedness ties find it difficult to build resilience (Aldrich & Meyer, 2015; Dooley 2003; Mastern, 2014). The retrenched individuals sometimes have a tendency of blaming others for their own mistakes and denying any responsibility for their problems (Wilkins, 2014; Riggio, 2015; Cherry, 2017). Retrenched workers experience the loss of prestige and undermining of own reputation (Danaher, Cook, Danaher, Coombes & Danaher, 2013; Mugodzwa, 2017). A sense of community and affiliation is lost, thereby aggravating psychological distress (Hall, 2013; Kitchen, Williams, & Gallina, 2015). This may contribute to the eminent development of identity crisis. A possible feeling of insecurity can contribute to irrational fear and exacerbate the psychological distress (Seltzer, 2015; Vilhauer, 2016). The painful feelings, anger, fear and disappointment associated with employment loss can be collectively disputed to enhance resilience (David, 2015; Warrell, 2012; Lorman, 2017; Swartz, 2018). The retrenched workers may regard employment as a salient source of identity, self-esteem and self-efficacy.

Psychologically depressed retrenched workers sometimes struggle to concentrate and follow the resilience-enhancement group discussion proceedings (Ander, Cederberg, Essen & Hovén, 2018; Fauerbach, Wiechman & Mason, 2011; Kuhar & Jeznik, 2017). Low cognitive social capital at an individual level was significantly associated with higher level of psychological distress (Muckenhuber, Pollak, Stein, & Dorner, 2016; Uphoff, Pickkett, Cabieses, Small, & Write, 2013; Benjamin, 2011). This entails that the distressed retrenched workers can have limited mental capacity to execute daily life tasks. They may have lack of motivation to actively resolve the perceived psychological distress. This can contribute to disillusionment and failure to contribute during discussions.

The psychological distress experienced by the retrenched workers should not be used as an excuse for making decisions for them (Hegde & Ellajosyula, 2016; Lamb, 2014; Frank, 2011). Through transference, the individuals can probably vent their emotions to the other members (Whitbourne, 2012; Phillips, 2004; Azar & Vasudeva, 2006). They may manipulate or treat their colleagues harshly with no remorse (Medlineplus, 2016; Thorpe, 2016; Mayo Clinic, 2017; Mesquita, De Leersnyder, & Albert, 2014; Agnew & South, 2014). The enhancement of resilience should include the development of mindfulness among the retrenched workers. The ability to control emotions can strengthen the interpersonal relationships. Those who volunteer to be retrenched are likely to have less distress than those who are unceremoniously discharged from work (Lauscher & Vellem, 2011; Kably, 2016; Roback, 2000).

2.5 CONCEPTUAL PERSPECTIVE OF COGNITIVE SOCIAL CAPITAL MODEL (CSC-MODEL) AND RESILIENCE-ENHANCING

Heikkilla, Fransson, Nyberg, Zins, Westerlund, Westerholm and Virtanen (2013), postulate that high levels of cognitive social capital resources are associated with mental health resilience. Dutton, Roberts and Bednar (2010) and Rutter (2013) regard the resolving of the psychological distress experienced by the retrenched workers as a significant endeavour to retain psychological well-being. Social cohesion is a component of the cognitive social capital model which facilitates a sense of mutual trust and solidarity essential for resilience building (Sirico, 2010; Story, 2014). This implies that CSC model values individual relationships as it provides a pathway for resilience-enhancement. The CSC model permeates a feeling of good will, companionship and cooperativeness essential for resilience-enhancing (Dodd, 2012; Arnesen, 2006; Keeley, 2007; Al-Tabbaa & Ankrah, 2016; Hughes & Perrons, 2011).

The CSC model is derived from the cultural ideologies, resulting in ideas and behaviour related to norms, values, attitude and beliefs that contribute to resilience-enhancement (Gauntlett, 2011; Gersonius, Buuren, Zethof & Kelder, 2016). Muckenhuber, Pollak, Stein, and Dorner (2016) posit that CSC model promotes in defining the self and the attainment of social cohesion necessary for resilience-enhancement. The CSC model can inculcate the spirit of generosity and compassion, among other attributes (Sasha, 2011; Sreenivasan &

Weinberger, 2017). Resilience-enhancing thinking and behaviour patterns among the retrenched workers are facilitated at various stages of the CSC model. The development of social connectedness among the retrenched workers is a gradual process. It is therefore important to streamline the resilience-enhancing process according to the cultural contexts of the retrenched workers. Anticliff, Daniel, Burgess and Sale (2011) and Patricia (2015) note that the CSC model intervention processes are not instantaneous, but gradually progress at each stage. The CSC model resilience-enhancing intervention stages are streamlined in stages over time to facilitate the gradual recovery. The resilience-enhancement strategies can be acquired after a long time but lost quickly and be difficult to regain (Aslam, Shahzad, Syed & Ramish, 2013; Aacquah et al., 2014; Kim, 2017; Mitchell, 2012; Steinmo & Rasmussen, 2018).

Portes (1998), cited in Derose and Varda (2017), posit that the CSC model influences the leverage of resilience-enhancement thinking and behaviour patterns through:

- promoting resilience-enhancing norms.
- building structural relationships.
- facilitating family support
- promoting extra-familial networks.
- encouraging trust and reciprocity.

It is, however, essential to realise that the cognitive social capital model can either facilitate or decrease resilience-enhancement depending on the different beliefs held by the individuals (Pescosolido, Wright, Alegria, & Vera, 1998; Slade, 2010; Seaman, McNeice & Jennifer, 2014). The CSC model provides an opportunity for divergent views and perceptions to develop a sense of autonomy and reciprocity. The external cognitive social capital is composed of the interpersonal relationships, networking and connections among the individuals (Christoforou, 2013; John, 2017; Muzvidziwa, 2010; Aslam, et al, 2013)

2.6 RESILIENCE ENHANCING STRUCTURES OF COGNITIVE SOCIAL CAPITAL MODEL

The CSC model is made up of resilience enhancing structures namely; interpersonal relationships, family ties, social cohesion, cultural norms and values, shared language, trust and reciprocity, creative thinking, emotional intelligence, optimism, religion and spirituality, and recreational activities. The components are diagrammatically illustrated in fig 1 below.

Fig 2 below shows the CSC model components which facilitate resilient thinking and behaviour patterns of retrenched workers.

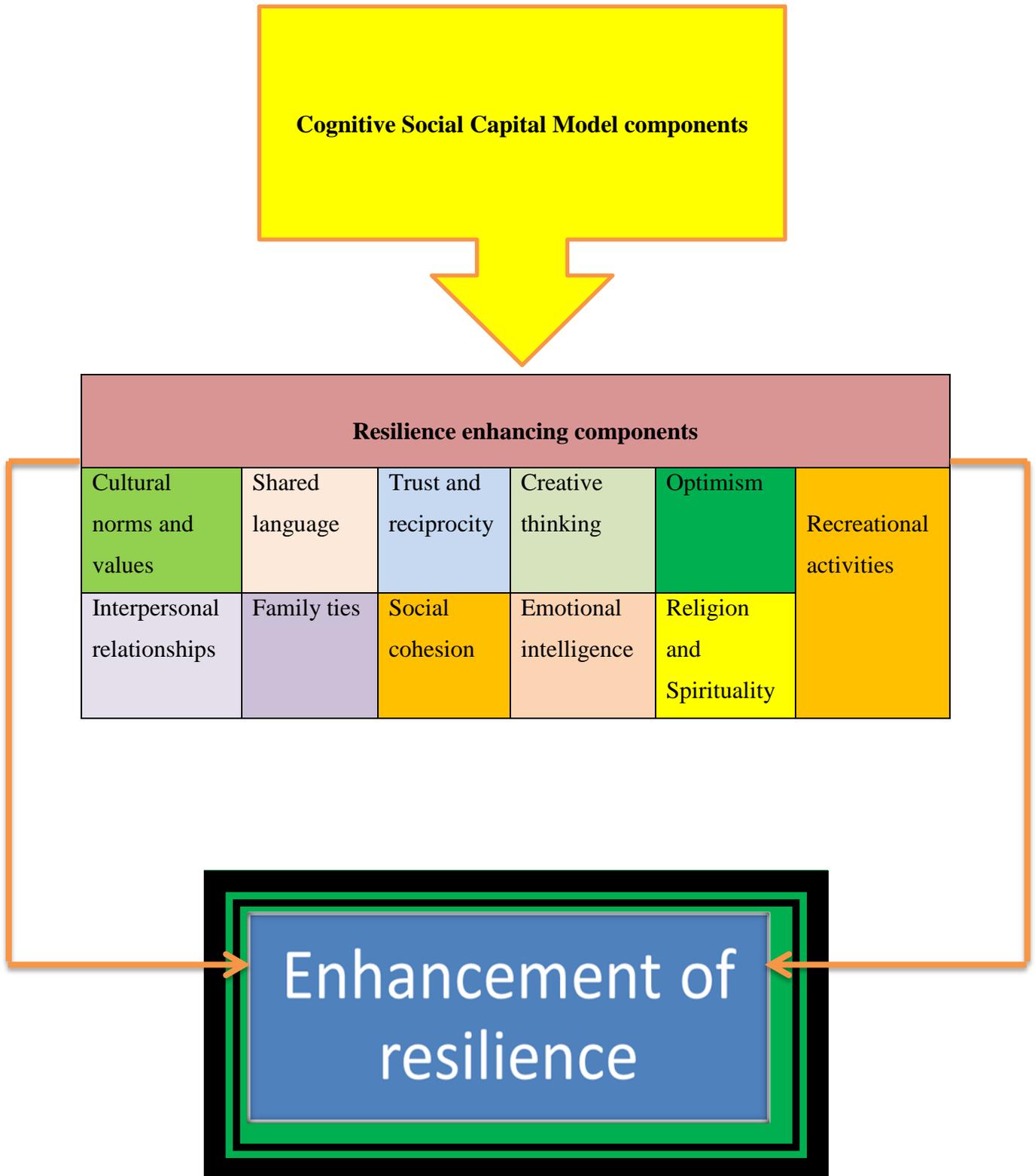


Figure 2: An illustration of the CSC-model components

2.6.1 Interpersonal relationships

Becker and Dietz (2004) and Bozeman and Link (2015), postulate that interpersonal structural ties are sources of resilience-enhancing information and knowledge. The relational ties assist to arouse the latent resources crucial for resilience-enhancement (Slade, 2010; Seaman, McNeice & Jennifer, 2014). Winch (2015) and Mamum, Muniady, Permarupa, Zainol and Nawi (2016), note that retrenched workers have embedded potential relational resources. The network of relationships can provide an optimum environment for the flourishing of the hidden individual strengths (Wilkins, Boman & Mergler, 2015; Mukherjee, 2017). The psycho-social embeddedness among the individuals can play a crucial role in promoting resilience. In a collectivist society like Zimbabwe, the retrenched workers are connected by relational cultural norms. As an aspect of the cognitive social capital model, Aristotle (1994), cited in Airaksinen (2013), advocates collaborative action for happiness and well-being to take place. Lavie et al. (2012), Adler and Kwon (2002) and Murphy et al. (2007) concur that interpersonal relationships offset the negative effects of employment loss and enhance resilience through sharing of experiences. Close interpersonal relationships may, however, contribute to blindness of opportunities and over-dependence leading to unsustainable resilience-enhancing strategies (Camps & Marques, 2011; Masiello et al. 2015). Coleman (1990) and Kilduff and Brass (2010), however, regards social interdependence as a critical structural component of CSC model for resilience-enhancement.

The CSC model facilitates the understanding of values attached to interpersonal connectedness which promotes a positive mental health outcome and resilience building (Lynn 2006; Farrell, Dyson, Polat, Hutcheson & Callannaugh, 2007). The CSC model prompts relationships and kinship essential for resilience-enhancement. According to Nahapiet and Ghoshal (1998), cited in Steinmore and Rusmussen (2018), the relations for resilience-enhancement are not uniform and it may require time to develop new important collaborations. The fluctuation of the retrenched workers mood sometimes compromises the quality of the interpersonal relationships and resilience building (Scrivens & Smith, 2013). Graber et al. (2015) and Bolis and Schilbach (2017), postulate that relational networks facilitate and serve as sources of inspiration for resilience-enhancement.

The positive reinforcement or rewarding of observed resilience-enhancing behaviour and thinking patterns such as showing confidence, self-esteem and self-efficacy, may motivate retrenched workers to open up in group discussions. The relationship among the individuals may initially be weak and fragmented (Sorensen, Kleiner, Ngo, Sorensen, & Boe, 2013; Granello, 2016). An individual may find it difficult to have control over resilience-enhancing norms, particularly in big groups (Kelly, 2015; Levine, 2003; Levine & Mosel, 2014). Coleman (1988) and Krackhardt (1992) cited in Bonfim, Takahashi and Segatto (2017) and Smith, Dahlberg and Thompson (2018) note that closely interconnected social network ties generate high trust and sharing of knowledge, which stimulates resilience. The close interpersonal relationships can provide a sense of hope, optimism and self-control among the retrenched workers.

2.6.2 Family ties

Protective and supportive family ties constitute another essential component of the CSC model for resilience-enhancement. Aldrich and Meyer (2014) and Zimmerman (2013) postulate that family ties are crucial resilience-enhancing components of CSC model. This implies that the CSC model facilitates functional family bonds and collective values that promote resilience-enhancing behaviour. A greater degree of complementarity between identities is a positive psychological condition that can enable the retrenched workers to make connections between, and derive meaning from, the disparate elements of their lives (Caza & Wilson, 2012, as cited by Gucciardi et al., 2015; Claridge, 2018). Strong social support can increase self-confidence as well as feelings of belonging and solidarity which enhance resilience (Schmid, Jonas & Hall, 2009; Simpson, Farrell, Orina & Rothman, 2015). The need to be accepted and maintain a sense of belonging can, however, lead to conforming behaviour and thinking patterns (Mitchell, 2015; Whitter, 2006; Goddard, 2005). The retrenched workers, however, need empathy, recognition, acceptance, warmth and care for them to develop a psychological sense of belonging which boosts resilience.

Closely related family members share resilience-enhancing ideas as they interact (Berardo, 2014; Harrison et al., 2016). The family ties influence the development of internal and external sense of worth, essential for the development of self-esteem (Chen & Miller 2013; Foster, 2015; Mehrotra, Tripathi & Banu, 2013). This implies that the lost sense of self-worth

can be reconstructed and incorporated as part of the salient source of resilience. The CSC model promotes a positive perception of subjective well-being, and encourages life contentment essential for resilience-enhancement (George, 2015). Yi et al. (2008), cited in Graber, Pichon and Carabin (2015), regard self-efficacy, self-awareness and self-esteem as components of the CSC model which aid in resilience-enhancement. The prevention of irrational thoughts and suspicion can facilitate coherence of family members necessary for resilience-enhancement (Simonsen et al., 2013; Elias, Sudhir & Mehrotra, 2016).

2.6.3 Social cohesion

The social cohesion of CSC model is made up of homogeneous networks which are connected by similar norms, values, attitudes and beliefs (Reuben & Heras, 2012; Fujiwara & Kawachi, 2008; Jones, Hunter & Ellaway, 2014). It is therefore, the social glue that produces togetherness and a set of cognitive aptitudes and predispositions which promote resilience. Resilience is influenced by relationships, experiences, and skills building (Ismail, 2016; Jones 2012; Michaels et al., 2014). In an African context, members value and exercise care, warmth and protection of each other, which are crucial for resilience building. Intra group ties develop a sense of solidarity and belonging essential for resilience enhancement (Fujiwara et al, 2008; Luthar, 2015). The strong ties enhance the strategies for resolving some psychological distress (Carpenter, 2013; Ozbay, Johnson, Dimoulas, Morgan, Charney & Southwick, 2007). The collaborative interpretation, analysis and acceptance of meaning of the observed behaviour, as well as shared ideas, are ingredients of social cohesion essential for enhancing-resilience (Bellows, 2007; Duffey & Somody, 2011; Wesson, 2014; Derose, Duan, & Fox, 2002). Not all the retrenched workers can, however, be generous, tolerant and compassionate irrespective of the cultural norms and expectations. Mildon, Bromfield, Arneys, Lewig, Michaux and Anticliff (2012) and Uphoff, Pickett, Cabieses, Small and Wright (2013) reject the notion that all the retrenched workers are closely interconnected, which renders resilience-enhancement not possible. Hawkins, Villagonzalo, Sanson, Taimbourou, Letcher and Alsson (2012) and Matthews (2016), however, observe that people with close friends and confidants, friendly neighbours and supportive co-workers, are less likely to experience sadness, loneliness, low self-esteem and problems with eating and sleeping. Ozermir and Demirci (2012), Bressert (2018) and Goldberg (2016) note that internal relational networks facilitate the flow of new knowledge and information vital for resilience-

enhancing. This implies that human beings are interdependent and have a moral normative obligation towards generosity, friendliness, compassion, forgiveness and positive group identification which enhance-resilience. The virtuous characters of generosity and honesty act as binding forces which can enhance-resilience (Taher, 2018; Boe, 2015; Barron, 2014).

2.6.4 Cultural norms and values

The culturally aligned thoughts and behaviour patterns are interpreted and understood in the context of resilience enhancing norms (Inkpen & Tsang, 2005). The ideal resilient behaviour can be guided by the participants' cultural norms and values (Brick & Eggerman, 2012; Ungar, 2013). Merzel and Dafflitti (2003) concur that contextual changing of norms, as a result of trusted peers, promotes resilient thinking and behaviour patterns. This entails that social and cultural connections provide opportunities for resilience-enhancement. The retrenched workers may view their cultural and former professional identities as compatible rather than oppositional (Anaf et al., 2013; Imandoust, Shakib & Moballeghi, 2016). As put across by Vikovic, Kedemec, Postolov, Jovanovski and Korent (2017) and Maurer and Hawkins (2010) that mental activities and ideas are inspired by culture and philosophy, which facilitate resilience enhancing thinking and behaviour attitudes. This implies that the sharing of common culture among the retrenched workers helps them to build confidence as they interact with each other.

The contextual cultural and cognitive social capital conventions or ideologies influence the mental processes and related ideas essential for enhancing-resilience (Aslam et al., 2013; Makoelle & Malindi, 2015). The perceptions on resilience building are influenced by the culture and ideologies of the retrenched workers (Southwick, Bonanno, Masten, Brick & Yehuda, 2014). It is, however, essential to realise that informal norms, respect, and moral force in society facilitate social control. This may contribute to the suppression of the resilience-enhancing divergent views and ideas among the retrenched workers. Steinmo and Rasmussen (2018) argue that cultural differences in language, beliefs and norms impede CSC model resilience-enhancing efficacy. Kim (2014), Saviolli and Patuelli (2016), Gulliver (2010) and Menes and Donato (2013) counter argued that disputes are solved by voice not by either silencing it or exiting the discussions. The retrenched workers may sometimes disagree during discussions but they can eventually come to a consensus. In a socio-centric society, the

individuals can collaboratively share resilience-enhancing strategies in the context of their culture. Ungar (2011), Wellbrock, Roep and Wiskerke (2012), Lacey and Pickard (2015) and Leader (2018) note that indigenous knowledge fosters complex and symbiotic relationships. The need to reconcile and exercise tolerance of opinions irrespective of cultural diversity of the individuals facilitates resilience thinking and behaviour patterns.

2.6.5 Shared language

Lee and Jones (2006), Stump, Ratliff, Wu and Hawley (2009) and Berryman (2013) note that language is an important component of the CSC model which engenders the sense of familiarity and belonging essential for resilience enhancement. Language plays a crucial role in communicating shared cognitions, integrating knowledge and promoting solidarity among the retrenched workers. Aslam, Shahzad, Syed and Ramish (2013) and Ferris (2012) posit that the CSC model facilitates constructive discussions rather than forge concepts. The incomprehensible language symbols, instructions and words can, however, cause confusion, frustration and compromise the legitimacy and usefulness of the expressed resilience-enhancing ideas (Liu; Pataranutaporn; Jaclyn & Ryan, 2012).

The CSC model uses language as a medium of sharing resilience enhancing strategies to promote adaptation in the face of adversity (Doody, Slevin & Taggart, 2013; Gucciardi, Hanton Gordon, Mallet & Temby, 2015). The retrenched workers can share and interpret the meaning of resilience building ideas and behaviour. The concerns about the diminished mental health experiences and the related skills of resolving the problems are shared (Shizha & Abdi, 2013). The psychologically distressed retrenched workers can share skills, knowledge and common resilience-enhancing conventions (Camps & Marques, 2011; Aslam et al., 2013; Aacquah et al., 2014). The shared resilience-enhancing goals, vision, language and cultural background complement each other and improve resilience-enhancement ideas. Carey, Lawson and Krause (2011) and Masiello, Izzo and Canoro (2015) postulate that the shared mental health meanings and values emphasized in the CSC model influence resilience-enhancing.

Rostila (2013) and Qualls (2014) note that retrenched workers can access sustainable ideas, knowledge and information crucial for enhancing resilience. Language shapes the

relationship between the retrenched workers as they share mental health experiences embedded in their language, stories, symbols, culture and religious principles. Bonfim, Takahashi and Segatto (2017), Saviolli and Patuelli (2016) and Gibson (2016) say the shared obligations, narratives and expectations stimulate a sense of identity and confidence essential for resilience-enhancement.

One of the initial aspects of the CSC model is sharing of local stories in order to build confidence and autonomy among the retrenched workers. The retrenched workers may perceive sharing as a way of exposing one's weaknesses and admitting to failure, which jeopardise mutual sharing of resilience-enhancing ideas (Jones, 2018; Heathfield, 2011; Hammarfjord & Roxenhall, 2017; Ma, 2006; Pretzer, 2013; Rober & DeHaene, 2014). This is, however, refuted by Nahapiet and Ghoshal (1998) who say shared language, values, held beliefs and attitudes expedite resilience-enhancing thinking habits.

2.6.6 Trust and reciprocity

Kim et al. (2008), cited in John (2017), postulate that trust and reciprocity are two essential components of the CSC model that assist in resilience-enhancement. United Nations Economic Commission for Africa (2016), Langer, Stewart, Smedts and Demarest (2015), Helmreich, Kunzler, Chmitorz, Konig, Binder, Wessa and Lieb, (2017) and Karhina, Ng, Ghazinour and Eriksson, (2016) made related sentiments that social cohesion evokes a sense of mutual trust and solidarity among the individuals. This implies that relational aspects such as trust, reciprocity, obligations and identity are essential repertoire of resilience-enhancement strategies. Berkman and Glass (2000), however, argue that trust and reciprocity are familiar cited resilience-enhancing components of CSC model, but their direct relationship with resilience-enhancement is vaguely theorised. Roger, (2004) and Harpham, (2008) refuted the assertion by saying that social reciprocal trust among the group members plays a central role in enhancing resilience. John (2017) observes that reciprocity serves as an emollient for mutual exchange of resilience-enhancing ideas. Hommel and Colzato (2015) and Prentice (2006) posit that the CSC model component of trust instils a sense of hope and norms of reciprocity.

Social trust among the retrenched workers is an essential component of resilience-enhancement (Menes & Donato, 2013; Allahyarahmadi, 2013). Trust contributes to knowledge sharing, transfer and creative resilience enhancing ideas (Gubbins & Dooley, 2014; Ivančič, Podmenik & Hafner, 2014; Davis, 2016). It is, however, essential to note that trust builds when retrenched workers keep promises, maintain confidentiality, as well as demonstrate listening, empathy and respecting of each other. Morales (2011), Maurer et al. (2011) and Brooks (2016) argue that trust is a non-tangible aspect which does not contribute to resilience-enhancement. Ozermir and Demirci (2012) and Levin et al. (2016) concur that a family member may develop a sense of over-trust and become over-dependent on others to provide resilience-enhancing needs. Ortiz, Donate and Guadamillas (2016) and Eriksson, Dahlgren, Janlert, Weinehall and Emmelin (2010), counter argue that CSC model component of trust lessens opportunistic behaviours and conflict but enhances-resilience through exchange of knowledge. Levin and Cross (2004) reiterate that trust and trustworthiness are essential for resilience-enhancing knowledge creation and transfer. The formation of trust is not an instant situation but a long process integrating the past and the present (Ismail, 2016; Ortiz, Donate & Guadamillas, 2016). Al-Tabbaa and Ankrah (2016) say positive expectations and collaboration stimulate a sense of trust essential for resilience-enhancement. This entails that trust and reciprocity promote resilience-enhancement by facilitating the exchange of ideas and imparting a sense of security in a mutual atmosphere.

2.6.7 Creative thinking

Creative thinking promotes divergent thinking which stimulates diversified resilience enhancing strategies (Cherry, 2017). This implies that the retrenched workers find the necessity to reconceptualise the perceived distress and come up with new resilience-enhancing ideas not initially considered. Elements of creativity and analytical thinking can be translated into resilience-enhancing skills (Kohls, 2012; 2014; Sample 2018; Wadham & Warren, 2014) The CSC model provides an opportunity for transferring resilience-enhancing knowledge and promoting creativity (Ahangama & Prasanna, 2015; Ivancic, Podmenik & Hafner, 2014; Davis, 2016). Flexible thinking individuals can easily adjust and resolve the employment loss distress (Armstrong, 2001). The retrenched workers defy the mental health challenges by striving for self-efficacy and making responsible decisions (Bruneau, 2016). Creative thinking, therefore, assists to build a sense of hope, and self-esteem essential for

resilience-enhancement among the retrenched workers. The ideas are integrated into new perspectives (Berger, 2018). The inherent potential of imagination is invigorated through creative thinking which assists in resilience-enhancement (Naiman, 2011; Brick & Eggerman; 2012). Self-awareness, through creative thinking, stimulates alternative ways of earning a living (Ackerman, 2017; Morrel & Metzl, 2008). Creative thinking, therefore, facilitates and contributes to decisive thinking and behaviour patterns crucial for resilience building.

2.6.8 Emotional intelligence

Pandey and Sharma (2016) and Brown, Williams and Etherington (2016), note that the retrenched workers should have the ability to recognise and understand emotional behaviour. They need to monitor own feelings and understand others' feelings (Molenberghs, 2017). The regularisation of emotions may assist the retrenched workers to reduce the painful internal tensions and contribute to resilience-enhancement. Emotional control influences a person's ability to cope with the psychological distress (Gabriel, Ireen, Karen & Mark, 2013; Combs, Kluger & Kutner, 2013). The need to observe self-control norms may become the benchmark for dealing with employment loss grief (Heshmat, 2017; Weir, 2012). Retrenched workers need to be acknowledged and accepted by others (Braddell, 2015; Magrini, 2014). They need to acquire the knowledge, attitudes and skills to recognise and manage their emotions, demonstrate care and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations constructively (Michaels & Hagen, 2014; Hanson, 2018). The retrenched workers may, however, have the sense of solidarity, and console each other as they deal with the grief of employment loss. Masiello et al. (2015) argue that emotional commitment leads to over-embedded and non-calculative thinking patterns which thwart resilience-enhancement. Neergaard et al. (2005) refute the notion by arguing that a clear comprehension of behaviour patterns inculcates a sense of unity and harmony essential for resilience-enhancement. Developing a sense of optimism and exercising compassion can assist to regularise emotions (Bergland, Graziano, Breuning & Wright, 2018; Conversano, Rotondo, Lensi, Vista, Arpone & Reda, 2010).

2.6.9 Optimism

Optimism is a cognitive aspect of underestimating the threat of an adversity which enhances resilience (Conversano, Rotondo, Lensi, Vista, Arpone & Reda, 2010). It contributes to the personal conviction of a brighter future irrespective of the prevailing adverse conditions (Hopper 2017). This implies that the reality of scarcity of employment opportunities can be accepted by the retrenched workers. Optimism instils a sense of hope and promotes a psychological sense of well-being (Funderberg, 2002; Stone, 2014; Green & Bivens, 2011). It facilitates a positive lifestyle among the retrenched workers despite employment loss. Optimistic retrenched workers tend to respond to an adversity with great cognitive flexibility and elaboration of perceived distress (Scott, 2018; Winch, Mather & Bergland, 2018). People who are pessimistic are vulnerable to psychological distress than optimistic individuals (Seligman, 2016). The optimistic retrenched workers may view the loss of employment as a minor setback and an avenue of new opportunities. They may have a positive view of the outside world regardless of their unfavourable conditions. Brown (2008) and Green (2016) view optimism as a blind faith which distorts the reality by only looking at the bright side of an event. Ridder, Schreurs and Bensing (2000) and Smith, (2013), however, assert that optimistic people explore various possibilities deemed necessary to yield positive outcomes. Optimistic individuals perceive themselves as having inherent potentials to face adversity without giving up easily (Icekson, Roskes & Moran, 2014). The negative self-defeating thoughts are disputed and substituted by optimistic resilience-enhancing thinking and behaviour patterns (Cuncic, 2018).

2.6.10 Religion and spirituality

Religion and spirituality influence resilient thinking behaviour and positive mental health outcomes (Foy, Drescher & Watson, 2011). The spiritual mental health services are initially sought from the clerics before consulting the mental health professionals (Southwick, Litz, Charney & Friedman, 2016). A sense of courage, hope and forgiveness is inculcated through spirituality, and this helps in enhancing-resilience (Lassi, Mugnaini, Firenze & Florence, 2015). This entails that religion and spirituality build patience, acceptance and endurance for hardships among the retrenched workers. According to Yeung and Martin (2013), spiritual beliefs offer solace in difficult times and inspire people to support each other. The veiled inner sanctity of the person promotes generous, altruistic and voluntary behaviour during both good and difficult times (Jakovljevic, 2017; Young, 2018). Spiritual traditions and practices

such as meditation and intercession are believed to provide a link with the high powers perceived to have supremacy over adversary forces. Ungar (2013) argues that individuals who are not affiliated to religious groups can fare as well as their religious peers. Peres, Nasello, Almeida and Koenig (2007) and Fangauf, (2014) refuted the notion by saying that religiousness and spirituality facilitate an understanding of meaning and purpose of life, which helps in resilience-enhancing. Yeung and Martin (2014), Seltzer (2009) and Schultz (2011) note that spiritual dependence develops a sense of hope and enhance- resilience.

Religions teachings foster unity essential for promoting resilient thinking and behaviour patterns (Lassi, Mugnaini, Firenze & Florence, 2018; Javanmard, 2013). Ungar (2011) and Wadsworth et al. (2009) postulate that the cultural background and affiliation of the individuals determine spiritual responses to adversity. It is, however, important to note that religious beliefs, teachings and practices should be exercised with caution to accommodate diversity.

2.6.11 Recreational activities



Fig 3: Picture showing one of the traditional dances in Zimbabwe, adapted from the Herald 4 April 2016. Traditional dance is part of the recreational activities in Africa, and particularly in Zimbabwe. It stimulates resilience-enhancing thinking and behaviour patterns.

Shean (2015) and Munyukwi (2017) observe that recreational activities such as storytelling promote autonomy and development of confidence among the retrenched workers. The need for leisure, personal acceptance and self-actualisation can be stimulated (Toepoel, 2013; Dattilo, 2015). This implies that recreational activities promote a psychological sense of belonging and identity among the retrenched workers. Kelley, Pransky and Lambert (2017) and Matcham, Rayner, Hutton, Monk, Steel and Hotopf (2014) observe that self-actualisation is realised through recreational activities when individuals triumph against all the odds against them. Recreational activities can build self-control, self-belief and environmental mastery, which are resilience-enhancing traits (Hewitt, Herdman & Holland, 2004; Atif, Lovell, Husain, Sikander, Patel & Rahman, 2016). Torjman (2004), Story (2014) and Camps and Marques (2011) concur that culturally aligned recreational activities such as cultural dances, promote self-awareness, self-esteem and confidence. Hutchinson (2011), Prins et al. (2012) and Shaw (2007) posit that recreational activities facilitate the renewal of thinking patterns essential for resilience. The regaining of self-control, sharing of feelings and discovery of the beauty of life are realised through recreational activities. The negative

perception of the self can be changed to a positive perception (Legault, 2016; Forrest, 2015). Xie (2013) observes that recreational excursion promotes mental strength and resilience.

2.7 THE RESEARCH EVIDENCE OF CSC MODEL

Karhina, Ng, Ghazinour and Eriksson (2016) researched the utility of CSC model on resilience-enhancement of depressed men and women whose age ranged from 65 to 80 years. The studies were done in two European countries namely; Sweden and Ukraine. Simple random selection technique was used to select a sample of 10 048 comprising 5436 women and 4612 men in Sweden. A sample of 2633 comprising of 1723 women and 910 men was randomly selected in Ukraine. The Geriatric Depression Scale was the measuring instrument for the level of depression. Secondary data from Swedish National Public Health Survey and the Ukraine' World Health Survey was used. Questionnaires and interviews were also used as data collection instruments. Data was analysed using descriptive statistical analysis. The study found that the CSC model contributed to better resilience among the depressed elderly people. There were, however, some limitations in the study. The study only included the elderly participants above 65 years deemed beyond the retirement age limit in Zimbabwe. The normal retirement age in Zimbabwe is 60 years (Chikweche & Murisa 15; WageIndicator, 2019). The study also did not specify whether the depression experienced was related to loss of employment or old age. Sweden, Finland and Ukraine are located in Europe where social health benefits are relatively good enough to enhance-resilience (Samele, Frew, & Uргуia, 2013; Karhina, Ng, Ghazinour & Eriksson, 2016). The study findings cannot be applicable in the context of developing countries such as Zimbabwe, where resilience building for retrenched workers is not a priority. The cultural conceptualisation of cognitive social capital resources for resilience enhancement in Sweden and Ukraine may not be relevant in Africa and Zimbabwe particularly.

Ahnquist, Wamala and Lindstrom (2012) conducted a study on the relationship between economic hardships and cognitive social capital on various health outcomes. The 2009 Swedish National Survey of Public Health was the source of data for the study. The sample size of 23 153 men and 28 261 women aged between 16–84 years was randomly selected. A sample of 53.8% participated in the study. The multivariate logistic regression was used to analyse data. The results showed that low cognitive social capital resources were

significantly associated with poor mental health status. The study also revealed that the participants had hidden barriers to taking care of mental health services, which included lack of financial resources. They could not afford to meet the mental health care costs due to limited disposable income. Resilience-enhancing becomes increasingly difficult in the context of limited cognitive social capital resources. The research was related to the current study as it focused on impact of harsh economic conditions on mental health outcomes. The retrenched workers were similarly prone to poverty and had financial limitations as hidden barriers to resilience-enhancement. The study, however, only used the quantitative design without explicitly explaining on how the perceived narratives and descriptions on mental health experiences were collected and analysed. The study did not also specify the intervention measures to assist the participants who experienced poor mental health outcomes as a result of economic hardships. The age groups of the sample size started from 16 years which was below the legal age of majority in Zimbabwe to be considered for any form of employment. Subsequently, those participants aged 84 years used in the study had gone beyond the legal retirement age of 60 years in Zimbabwe. The minimum and maximum age groups used in the study fell outside the expected legal age limits for the formal workers.

Yipa, Subramanian, Mitchell, Leeb, Wang and Kawachi (2007) conducted a study on resilience-enhancing using CSC model. The study was done in Shandong rural province of China where there is more poverty than in any other province in China (Hays, 2015). The study was done during the months of March and April 2004. The quantitative research design was used in the study. There were 1218 participants aged between 16 to 80 years who were randomly selected. Semi structured interview questions and questionnaires were used to collect data. The collected data included cognitive social capital dimensions namely the level of trust, interpersonal connectedness and reciprocity. Statistical data analysis techniques namely; multi-level logistic and linear regressions were used. The study concluded that the CSC model enables the participants to build trust, and develop a sense of belonging and optimism. This contributed to resilience in the face of adversity and poverty. The study had some methodological limitations. The study failed to explain how the semi structured interview questions used in qualitative design was empirically transformed and statistically analysed. The operationalization of the CSC model constructs such as trust and optimism was not illustrated. The current study dealt with the limitations by using the Resilience Scale for

Adults to assess and operationalise the CSC model constructs such as trust, sense of belonging and optimism.

Amagasa et al. (2017) conducted a related study in the Asian continent. In the study, the efficacy of two components of the CSC model, namely; individual and interpersonal relationships, on ameliorating psychological agony among the Japanese older population was investigated. A sample size of 2700 participants whose ages ranged from 65 to 74 years participated. Questionnaires were used as data collection instruments. The data was analysed using the multiple linear regression. The study results showed that social participation and interpersonal relationships provided older people with mental health benefits. The study had some shortcomings. The triangulation of data was not possible as only the questionnaires were used to collect data. Interpersonal relationship was the only dimension of the CSC model components which was considered in the study. The embedded cognitive aspects which can be expressed in the form of norms, beliefs and values were not considered. The internal constructs such as the level of self-efficacy and self-esteem were also not considered in the study. The study was done in Japan where the cultural concepts and benchmarks of resilience are different from the Zimbabwean context.

Muckenhuber, Pollak, Stein, Dorner (2016) investigated the relationship between Cognitive Social Capital resources and pain relief in the Austrian Population. The study was premised on the assertion that high levels of cognitive social capital resources are related to good mental health, which in turn seems to safeguard the development of chronic pain conditions (Muckenhuber et al., 2016). The study had a sample size of 15474 participants who were above 15 years of age. Questionnaires were used to gather data on structures of CSC model. The inferential statistical data analysis was used and it was found that the intensity of pain increased with decreasing levels of cognitive social capital resources. The study had some limitations. Pain relief was the main dictum of the study but the causes of the pain were not mentioned as being linked to retrenchment. The study did not explicitly specify the aspects of good mental health in the cultural contexts of the participants.

Maurer and Hawkins (2010) researched how residents of New Orleans made use of the CSC model components to build resilience in the aftermath of hurricane Katrina. Notices detailing the purpose and benefits of the study were posted on databases and websites. The participants

volunteered to participate in the study after reading the notices. Snowball sampling technique was used. The study had a sample size of 41 participants whose age range was 18 to 63 years. The qualitative longitudinal research design was used. The grounded theory which made use of semi structured interview questions was adopted in the study. The interview sessions were conducted for twenty-six months from July 2006 to September 2008. The interviews were tape recorded and each interview session lasted two hours. The study results showed that the CSC model was instrumental in building resilience as the participants developed close interpersonal relationship and had a sense of security. The participants became connected, and used the cognitive social capital as a resilience builder (Maurer & Hawkins, 2010). The study had some limitations which included using only semi structured interviews as the sole method of collecting data. It was difficult to triangulate and complement the findings. Aldrich and Smith (2012) posit that the study focused on rapid onset natural event, different from slow onset events such as employment loss. Despite the shortfalls, the study illustrates the efficacy of the CSC model in resilience-enhancement.

Derose (2008) researched how the cognitive social capital model influenced mental health care seeking behaviour. The study research question was structured as ‘how cognitive social capital resources decrease preventable hospitalisations’. The research took place in Florida in United States of America. The intra group ties which constitute family members, neighbourhood social structures, and reciprocity formed the cognitive social capital variables of the study. The sample size of 837 participants under 65 years of age was randomly selected in the study. The statistical data analysis was through STATA 10.0 which incorporated bivariate and multivariate linear regression. The study concluded that family ties enhance resilience as they offer supportive social relationships that sustain health and well-being as noted by Grimm and Brewster (2002). Smith (2013) argues that intra group ties contribute to imitation and over-conformity which thwart creativity and decision making. This compromised the sustainability of resilience-enhancing ideas. The current study dealt with the limitation by considering both the cognitive and relational components to enhance-resilience. The study was also carried out in Florida where the beliefs on causes and possible management of mental health challenges are different from those in the African context, particularly in Zimbabwe. The cultural perception of family ties and its resilience-enhancing potential may not be applicable in the African context.

In another study, Derose and Varda (2017) examined the efficacy of CSC model on resilience enhancement. Some 2396 abstracts were extracted from 21 databases to gather data on usefulness of CSC model on resilience-enhancement. Of the 21 databases, 12 were from the United States, 3 from Sweden, 2 from Netherlands, and one each from Canada, China, Ivory Coast and Kazakhstan. The reviewed articles used a cross-sectional, empirical design except for two which used a qualitative design (Viladrich, 2005, 2007). The study found that the efficacy of the cognitive social capital model depends on the quality of the interconnectedness and the cultural beliefs, values and norms of the members within the network. The study, however, had some shortfalls. One of the limitations was that the study relied on data extracted only from databases which might have been outdated. The validity of different data extracts from 2396 abstracts extracted from 21 different databases cannot be ascertained. The criteria for selecting the abstracts and databases were not explicably explained. The current study resolved the limitation by obtaining data direct from the participants themselves, using data collection instruments such as semi structured interviews and focus group discussions.

In a similar study, Story (2013) made a critical review of the association between the CSC model and self-rated health in the least developed countries. A total of 14 studies were reviewed and 12 of the reviewed studies came from Africa and two in Asia. The study was confined to the least developed countries because they are the poorest and weakest segment of the international community (United Nations Development Programme, 2016). The study used a quantitative research design. Data was obtained by critically reviewing and scrutinising the studies made between 1990 and June 1, 2011. Multivariate regression and multilevel statistical data analysis was used. The study concluded that the improvements in self-rated health and resilience-enhancement were each substantially related to greater levels of cognitive social capital resources. The study, however, only considered the quantitative design without considering qualitative descriptions of felt mental health experiences. Harpham (2008), Paek et al. (2008) and Frumence et al. (2010) concurred that the cognitive social capital was not explicitly measured at the contextual level. Reviewed articles also contradicted on the measurement of the CSC model components. The current study assessed the resilience level by using the Resilient Scale for Adults in all the five dimensions namely personal competence, social competence, family coherence, social support and personal structure.

In another study related to resilience enhancement using the CSC model, Silva, McKenzie, Harpham and Huttly (2004) investigated the association between cognitive social capital model and mental illness. Data was collected by reviewing published studies on cognitive social capital resources and mental illness outcomes. Fifty studies were reviewed from a total number of 1693 studies. The statistical data analysis techniques were used in the studies. The study concluded that the CSC model contributes to positive outcome of mental illness. This can subsequently contribute to resilience-enhancing. In a related research Kasari, Rotheram, Locke and Gulsrud (2012) note that low level of reciprocity of friendships contribute to psychological distress such as depression. There were, however, some methodological limitations. The participants were not pre- and post- tested to assess the mental functioning before and after the intervention. There was also lack of clarity on the cognitive social dimensions used in the study. As it has been noted in other studies, the quantitative statistical data analysis was only used in the study without considering qualitative narratives of emotions, which cannot be quantified.

In Sweden, Mohseni and Lindström (2008) studied the contribution of trust on enhancing-resilience. Trust is one of the structural components of CSC model. The participants were subjected to ethnic discrimination in Skåne, Sweden. A total of 27 963 participants aged from 18 to 80 years were randomly selected. The questionnaires were posted to the participants as data collection instruments and the response rate was 59%. Multivariate logistic regressions statistical data analysis was used in the study. The study concluded that trust lowered the ethnic discrimination and improved interpersonal ties essential for enhancing-resilience. Ortiz, Donate and Guadamillas (2016) posit that trust facilitates opportunistic behaviours and enhances resilience. The study had its own share of limitations. As it was alluded to by Harpham (2008), the cognitive social capital is a collective concept consisting of many structural components. However, only trust was used in the study. Trust cannot influence resilience-enhancing behaviour in isolation but in collaboration with other CSC model components such as reciprocity, social connectedness, altruism and empathy.

Giuseppe, Giordano and Lindstrom (2010) made a longitudinal study on the impact of changes in cognitive social capital components on self-rated resilience over a six-year period. The study data was obtained from the British Household Panel Survey. The survey had a

sample size of 9303 which was randomly selected. Four variables of the cognitive social capital model which enhance resilience were selected, namely; interpersonal trust, social participation, civic participation and informal social networks. The study revealed that civic participation and interpersonal trust influence resilience thinking and behaviour patterns. Venos (2012) and Brick (2014) note that social participation inculcates a sense of hope and optimism essential for resilience-enhancement. Decrease in trust, social participation, civic participation and social network adjustment showed deterioration in self-rated health status and resilience. The study had some limitations. The British Household Panel Survey was the only source of data, which made it difficult to compare data from different sources. The study sample was also not categorically and specifically stated as retrenched workers.

Alexi, Zhang, Ray, Mack, Trice, Balboni, Mitchell (2008) researched cognitive social capital influence on resilience-enhancing of chronic ill cancer patients in Britain. The study had a sample size of 638 patients who consented to participate. Semi structured interview questions were used as data collection instruments. Either English or Spanish was used during the interviews and each interview session took an average of 30 to 45 minutes. The study found that close interpersonal ties, trust and end-of-life discussions contributed to resilience-enhancement among the chronic ill cancer persons. In the context of this study, the retrenched workers can also benefit from similar structural components of the CSC model, namely; trust, interpersonal ties, empathy and reciprocity to enhance resilience. The reviewed study, however, used chronic ill cancer patients as participants. These might have cognitively deteriorated due to illness to give credible informed consent and responses to the semi-structured interview questions.

In another study, Lee and Jones (2006) researched resilience-enhancement using the components of the CSC model namely shared language and social relations. The study was done in Manchester Metropolitan University Business School. The study used the qualitative research design. Purposive sampling was implemented to select a sample size of six participants. Semi structured interview questions were applied to collect data. Each of the semi structured interview session lasted for two hours. The data was analysed by transcribing and coding it into categories. The research found that shared language, codes and narratives facilitated resilience thinking and behaviour patterns. There were, however, some limitations in the study. As noted in the other previous studies, the triangulation of the collected data was

difficult as only the semi structured interview questions were used to collect data. This compromised the validity and reliability of the study findings. The current study dealt with the limitation by using four methods of data collection, namely; semi structured interview questions, focus group discussions, Resilient Scale for Adults (RSA) and Clinical observation.

Danaher, Davis, Walker, Jones, Matthews, Midgley, Arden and Baguley (2014) carried out a study to promote the social, emotional and mental well-being traits of resilience among the students in Australia. The researchers used the quantitative design. It was found that the internal traits such as self-efficacy increased the students' academic achievement. The study was related to the current study as self-efficacy is similarly considered as a resilience-enhancing trait. It is, however, essential to realise that the self- perceived internal traits such as the state of the mind and emotions cannot be fully quantified and assigned empirical values. The emotional and mood states can fluctuate depending on the given contextual settings. The current study addressed the problem by including both the qualitative and quantitative components rather than only using the quantitative design. The descriptive and empirical data could be captured and analysed successfully.

Yamaguchi (2013), Rung, Gasto, Robinson, Trapido and Peters (2017) researched resilience-enhancement of women exposed to oil spillage in Southern Louisiana. The exposure to oil spillage made the women depressed. The efficacy of informal social norms and social support components of CSC model on resilience-enhancement among the depressed women was investigated. The data was collected from depressed women exposed to oil spill in Southern Louisiana in the United States of America. The study results showed that social norms and support systems were necessary for resilience-enhancement among depressed women. The study was, however, gender biased as only women participated in the study. The participants were confined to Southern Louisiana which compromised the generalisation of the study findings. Parts (2013) and Johnson, Rostila, Svensson and Engstrom (2017) viewed social capital as being low among authoritarian societies found in Southern Louisiana. In the present study, there is no gender bias as participants are drawn from both males and females. Zimbabwe is also a collectivist society in which culturally aligned social connectedness and interactions are highly prioritised.

Economou, Madianos, Peppou, Souliotis, Patelakis and Stefanis (2014) studied the link between cognitive social capital and major depression during the economic crisis in Greece. A quantitative research design was used. A random sampling of 2256 participants was used in the study. Semi-structured clinical interview questions were used to collect data. The study showed that interpersonal trust, one of the dimensions of CSC model, relieves depressive symptoms. The study had some limitations, as only major depression was prioritised at the expense of other psychological distress such as adjustment and anxiety disorders related to the economic crisis. The other concepts of cognitive social capital resources such as reciprocity, cultural norms of resilience and tolerance were not considered in the study. In the study, the resilience of the retrenched workers was not included, even though there was an economic meltdown.

Musalia (2016) examined the relationship between cognitive social capital and well-being in Kenya. Questionnaires were used to collect data on health and anxiety experienced within a period of 30 days. The collected data was compared with the Afro barometer data collected in Kenya in 2005 to find the relationship. The result showed that membership in social organisations was associated with improvement in psychological well-being. The study concluded that the cultural context, an essential aspect of the CSC model can be harnessed to enhance-resilience. The study had its own share of limitations. Participation in social organisations was used as a strategy for promoting psychological wellbeing. The study did not consider the hidden traits such as self-efficacy and self- confidence. The autonomy of the participants to live independently without depending only on social organisations was deprived. In the context of this study, the CSC model integrated both the internal and external constructs to build resilience among the participants.

Virduin, Smid, Wind and Scholte (2014) studied the effect of cognitive social capital resources on mental health in Rwanda. In the study, the quasi-experimental study design was used. The sample consisted of 100 participants who were displaced by civil war and had limited social support. The self-reporting questionnaires were used as the data collection instrument. The study showed that lack of trust, social support and social connectedness caused lack of improvement in the participants' mental health. The study findings showed the necessity of social connectedness, support and trust to resilience-enhancement. The study, however, had some limitations. The quasi-experimental study design restricted the

participants from exploring the perceived experiences. The self-reporting questionnaires were not complemented by other data collection instruments to improve the validity and reliability of the results. As alluded to earlier, the participants were also not pre-and post-tested to determine the initial and post level of mental health recovery. This study addresses the limitations by assessing the participants' resilience level during the pre- and post-intervention resilience assessment using the RSA.

The cognitive social capital actions such as volunteering were associated with positive mental health outcome (Kitchen, Michaelson, Wood, & John, 2005; Elias, Sudhir, & Mehrotra, 2016). In a related study on cognitive social capital and health in South Africa, Ramlagam, Peltzer and Mafuya (2013) investigated the relationship between cognitive social capital resources and several health variables like depression symptoms, cognitive functioning, and physical inactivity, among older South Africans. A sample of 3840 participants aged 50 years and older was used, and focused on different socio-demographic variables such as health and cognition, among others. Marital status, social action, trust, solidarity, safety, and civic engagement were assessed. The results showed that 56% of the participants were married or cohabiting, 46% reported low social capital, 42% revealed medium sociability, 43% reported high trust and solidarity, 50% reported high civic engagement, and 46% reported medium psychological resources. The study concluded that the cognitive social capital actions such as high civic engagement facilitated resilience thinking and behaviour patterns. The study, however, did not specify the participants as retrenched workers. The study also only based its findings on participants who were 50 years older, without considering those below 50 years. There was no specific resilience measurement instrument used in the study.

In another related study, Lau and Ataguta (2015) investigated the relationship between cognitive social capital and self-rated health in South Africa. The sample size was 8866 participants. The questionnaires were used to collect data from each of the selected household members aged 15 years and above. The results indicated that low levels of mental and social capital were linked to low self-efficacy. The study had some limitations which compromised its validity. Not every participant was competent enough to read, comprehend and write the responses as required by the questionnaires, and more so, the closed questionnaires limited the responses of the participants. The study also used archive data, which could have been

outdated. In the context of the current study, four methods of collecting data were used in order to triangulate data findings.

2.8 CHAPTER SUMMARY

Literature on CSC model and resilience was surveyed. Research evidence on the success and limitations of the CSC model was given and substantiated by illustrative representation of the CSC model. The historical perspectives of both the CSC model and resilience were described. The next chapter focuses on the theoretical framework of the study; the thriving theory of resilience and the ecological model.

CHAPTER 3

THEORETICAL FRAMEWORK

3.1 INTRODUCTION

The chapter is based on the Thriving theory of resilience and the Ecological Model. Both theories play a crucial role in the intervention strategies used in this study. The importance and relevance of the theoretical concepts is discussed.

3.2 THE THRIVING THEORY OF RESILIENCE

The thriving theory of resilience is used as one of the theoretical frameworks in this study. The theory sets a framework for the interpretation and understanding of the experienced psychological distress to enhance resilience. Thriving is the recovery from subsequent stressors and regaining of a higher level of functioning (Carver, 1998; Ledesma, 2014; Hefferman, 2017). The participants' resilience-enhancement depends on the availability and utilisation of the cognitive social capital protective factors. Patterson and Kelleher (2005), and Nugent, Summer and Amstadter (2014) state that thriving is largely determined by personal values and efficacy to deal with the perceived psychological distress.

Patterson and Kelleher (2005) identify the thriving resilience cycle as consisting of a disaster event, deteriorating phase, adapting phase, recovery phase and the growing phase. The specific phases of the thriving theory are explained separately below.

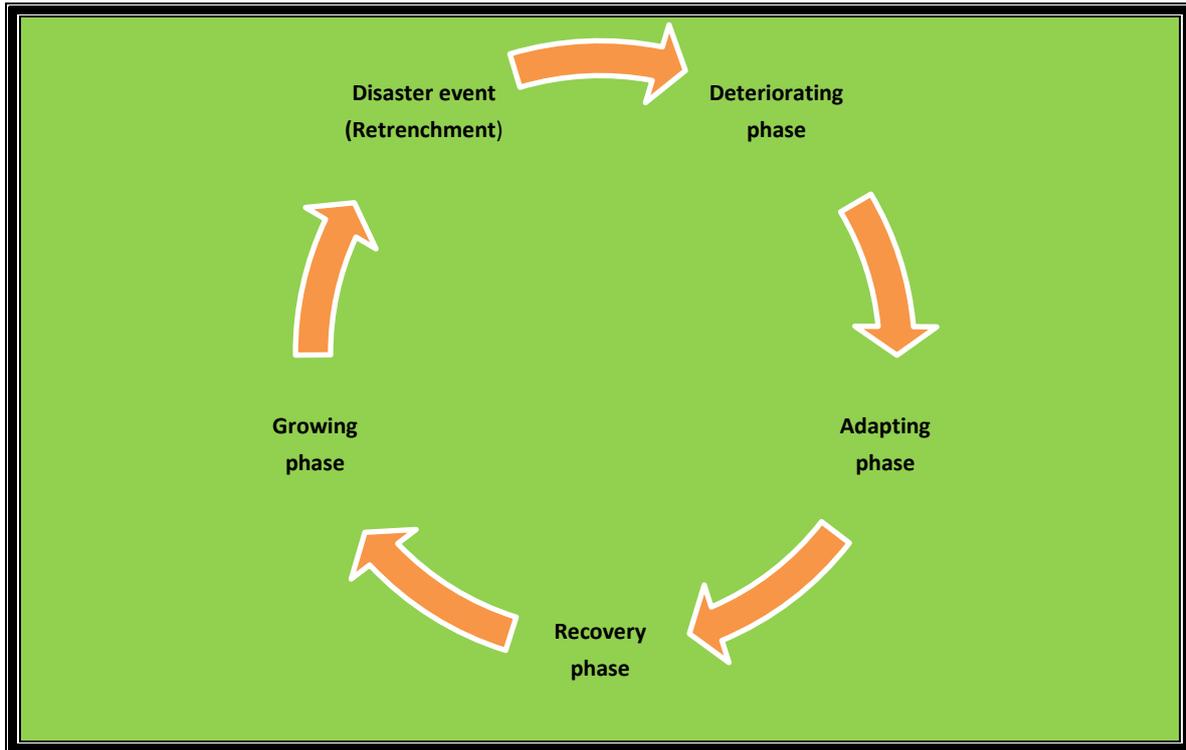


Figure 4: Thriving resilience cycle

Thriving theory of resilience shows the different psychological distress phases experienced by the retrenched workers. It illustrates that the enhancement of resilience among the retrenched workers relies on a transactional process. The resilience cycle on fig 4 above starts from retrenchment as the disaster event. The social settings reciprocate by providing support in culturally aligned ways (MacGeorge, 2011; Rensburg, Theron, & Rothmann, 2015; Towey, 2016).

3.2.1 The disaster event

This constitutes the initial phase of the thriving theory. The unexpected loss of employment without prior mental health support potentially disrupts the normal functioning of the mind. This contributes to future uncertainty, confusion and irrational fear among the victims. Just like any other disaster, the retrenched workers are left in a state of shock. According to the International Labour Organisation (2016), Coetzer (2016) and Manassis (2017), the retrenched workers have a sense of uncertainty for future employment opportunities and insufficient resources to look after themselves. Nyaberi (2013), Robotham (2014), Marquez and Saxena (2016) describe the loss of employment as catastrophic and potentially leading to a crisis if ignored. Retrenchment can make the individual mentally disoriented and perturbed.

The retrenched workers are prone and susceptible to unstable emotional states related to grief; such as denial, anger and depression (Campbell & Webber, 1996; Anaf, Baum, Newman, Ziersch & Jolley, 2013).

People do not, however, react and respond to retrenchment in a similar way. It is important to realise that not all the retrenched workers are susceptible to the same severity of mental health challenges. Studies of mature age job losers have shown that although ninety percent of retrenched workers reported a decline in mental or physical health, the remaining ten percent reported an improvement. Michail (2011), Warr and Jacson (2016) and Isa (2016) observe that some participants do not view retrenchment as a disaster but a relief, especially if the job was stressful. Their cognitive social competence remains constant irrespective of being retrenched. The sense of willingness to be retrenched based on consensus reduced the distress severity.

During the disaster phase, personal hygiene may be neglected and some struggle to fulfil the daily social obligations. The building of trust would not be possible with the psychologically depressed retrenched workers. Unusual changes in personality, such as bursts of anger for no reason, confused or uncharacteristic clinging to a family member, occur (Netzer, Igra & Anan, 2015; Freeman, 2015). The CSC model redresses the mental health challenges at the disaster phase by initially stressing the need to build trust. The disaster phase leads to the deteriorating phase as explained below.

3.2.2 The deteriorating phase

At the deterioration phase, the retrenched workers experience psychological distress such as changes of perceived control, loss of self-esteem, shame, and stress (Jolley, Newman, Ziersch, & Baum, 2013; Chandra, 2015; Tuncay & Yildirim, 2015). Identity crisis can be experienced by the retrenched workers in this phase. The retrenched workers may develop a negative perception of the self, and view the distress as irreversible and disruptive. The deterioration phase provides a platform to understand the cognitive and social behaviour deficits of the retrenched workers.

At this phase, the retrenched workers are prone to constrained mental health conditions. They may develop diminished cognitive competence to articulate intended ideas during discussions. The retrenched workers perceive the loss of employment as detrimental and are also mentally depleted in fulfilling psycho-social responsibilities (Wandera, 2013; Webster, 2015; Anderson & Potter, 2016). Sometimes, the mental health deterioration is so severe that it can render the retrenched workers partially or totally incapacitated to fulfil daily obligations. In the context of this study, the participants were pre-tested to determine the resilience deterioration level, using the resilience scale for the adults (RSA).

Allan (2014) and Seeman (2016) argue that during the deteriorating phase, the retrenched workers can manage their socio-economic obligations. This is disputed by Vincent (2014) and Cowell et al. (2015) who assert that retrenched workers experience limited perception and creativity. The level of confidence and competence to articulate ideas can deteriorate. The ability to concentrate is compromised, and this should be understood in the context of this phase. Nichols, Mitchell and Lindner (2013), Brand (2015) and Mogg and Bradley (2016) say adversity, such as the loss of employment, creates a threat that can contribute to distress, uncertainty of life, and relinquishing of control over social responsibilities. The distress may cause the loss of, both the internal and external locus of control.

3.2.3 The adaptive phase

The retrenched workers have cognitive social capital synergies and appreciate diversity of resilience-enhancing ideas (Wang & Wang, 2017; Johnson, 2014). The participants' thinking and behaviour patterns are expected to adjust during the adaptive phase. The protective cognitive social capital resources connections assist the retrenched workers to adapt to the prevailing socio-economic demands. They may possibly internalise the moral obligations necessary to enhance-resilience. Sense of trust, collaboration, honesty and commitment can be viewed as essential for resolving the psychological distress. Theron (2015) and Healthfield (2016) note that, not all the individuals can successfully adjust after retrenchment, regardless of the available cognitive social protective factors. The retrenched workers may continue to experience feelings of rejection, grief, anxiety, panic, worry and loss of self-esteem. It is, however, essential to realise that the moral obligations to forgive, to accept criticisms and to accept diversity may set in during the adaptive phase. Baguma and Matagi (2002) and

Karyeija (2012) found that retrenchment from the Ugandan public sector contributed to inclusivity, equity and firmly affirmed cognitive social aspirations.

3.2.4 The recovery phase

Alloway, Horton, Alloway and Dowson (2013) and United Nations Office for Disaster Risk Reduction Report (2016) observe that at the recovery phase, the cognitive social capital resources become more strongly interconnected. The recovery phase influences an improvement in thinking and behaviour patterns. There is enhancement of psycho-social bonds among the retrenched workers. It is, arguably, essential to realise that the recovery phase may contribute to over conformity of thinking and behaviour patterns. This can impede creativity and reflective thinking. The recovery phase however, facilitates an awareness of contextual sense of resilience-enhancing strategies (Bahadur, Doczi, 2016; Comes, Meesters, & Torjesen, 2016). The retrenched workers have autonomy in decision making during the recovery phase. There is an opportunity for them to scrutinise and evaluate the efficacy of perceived resilience-enhancing strategies. Anyinde (2011) and Neuliep (2011) observe that at this phase, there is the greatest degree of psycho-social support from peer educators of the same culture who are more acceptable to the clients.

3.2.5 Growing phase

The growing phase is related to the maintenance stage of the CSC model. The phase is described by Hyatt (2012), Bertrans, Englert, Dickhauser and Baumeister (2013) and Michaels and Hagen (2014) as characterised by new mental health strength, new identity, acceptance of diversity and a focus on the future. The collaborative group tasks may contribute to confidence building among participants. There may be significant improvement on the level of self- awareness, self-assertiveness, self-efficacy and decision making.

The retrenched workers have attained some resilience maintaining strategies to mitigate the impact of future crises (Friedli, 2009; Wyman, 2016). They are at liberty to seek help from the indigenous, religious and spiritual dimensions in addition to professional mental health services (Thompson, Bazil & Akbar, 2004; Boyd, 2010). Some derive the strength and hope from spiritual beliefs, religious affiliations and teachings. The spiritual beliefs can also

provide appropriate ways of expressing strong and difficult emotions (Whitley, 2012; Sevensky, 2016). Optimism and aspirations for a great and bright future may settle in. The desire to attain self-actualisation has settled in, and scheduled plans may be made to achieve the intended goals.

3.3 THE RESEARCH EVIDENCE OF THE THRIVING THEORY OF RESILIENCE

There were limited and less detailed previously done researches on thriving theory of resilience. The studies, however, provided the benchmarks for understanding the related concepts and past history of success of the thriving theory of resilience in resilience-enhancement.

Graber, Pichon and Carabin (2015) did two case studies on thriving theory of resilience following Hurricane Katrina and the Southeast Asian Tsunami. The participants had experienced extensive adversity and were struggling to deal with grief. The study found that the thriving theory of resilience facilitated adaptive thinking and behaviour patterns. Similarly to the current study, different phases of the thriving theory of resilience namely disaster event, deteriorating phase, adapting phase, recovery phase and the growing phase were considered in the study. The study, however, did not specify the participants sample size and the biographical categories of the participants such as the age groups. The psychological distress was not caused by employment loss through retrenchment but by a natural phenomenon. The data analysis method was not clearly explained which undermined the validity and reliability of the study findings.

Fletcher and Sarkar (2013) investigated the efficacy of thriving theory of resilience. The participants were drawn from psychologically distressed professionals working in children's service. They used the exploratory research design in their study. The findings showed that the thriving theory of resilience provides a framework for understanding resilience-enhancing behaviour and thinking patterns. The study took into consideration resilience-enhancing concepts such as emotional resilience, hope and confidence which are also considered in the current study. The study, however, did not clarify on how the stated constructs were

measured before and after the intervention. The success of the intervention study was difficult to ascertain without pre and post intervention assessment.

Murphy and Moriarty (1976), Werner and Smith (1982), Anthony and Cohler (1987), Garnezy (1983), Rutter (1979), (1987), Mastern (2014) and Cicchetti (2016) made related researches on the effectiveness of the thriving theory of resilience to facilitate resilient thinking and behaviour patterns among the poverty stricken participants. The participants were perceived to have experienced socioeconomic adversity such as poverty. The studies concluded that the thriving theory of resilience provides the basis for the participants to use protective factors such as family members, to build resilience. It was also found that the thriving theory of resilience facilitates concordance engagement among the participants and their relatives. It is, however, important to note that most of the studies were done more than two decades ago. The findings may no-longer be relevant to the current trends of resilience building especially for the retrenched workers in Africa and Zimbabwe in particular. The causes of the socioeconomic adversity were also not explicitly explained in the studies. This compromised the validity and reliability of the findings.

3.4 THE ECOLOGICAL MODEL (EM)

The implementation of the CSC model as an intervention strategy to build resilience should include multiple society levels as expounded by the ecological model. Mastern (2014) and Ungar (2013) posit that interventions should promote competency for individuals to navigate the tensions and adversity. Each of the ecological levels is unique and requires its own strategy when implementing the CSC model. Human beings are interdependent and this interdependence entails the need to be compassionate, generous, caring and exercise forgiveness (Niekerk & Ismail, 2013, Chemhuru & Makuvaza, 2014). The Ecological Model put across by Bronfenbrenner (1979) states that appropriate changes in the social environment produce changes in the individuals and that support of individuals in the population is essential for implementing environmental changes (McLeroy, Bibeau, Stechler & Glanz, 2007; Sippel, Pietrzak, Charney, Mayes & Southwick, 2015). In contrast, Manda (2009) argues that the interdependence among the participants has darkened the spirit of innovation and self-confidence, essential for enhancing-resilience in modern-day Africa. Fig 5 below shows an illustration of Brofenbrenner (1979) ecological model.

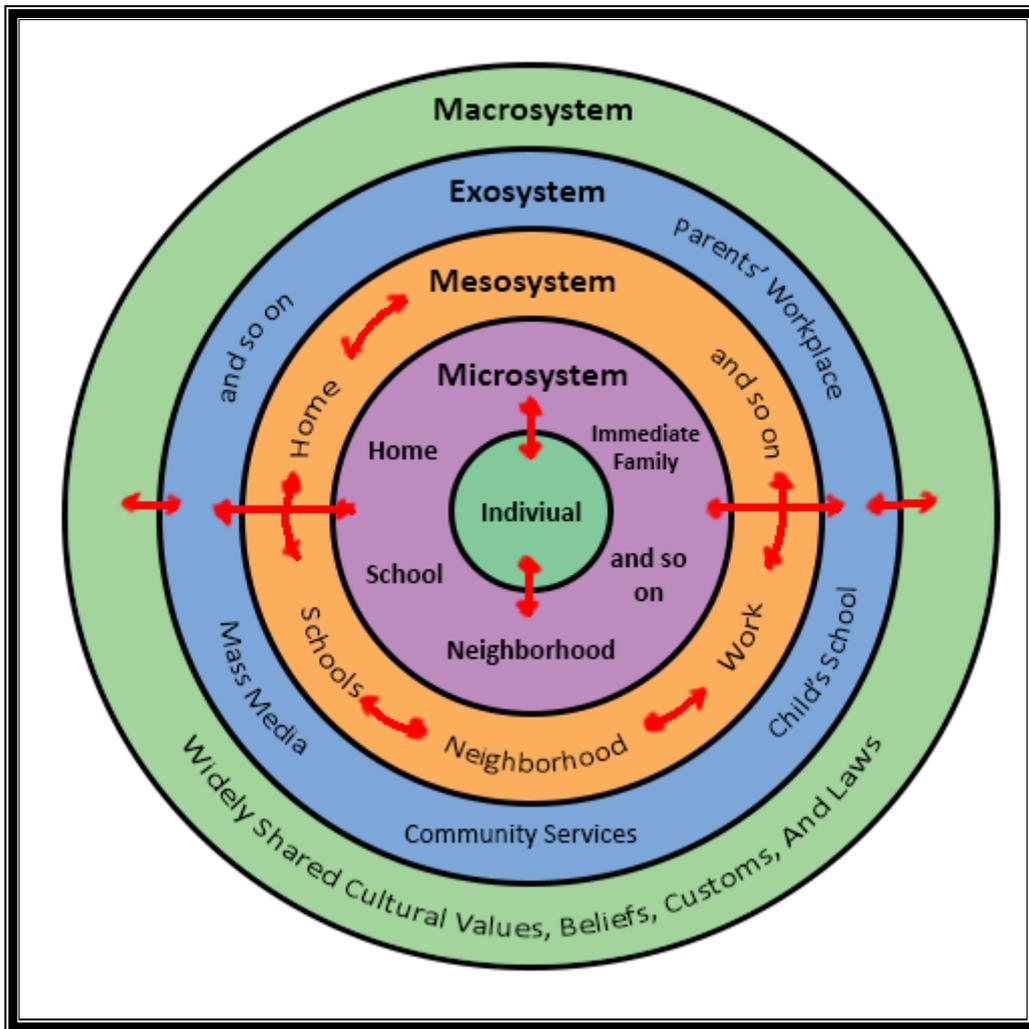


Fig 5: The Ecological Model adapted from Bronfenbrenner (1979)

The retrenched workers need to be socially connected at all the multi-levels of the society. Bronfenbrenner (1979) viewed behaviour as influenced by the different levels of the environment, namely; the micro, meso, exo, macrosystem and the chronosystem. The various ecological levels assist in describing and understanding the resilience-enhancing thinking and behaviour patterns of the participants.

3.4.1 The Microsystem Level

The micro level is one of the ecological model levels which should be considered to enhance-resilience. Sincero (2017) and Roundy (2017) define the micro level as the system closer to

the person and the one to which they have direct contact. The level includes the members of the family, peers and caregivers. In the context of this study, the close relationships among the family members assist in resilience-enhancing thinking patterns among the retrenched workers. There is quick feedback at a family level among the members, which can facilitate resilience-enhancing thinking and behaviour patterns (Wright, 2016; Poggenpoel, Jacobs, Myburgh, & Temane, 2017).

At the micro level, the close family attachment builds confidence and self-esteem among the retrenched workers. They can develop a psychological sense of belonging and identity. The retrenched workers can cope with fear and worry as they are embedded in the prevailing nucleus family social support. The cognitive schema can be reconstructed and loss of employment might be viewed as a source of opportunities for new beneficial adventures. The adaptive and appropriate behaviour of the peers and family members can be scrutinised and retained by the individuals. The ideal behaviour may be incorporated into the reservoir of resilience-enhancing strategies. Levine et al. (2014) and Cavion and Schott (2015) observe that at the micro level, the individuals are intrinsically motivated to work to accomplish tasks and entrusted responsibilities. In the context of this study, the retrenched workers may be inspired to deal with employment loss grief.

Arney and Scott (2013) and Goldsmith and Albrecht (2015) note that the family members and peers at the micro level provide optimum opportunity for the individuals to concentrate and learn new strategies for enhancing-resilience. The intertwined nature of the family members and peers can promote free association. At this level, the retrenched workers are at liberty to explore with confidence, the strategies of building resilience. The sharing of perceptions and successful fulfilment of assigned responsibilities may gradually restore a sense of self-esteem. Sincero (2017) and Biniecki (2015) reveal that at the micro level, the individuals are not mere recipients of experiences, but they also contribute to the construction of strategies. The experienced psychological distress can be discussed and resolved at a family level. The skills to rationalise and control the emotions can be developed. The individuals may possibly understand the feelings of others in the context of the shared perceptions of resilience.

The integration of the family structures has been ruptured by the adverse socio-economic conditions in Zimbabwe. The advent of HIV and AIDS has contributed to the disintegration of the family systems. The economic woes facing Zimbabwe have disintegrated family coherence. Not all the retrenched workers may have access to coherent family structures which are competent enough to assist them to deal with employment loss sorrow. The traditional extended families have been destroyed by modernisation (Nyamukapa & Greyson, 2005). Irrespective of the fragmentation of family structures, the micro level can form the basis for critical thinking among the retrenched workers. The self-introspection on the meaning of behaviour and thoughts can build critical thinking. Paquette and Ryan (2013) and Afshar and Rahimi (2014) posit that the microsystem has the greatest impact on developing critical thinking. The close discussions of resilience-enhancing ideas and behaviour cannot escape the attention of fellow family members at the microsystem. Each plan of action to enhance-resilience is closely analysed and dealt with collaboratively. The deviations in thoughts and subsequent behaviour can be sanctioned and perpetrators can be reprimanded at a family level.

3.4.2 The Mesosystems Level

The mesosystem is the second level of the social-ecological model. The mesosystem comprises the linkages and processes taking place in two or more settings encompassing the developing person (Larson, Whitton, Houser & Allen, 2007; Arnold & Boggs, 2015; Sincero, 2017). The social interactions of the retrenched workers become wider than at the previous microsystem level. The psychologically depressed retrenched workers can find themselves expanding their interactions from home to social institutions such as hospitals, clubs and religious institutions. The peers may provide psycho-social support, companionship and fun to relax the mind, which promotes resilience. The retrenched workers can be assisted to develop the interpersonal skills needed to manage healthy relationships (Mcintosh, Luecke & Davis, 2008; Roberts & Dutton, 2009). The diversified ideas can be explored and compared to find out their relevance in resilience-enhancement. The resilience-enhancing behaviour is expected to be related to the individuals' cultural norms and values. The resilience-enhancing cultural norms and values may, however, serve the interest of the community, not the retrenched workers. The ideas can contradict with the true experiences of the individuals.

At this level, the interpersonal relationships can be formed within the cultural context of the retrenched workers. Interpersonal relationships can emanate from family members, former workmates and neighbours. The retrenched workers may acquire the skills of communicating clearly, negotiating conflict constructively, and seeking and offering help where it may be needed. The interpersonal relationship can serve as a backbone of the psycho-social support for the retrenched workers. The cultural misconceptions which contribute to stigma related to psychological distress experienced by the retrenched workers can be dispelled and a sense of hope for future recovery may be restored.

The family members can provide encouragement to the fragile participants. Mackinnon (2015) and Anticliff (2014) note that at this level, the individuals' unique talents can be nurtured and encouraged, to develop a sense of self-worth. The retrenched workers can have the sense of being cared for and have a role to play in making decisions that affect them. Stokols et al. (2013) and Anticliff (2014) posit that through interactions, the participants can learn what is wrong and right. They can be helped to consider the ethical standards and moral obligations essential for resilience-enhancement. The retrenched workers may be at liberty to make constructive and respectful choices about personal behaviour and social interactions (Collaborative for Academic, Social & Emotional Learning, 2013; Bernhardsdottir, 2015).

3.4.3 The exosystem

The exosystem constitutes the connections and processes taking place between two or more settings, at least one of which does not have the active role, but is indirectly affected by the occurring events (Wikipedia, 2015; Sincero, 2017). In this study, the exosystem translates to the resilience-enhancing needs assessment stage of the CSC model. The retrenched workers may have diminished cognitive social competence to participate in decision making. They may assume the passive role of receiving decisions made on their behalf as noted by Roundy (2017). The individual internal constructs such as self-esteem, self-efficacy and self-confidence are diminished (Heg et al., 2000; Sih et al., 2004; McDonald, 2007; Ryder et al., 2008; Krause et al., 2010; Schurch, Rothenberger, & Heg, 2010).

3.4.4 The macrosystem

The macrosystem constitutes the cultural values, customs, shared ideas and norms (Paquette et al., 2013; Niekerk et al., 2013). At this level, the ideas, norms of the clan recollected through story, song and ritual ceremonies can be widely shared. In the context of this study, the macrosystem level facilitates an understanding of some culturally aligned misconceptions about mental illness experienced by retrenched workers. The negative attitude can perpetuate the irrational thoughts and disorganised behaviour patterns of the individuals. Due to stigma, the retrenched workers may initially hesitate to fully disclose the perceived distress to the other members. The hiding of information can undermine the credibility of the shared ideas and compromise the resilience-enhancing strategies.

The macrosystem sets the stage for the collaborative dispelling of cultural misconceptions pertaining to mental illness. At this level, the retrenched workers are given the opportunity to share resilience-enhancing norms, values and beliefs (Ortiz et al., 2016; Schwarz, Oyserman, & Peytcheva, 2010). The mental health concerns of the retrenched workers are understood and prioritised within the cultural context of the retrenched workers. A sense of belonging and worth develops.

The macro level can also be linked to the national level where mental health policies are made. At this level, it is possible to lobby for the formulation of mental health policies to assist the retrenched workers to deal with the grief of employment loss. In the Zimbabwean context, both the private and public sectors do not offer mental health promotion programmes to assist the retrenched workers to resolve psychological distress. The organisations or the employers are in a better position to provide resources for the promotion of mental health programmes for the retrenched workers.

3.4.5 The Chronosystem level

The chronosystem constitutes the dimension of time and subsequent changes of lifestyle (Paquette & Ryan, 2013; Lefkowitz, 2015). The fulfilment of social and occupational obligations can be difficult for the retrenched workers during the early stages of

retrenchment. The retrenched workers, with a sense of grief following employment loss, may find it difficult to concentrate during resilience-enhancing discussions. The need to belong may contribute to conformity behaviour and blindly following group sessions (Bernecker, Levy, & Ellison, 2014; Kealy, Tsai, & Ogrodniezuk, 2017). In the context of this study, the chronosystem serves as a baseline to streamline the implementation of the intervention strategies in stages. The building of resilience cannot be instantaneous, but is a gradual process which required a substantial amount of time (Folke, 2014; Hamm, Williams, Nikolajski, Celedonia, Frank, Swartz, Zickmund, & Stein, 2015). The retrenched workers require time to successfully resolve the challenges associated with each resilience-enhancing stage. The CSC model incorporates the concepts of the chronosystem by systematically structuring the intervention process in stages.

3.5 CHAPTER SUMMARY

The theoretical framework of the study was described in this chapter. The Thriving theory of resilience and the Ecological model constitute the theoretical frameworks for the study. The diagrammatic representations of both the thriving theory of resilience and the ecological model were given. The Ecological model was put across by Bronfenbrenner (1979) and it consists of micro, meso, exosystem among other levels. The relevance of the main theoretical concepts to the study was explained. The next chapter focuses on the research methodology.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

The research methodology gives an overview of the research design, research instruments, target population, sampling procedure, data collection procedure and data analysis procedure employed in the study.

4.2 RESEARCH DESIGN

In this study, the researcher used the concurrent triangulation mixed method convergence design. Cameron (2015), Leech and Onwuegbuzie (2008), and Small (2011) define mixed method approach as a research approach that engages both the qualitative and quantitative strategies of collecting, analysing and interpreting data in a single study. Implementing the concurrent triangulation mixed method convergence design enables the researcher to corroborate, integrate and complement the research findings. Invankova, Creswell and Clark (2011) postulate that concurrent triangulation mixed method convergence design facilitates the collection and analysis of both quantitative and qualitative data at the same time, but separately. This can help to enhance the validity of the research outcome. The separately collected and analysed data is merged and interfaced during the discussion phase. Fig 6 below is a diagrammatic representation of the concurrent triangulation mixed method convergence design.

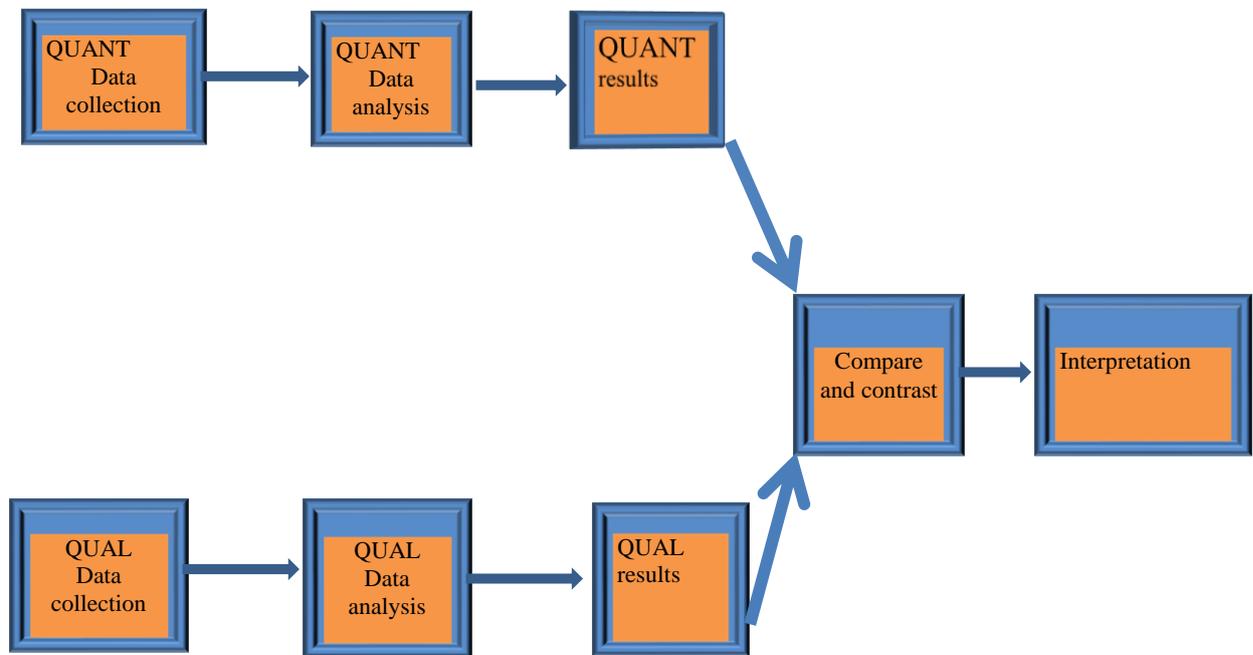


Fig 6: The concurrent triangulation mixed method convergence design. Adapted from Creswell and Plano (2007).

Key: QUANT represents Quantitative

QUAL represents Qualitative

Fig 6 above shows that the concurrent triangulation mixed method convergence design engages both the quantitative and qualitative approaches. There is concurrent but separate data collection and analysis. The analysed data is compared and contrasted during data merging at the convergence stage. The amalgamated data is then interpreted and discussed.

The quantitative data collection was done during the pre- and post-resilience assessment, using the RSA. Participants were pre- and post-tested on resilience levels so as to evaluate the success of the intervention. The three stages were the Pre-Intervention, the Intervention and the Post- Intervention stages. Clinical observation was also used as a quantitative data collection instrument.

At the Pre-intervention stage, the participants were asked to describe both the cognitions and social contexts regarding perceived isolation, danger, fear and negative biases triggered by loss of employment. This helped to establish the initial internal and external resilience level.

At the Intervention stage, the CSC model was used as an intervention tool for enhancing resilience. The CSC model influences mental health outcomes by attenuating the cognitions regarding perceived isolation, danger, fear and negative biases known to exacerbate mental health problems (Newman, 2004; Alloy et al., 2006; Nieminen, Martelin & Koskinen, 2010).

Manago (2015) posits that the CSC model includes shared norms, values, attitudes, and beliefs and it predisposes people towards mutually beneficial collective action. The model influences the participants' thinking and behaviour patterns in a given context. It has four cognitive components, namely; attentional, representational, enactive translational, and motivational processes (Bandura (1971; Bandura; 2001; Bandura, 2005). In the context of enhancing-resilience, the CSCM played a crucial role in facilitating self-efficacy, building innovative, cognitive and social skills among the individuals. The model has a history of success based on the reports made by the once depressed participants who successfully regained their normal functioning (Schwarzer, 1992; Maddux 1995; Bandura, 1997; Bandura, 2001). The enhancement of resilience is a gradual process which involves both the cognitive and social resources (Weibell, 2011; McLeod, 2016). The participants identify own cognitive and social resources strengths which promote resilience-enhancement.

The Post-Intervention stage constituted the third phase. At this stage, the participants describe self-perceived resilience changes after the intervention phase. They report the strengths and weaknesses of the CSC model. This stage broadens the participants' knowledge of resilience through describing their experiences. The clinical observation was made during the Pre-Intervention and Post- Intervention stages and observations were recorded.

4.3 STUDY PROCEDURE AND INSTRUMENTS

The intervention was done in stages and each stage had scheduled sessions. Each session took an average timeframe of 45 minutes. The sessions were spread out over 22 days to allow the participants to have time to practically implement the discussed resilience-enhancing strategies. The hospital has two departments; the out-patient and the in-patient departments. Patients with less maladaptive mood and behaviour challenges are treated in the out-patient department while the more severe cases are treated in the in-patient department. The hospital is situated in Harare; the capital city of Zimbabwe, where most of the workers were retrenched. As the capital city, Harare has most of the industries which shut down and retrenched the workers.

4.3.1 Target population, sample and the sampling technique

The population is defined as any group of individuals that has one or more characteristics in common, that are of interest to the researcher (Latif & Maunganidze, 2004; Day, 2008). The researcher initially identified the gatekeepers and sought permission from the Head of Parirenyatwa Annex mental health hospital to use the institution as the source of study information. The clinical director granted permission to collect data from the hospital. The hospital served as a rich source of research information because it is a major national referral centre for patients with mental health challenges. The retrenched workers who visited Parirenyatwa Annex mental health hospital complaining of psychological distress constituted the population.

Trochim (2008) and Suresh, Thomas and Suresh (2011) view a sample as a sub-group of a population, which can be a reflection of the entire group. In this study, the sample was drawn from Parirenyatwa Annex mental health hospital. The researcher employed the concurrent mixed method sampling method. The sampling technique was derived from the concurrent triangulation mixed method convergence design. The design employed both the qualitative and quantitative sampling techniques. The Maximum Variation Sampling, also known as heterogeneous sampling, was used as a qualitative sampling method to recruit participating patients into the intervention study. As for the qualitative design, the sample size depended on the saturation level which occurred when the participants repeatedly gave the same responses. The convenient sampling technique was used for the quantitative component. Mohamed and Negida (2017) postulate that convenient sampling is the most suitable and highly used sampling technique in clinical research. Leedy and Ormrod (2013) say it considers the available population as possible participants.

Initially, the researcher wrote a poster inviting volunteers to participate in the intervention study. It was displayed at the hospital main entrance gate for a period of 30 days. The poster had the following information: the aim of the intervention study, the intervention model to be used, and the expected intervention time frame of 22 days. The researcher also provided some fliers which were given out at the hospital reception area for a similar period of 30 days. The patients started inquiring more about the intervention study as they were seeking for help to enhance resilience. Initially, the convenient sampling technique was done for the

quantitative design. A total of 50 participants volunteered to take part in the study. Johnson and Onwuegbuzie (2004), postulates that a convenient sample size of 50 participants is appropriate in clinical settings.

Purposive sampling was used for the qualitative segment. Maximum Variation Sampling was used as a purposive sampling technique. The technique is used to capture a wide range of perspectives such as behaviour and experiences (Patton, 2002; Palinkas, Horwitz & Hoogwood, 2015). However, for the qualitative phase, the sample size was 19 participants on the basis of the data saturation. The data saturation level occur when no new information was obtained as suggested by Lincoln and Guba (1985) and Tuckett (2005).

Firstly, all the fifty participants who volunteered to participate were asked to complete the Victoria Mental Health Foundation (2002) Questionnaire. A copy of the questionnaire is attached in annexure J. The questionnaire elicits direct responses from the participants on resilience deficit, attributable to employment loss. The duration of the distress and how it adversely affected their wellbeing was availed through the use of Victoria Mental Health Foundation (2002) Questionnaire. All the participants acknowledged having experienced psychological distress after being retrenched. The duration of the reported mental health problems among the participants varied from a period of two weeks to six months. They perceived the loss of employment as the cause of the psychological distress experienced.

Secondly, the researcher requested the volunteers to fill in an autobiographical questionnaire. The questionnaire required the participants to provide the following information: name, age, sex, address, marital status, number of dependents, level of education and previous occupational designation. The information helped the researcher to identify the occupational categories of the participants, namely the senior management, middle management, junior management, and non-management staff. A copy of the autobiographical questionnaire is attached as annexure K. The different categories helped to ensure that all the different levels of the retrenched workers were represented to constitute a maximum variation sample. The researcher locked the information provided about the participants in a steel cabin for confidential purpose.

The researcher sought the consent of the participants in both the out-patient and in-patient hospital departments to participate in the study. The researcher briefed the participants on the aim and objectives of the study. The participants were informed of the expected mental health benefits deriving from being enrolled in this study. A copy of participants consent form is attached in annexure D. The participants signed a contract of consent to participate in the study. The contract, for example, gave information on dates and time for the next agreed intervention activities. It also stated that the participants had the autonomy to terminate the contract if they wished to. The researcher recruited more participants than the required number so that if some left, the sample would still have enough for analysis. The reliability and validity of the study was enhanced by having various sources of information.

4.4 DATA COLLECTION PROCEDURE

According to Duduvskiy (2018), data collection procedure is a process of gathering information from all the pertinent sources to find relevant answers to the research problem. There are different tools of collecting data like questionnaires, interviews, observations and focus group discussions (Porekuu, Nandita & Boakye, 2017). In this study, the data collection tools were informed by the research design. Both the quantitative and qualitative tools were used to collect data. The quantitative data was collected during the pre and post intervention using the RSA questionnaires and clinical observation. The semi structured interviews and focus group discussions were used as qualitative data collection tools.

4.4.1 Collection of the quantitative data

The Resilience Scale for Adults (RSA) items were used as the quantitative data collection tool. The researcher used concepts of RSA to provide a baseline for both the pre- and post-intervention assessment. The RSA was used to assess the level of resilience before and after the intervention. This aided in evaluating the success of the intervention used in the study. The scale assessed the intra- and interpersonal protective factors which promote resilience. The scale had five scoring dimensions which assessed cognitive and social competence. The copy of the scale is attached as annexure G. The RSA was deemed a valid and useful instrument for assessing resilience (Truffino, 2008; Hjemdal, Friborg, Braun, Kempnaers, Linkowski, & Fossion, 2011; Hjemdal, Roazzi, Dias, & Friborg, 2015).

4.4.1.1 Pre-intervention assessment

The five dimensions of the RSA namely personal competence, social competence, family coherence, social support and personal structure were all assessed. The pre-intervention assessment was done in stages as discussed next. The assessment was done for a scheduled period of four days. Each daily pre-intervention assessment lasted 45 minutes. The personal competence dimension made up of 12 items was assessed on the first day. The social competence dimension of 10 items was assessed on the second day. The assessment of family coherence comprising eight items took place on the third day. Social support and personal structure dimensions comprising 13 items were assessed on the fourth day. The assessment helped to give the initial resilience level of the participants. The participants were expected to be in the deteriorating phase of resilience cycle during the pre-intervention stage. A copy of the pre-intervention assessment is attached in annexure H.

4.4.1.2 Post-intervention evaluation

The post-intervention assessment was done using the RSA. Similar dimensions of the RSA which were assessed during the pre-intervention assessment, namely; personal competence, social competence, family coherence, social support and personal structure were assessed. The post-intervention assessment was done following a similar pre-intervention assessment schedule previously explained on section 4.4.1.1 above. Each daily session lasted 45 minutes. The personal competence dimension made up of 12 items was assessed on the first day. The social competence dimension having a total of 10 items was assessed on the second day. The family coherence encompassing eight items were assessed on the third day. The social support and personal structure dimensions having 13 items were assessed on the fourth day. The post-intervention assessment provided a measure of the resilience recovery after the intervention process. The participants were asked to report on their internal level of self-efficacy after the intervention phase. The mental health strength reports included the participants' appraisal of retrenchment as part of life events and opportunity of enhancing resilience. The participants were asked if they had gained the ability to understand their own emotional needs and whether they had insight into the emotional needs of others. The participants reported on how the strong reciprocal family relationships and attachment helped them to maintain resilience. They were asked on how they dispelled cultural misconceptions

which contributed to stigma related to mental illness. A copy of post-intervention assessment is attached in annexure I.

4.4.1.3 Clinical Observation

Clinical observation was used as another quantitative data collecting tool. It was done during the pre and post-intervention assessments stages. According to Kogan, Holmboe and Hauer (2009) and Pitts, Borus, Goncalves and Gooding (2015), clinical observation is the act of observing and obtaining information about a patient's clinical status, including signs, symptoms and cause of a disease.

4.4.1.3.1 Design of the clinical observation checklist

The clinical observation checklist had five behavioural dimensions, namely; physical appearance, speech flow, facial expressions, cognitive functioning, attention and concentration. The five dimensions provided guidelines of the features to be observed during data collection.

4.4.1.3.2 Administration of clinical observation checklist

The researcher administered the clinical observation checklist by observing the participants in the stated five domains namely; physical appearance, speech flow, facial expressions, cognitive functioning, attention and concentration. The clinical observation took a consistent time frame of 45 minutes per day following the similarly scheduled pre- and post-intervention assessment period of four days each. The researcher kept a neutral position to avoid bias during the clinical observation. The participants' confidence when responding to RSA items was also observed. The researcher also observed withdrawal behaviour and how the participants established and maintained relationships. The willingness to participate in recreational activities within storytelling was observed. The clinical observation helped to build rapport between the researcher and the participants.

4.4.2 Collection of qualitative data

The disclosing of underlying complex feelings experienced by the retrenched workers was made possible during qualitative data collection period. The qualitative approach explores the underlying experiences, reality and meanings that cannot be quantified (Almeida, Queiros & Faria, 2017). The semi structured interviews and focus group discussions were used as qualitative data collection techniques as explained below.

4.4.2.1 Semi-structured interviews

The semi-structured interview guide is a data gathering instrument that involves carrying out an intensive individual interview with a small number of participants, to explore their perspectives on a particular idea or situation (Boyce & Neale, 2006; O'Keeffe, Buytaert, Mijic, Brozovic & Sinha, 2016). According to Charmza (2008) and Crossetti, Goes and de Bram (2016), the semi-structured interview is based on the Constructivist Grounded theory where extensive and rich social contextual and situational data are produced through interviewing. The semi structured interview guide is attached as annexure E.

4.4.2.1.1 Design of semi-structured interview

The semi structured interview questions were designed to get extensive and deep experiences of the participants who were retrenched. The tool was designed to solicit data on the five areas, namely; resilience enhancing needs; perceived resilience level; CSC model; strengths and weaknesses of the CSC model and the strategies of maintaining resilience. The semi structured interview guide had a total of 12 interview questions.

4.4.2.1.2 Administration of the semi structured interview questions

The researcher administered the semi structured interview questions as a qualitative data collection tool. The semi structured interview questions were done in two separate sessions to create time for a 30 minute break. Each semi structured interview session took a time frame of 45 minutes. The first six semi structured interview questions were done in the first 45 minute session. The remaining six semi structured interview questions were done during the

second session after a break of 30 minutes. Initially, the researcher built and maintained trust by being empathetic to the plight of the participants, showing respect to the participants, by listening attentively, and by asking open-ended questions, bearing in mind the objectives of the research. The researcher was able to probe and clarify questions in a relaxed and comfortable environment. The participants were handled carefully to build rapport.

The semi-structured interview had its own share of limitations which were closely monitored by the researcher to avoid the contamination of the research findings. Some of the retrenched workers had some memory loss as a result of deterioration in mental health functioning, which adversely affected their comprehension of interview questions. The researcher remedied the problem by repeatedly asking the questions until they were fully comprehended. Another aspect which was closely monitored was the participants' social desirability. The researcher solved this problem by clearly explaining the purpose of the research, and emphasising to them the need, to be honest, transparent and truthful when responding to the interview questions. The researcher desisted from leading the participants to answer the questions in a particular way, to avoid findings reflecting the researcher's preconceived ideas which would destroy the credibility, validity and reliability of the research findings.

4.4.2.2 Focus Group Discussion

Focus group discussion was used as a qualitative data collection tool. A focus group is a group discussion on a particular topic, guided, monitored and recorded by a researcher (Krueger & Casey, 2014; DeLeon, Chase, Crawford, Webster, Triggs, Bullock & Jennett, 2014). The focus group guide is attached as annexure F. The participants focused on how the different stages of the CSC model can be utilised to enhance-resilience.

4.4.2.2.1 Administration of focus group discussions

The participants formed three groups. Two groups had six members and the third group had seven members. The total number of the participants was 19 and was determined by the saturation level. There were two sessions of focus group discussions and each session lasted 45 minutes. During the first session, the participants discussed their mental health needs.

They focused on how the cognitive and social resources strengths would be utilised to promote resilience. The participants gave the focus group discussion feedback during the second session. The researcher took into consideration the limitations of focus group discussions. Some of the participants had a mistrusting mentality and were not able to fully open up during the discussions. The researcher solved this problem by initially establishing trust among the participants as illustrated by the first stage of the CSC model.

As suggested by Gill, Stewart, Treasure and Chadwick (2008), the researcher was careful to:

- respect the views of the participants by actively listening to them.
- guide the discussion rather than join and lead the discussion.
- be prepared for the diverse views some of which could be unpleasant and unrelated to the topic, and.
- intervene if one group member tended to dominate the discussion.

4.5 INTERVENTION PROCEDURE USING THE COGNITIVE-SOCIAL CAPITAL MODEL

In this study, the CSC model was used as an intervention tool. The CSC model facilitates positive mental health outcome as described in the stages that follow.

4.5.1 Steps of Cognitive Social Capital Model

According to Nishikawa (2006) and Smith (2013), the thriving theory of resilience has four phases, namely; deteriorating phase, adaptive phase, recovery phase and growing phase. The intervention stages took into consideration the thriving theory of resilience and the ecological model phases at specific stages. The intervention phase had a total of 19 sessions and each session was 45 minutes long as explained in the specific intervention steps below.

4.5.1.1 Step One: Building trust

The building of trust was done in three sessions and each session was 45 minutes long for two separate days. During the first session of the first day, the researcher highlighted the aim

and objectives of the study, indicating participants' role and involvement throughout the research. McLeod (2015) asserts that debriefing sessions should be conducted to dispel any anxieties and fears among participants. On the second day, the participants shared local and recreational stories in the context of their local culture for separate two sessions of 45 minutes each. Some of the participants had feelings of anger as a result of losing employment. The researcher put the participants at ease by initially encouraging them to do conversations outside the research topic in a relaxed atmosphere and comfortable place, to build a trusting relationship. The participants perceived the loss of employment as unbearable and were in the deteriorating phase of the resilience theory. The building of trust was related to the mesosystem of the Ecological Model where mutual trust is important in interpersonal relationships. Studies commonly assume that trust emerges naturally as exchange partners interact with each other over time (Lavie, Haunschild & Khanna, 2012; Efenbein & Zenger, 2014).

4.5.1.2 Step Two: The needs analysis

The researcher held individual semi-structured interview session lasting for 45 minutes. The researcher sought permission from the participants to record the interviews. The participants were asked to identify all the possible resilience-enhancement needs. The participants were also asked to identify the strengths they already possessed. The strengths, for example, included cognitive competence, interpersonal relationships and emotional competence. The identified cognitive and social strengths helped the participants to build confidence and positive self-esteem.

4.5.1.3 Step Three: Conscientisation

Theoretically linked to the adaptive phase of thriving theory of resilience, the participants discovered own initial cognitive social capital resources. The conscientisation was done in three sessions on two separate days. Each session was 45 minutes long. On the first and second sessions of the first day, the participants discussed the psychological distress misconceptions held by the society. They gave feedback in the third session of the second day for a period of 45 minutes. The participants focused on the construction of resilient beliefs and behaviours rather than the dismantling of beliefs and behaviours that served as

roadblocks to resilience (Padesky & Mooney, 2012; Memon, Taylor, Mohebati, Sundin, Cooper, Scanlon & Visser, 2016). The researcher also explained that there were no right or wrong answers.

4.5.1.4 Step Four: Building contextual perceptions of resilience

Conceptually connected to the recovery phase of the thriving theory of resilience, the participants were on the recovery path on stage four. The participants were given some practical exercises for three days lasting for 45 minutes on each session. There were two sessions held on each of the three days. On the first two sessions of the first day, the participants were asked to put into practice the cognitive and social resources they identified as their strengths in step three above. Linked to the micro level of the Ecological Model, the participants deliberated on the intrapersonal experiences of mental health challenges. There were two separate sessions on the second day where the participants discussed how the strong reciprocal family relationships and attachment enhanced resilience. Goodman (2013) and Kalit (2003) observe that close relationship between family members contributes to resilience. The participants then gave feedback on the executed practical tasks during the last two sessions of the third day.

4.5.1.5 Step Five: Strategies for maintaining resilience

Theoretically linked to the growing phase of the thriving theory of resilience, the participants had established social networks. It was essential for the participants to maintain the resilience gained by considering and practising the following CSC model aspects:

4.5.1.5.1 Optimism

The participants had a positive insight of the future and perceived threats as opportunities (Tugade & Fredrickson, 2004; Fredrickson, 2013). Inter-related to the growing phase of the thriving theory of resilience, the participants helped to provide hope and confidence to those who were still strained. This phase had four sessions and each session took 45 minutes for three days. During the first two sessions of the first day, the participants encouraged each other to embrace retrenchment as part of life events. The researcher facilitated the

participants to regard the possible mental health problems as challenges and not threats. The challenges were regarded as opportunities for enhancing-resilience. The participants discussed how to dispel the contextual cultural beliefs attached to mental illness, such as stigma, discrimination and labelling, on the third session of the second day. The participants gave feedback to the discussions on the fourth session of the third day. They reported embracing cultural diversity related to resilience thinking and behaviour patterns. The need to maintain resilience by exercising tolerance was also discussed.

4.5.1.5.2 Developing emotional insight

Algoe and Fredrickson (2011) and Brady (2013) note that emotional insight is the ability to understand one's own emotional needs and have insight into the emotional needs of others. This phase had three sessions and each session took 45 minutes for two days. In the first session, the participants discussed, the appropriate ways of expressing emotions and communicating. During the second session, they discussed the need to accept constructive criticisms as they interacted with their contexts. The importance of emotional insight and how to express it appropriately was discussed during the third session of the second day.

4.5.1.5.3 Attaining life disposition and spirituality

Amir (2014) and Barker (2016) recognised the prominence of a belief system that affords existential implication and an obligation of self-respect. The time frame for this phase was 45 minutes for one day. At this level, the participants were encouraged to introspect into their uniqueness and belief system with the ultimate goals of maintaining resilience. The participants collaboratively shared how their spiritual beliefs could contribute to the maintenance of resilience.

4.6 THE VALIDITY OF RESEARCH INSTRUMENTS

Validity refers to whether the instruments used to measure are accurate and measure the appropriate criteria (Maxwell, 2005; Leung, 2015). In this study, the validity of the semi-structured interview tool and focus group discussions was attained by clearly linking the interview questions to the research aims and objectives. The semi-structured interview

questions were clarified to the participants. The use of different data collection instruments, namely; semi-structured interviews, focus groups, RSA questionnaire and clinical observation ensured validity. Through triangulation, the data collected from different instruments was corroborated to substantiate its validity. The participants openly expressed their mental health challenges, perceptions, experiences and the possible solutions to the challenges. The researcher transcribed and statistically analysed the data extracted from the tools with great accuracy.

4.7 THE RELIABILITY OF THE RESEARCH INSTRUMENTS

Reliability refers to the extent to which the research results can be replicated in another study if undertaken using the same research method (Ritchie & Lewis, 2003; Noble & Smith, 2015). The CSC model adopted in this research was centred on the use of words during the qualitative data analysis. It is, however, important to consider that words may communicate various meanings depending on a given context, which may compromise the aspect of reliability when the same research is carried out in another context. The researcher, however, considered the reliability by also using the quantitative data analysis tools. The use of statistical techniques such as SPSS software during data analysis enhanced the reliability of the research results. The quantitative component stressed objectivity and used structured tools for collecting quantifiable data. The semi-structured interview questions were constructed in such a way that they were clearly understood by the participants and easily replicated in the future. The recording of semi-structured interviews during the data collection sessions enhanced the reliability of the data collection instrument as the recorded data could be stored and replayed in future. During the interview, the researcher took some fields notes which complemented the recording. Recorded conversations however, provided more reliable information than hastily written field notes (Krippendorff, 2011; Teijlingen, 2014).

In the context of this research, both the field notes and video recording of the interview were done to make the research instrument more reliable. The use of a comfortable free and friendly environment during focus group discussions and semi-structured interviews motivated the participants to open up. This made the tools more reliable. The researcher, however, realised that the participants were drawn from people who could have had some strong emotional states related to grief, such as; denial, anger and depression due to

unexpected loss of employment. The researcher did not force them to participate. Participation was voluntary to enhance reliability. Through triangulation, data collected from different instruments was compared and replicated which showed the reliability of the instruments.

4.8 DATA ANALYSIS PROCEDURE

The concurrent triangulation mixed method convergence design employed both the quantitative and qualitative techniques of data analysis. The data analysis procedures are laid out below starting with the quantitative followed by the qualitative procedures for the sake of logic flow of the procedures.

4.8.1 The quantitative data analysis procedure

The following quantitative data analysis procedure was used in this study:

- The responses of the participants on the RSA questionnaires during the pre and post intervention stages were manually captured on an Excel Spreadsheet.
- The questions were denoted by the top row while the horizontal axis represented the peculiar number of the participants.
- Data cleaning was done after entering the responses of the participants into the Excel Spreadsheet. During data cleaning, the researcher thoroughly went through the responses of the participants from each RSA questionnaires to check the accuracy of the data and correct errors (Field, 2009).
- The raw data was given to the statistician to verify the truthfulness of the captured data.
- The data was transferred to the Statistical Packages for Social Sciences (SPSS).
- Frequency tables were used to show the responses of the participants during the pre- and post-intervention stages.
- T-tests were used to assess whether or not there was resilience improvement among the participants before and after the implementation of CSC model.
- The researcher ensured comprehensive data analysis by applying both the descriptive and inferential statistics in the quantitative portion.

4.8.2 The qualitative data analysis

The following qualitative data analysis procedure was used:

- The researcher started by transcribing audio data. This involved preliminary observation and knowledge of the data obtained from the semi-structured interviews and focus group discussions.
- The second stage in the analysis was identifying themes from the responses of the participants. The researcher was immersed in the data provided by the participants during focus group discussions. This helped to give a clear understanding of the data and come up with some themes related to the data. The researcher repeatedly played the audio recorded interview responses and read field notes from the four categories of participants.
- Coding was the third stage where the researcher gathered all the identified themes from the focus group discussions and semi-structured interviews.
- The fourth stage involved further elaboration and understanding of recorded focus group discussions and semi-structured interviews.
- The different subcategories of the data were critically compared to establish themes, continuity and coherence. The researcher also took note of the similarities, differences and contradictions within the categories. The critical analysis of the data categories helped the researcher to have a clear meaning and understanding of the data.
- The translation of the identified data categories into a normative account constituted the final stage.

4.9 ETHICAL CONSIDERATIONS

The researcher is registered by the Allied Health Practitioners Council of Zimbabwe as a Clinical Psychologist and his registration number is A/PSY 0419. The Practising Certificate is attached as annexure L. McLeod (2015) notes that ethics can be viewed as anticipated procedures of conducting a research. The researcher considered these ethical requirements, which were observed during the current study. The following were observed;

4.9.1 Informed consent

The researcher clearly explained in a language which the participants understood, all the information related to the aim and objectives, benefits and risks of the research study. The participants made an informed decision whether to participate or not. The participants were informed that the results were going to be submitted in the form of a PhD thesis, and published in the form of scientific papers, book chapters and presented at conferences.

4.9.2 Participants' protection

The participants were guarded from endangered emotional, physical and mental harm. The building of trust, relationships and a comfortable conference atmosphere ensured the safety of the participants. The researcher would not embarrass, frighten, offend or harm participants (McLeod, 2015).

4.9.3 Deception

The researcher did not mislead the participants during the study. The researcher desisted from using deceptive instructions. The participants were given all the information relating to the study as explained in the informed consent forms.

4.9.4 Confidentiality

The researcher kept all the study data obtained from the participants anonymous, while pseudonyms were used in order to provide the participants' privacy. Permission was sought from the participants before the data findings could be distributed.

4.9.5 Voluntary participation and withdrawal from research

Participants were allowed to withdraw from the study at any time if they were unwilling to continue. They were also allowed to withdraw the data they contributed if they so wished. The researcher would not force them to continue if they felt uncomfortable.

4.10 CHAPTER SUMMARY

The chapter focussed on the research design. The concurrent triangulation mixed method convergence design was used. The design allowed the concurrent collection and analysis of both quantitative and qualitative data but separately. The study procedure and instruments used were described. The target population and the sampling techniques were explained. The intervention procedures using the CSC model were explained. The validity and reliability of the instruments were described. The next chapter focuses on presenting and analysing the study findings.

CHAPTER 5 FINDINGS

5.1 INTRODUCTION

The chapter focuses on analysing the collected data. As explained in chapter 4, the concurrent triangulation mixed method convergence design was used in this study. Findings from both the quantitative and qualitative approaches are presented concurrently. Tables showing the biographical data of the participants, pre-intervention, post-intervention, clinical observation, themes and categories are presented. The data from the respective tables is analysed. Themes, categories and subcategories of the collected data are formulated. For the purpose of coherent and consistent flow of findings, the researcher initially presents the quantitative results followed by the qualitative findings.

5.2 QUANTITATIVE DATA ANALYSIS AND PRESENTATION

Table 1 below illustrates the biographical details of the participants.

Table 1: Biographical description of participants

N=50

Participants	Gender	Age	Marital Status	Educational qualifications	Previous occupation	Designation	Experience
Donold	Male	28	Single	'O' level	Driver	Junior driver	7 years
Shamu	Male	54	Married	Diploma in Business Management	Cutting and designing	Senior management	15 years
Kim	Male	42	Divorced	'O' level + Diploma in Agriculture	Farm worker	Middle management	11 years
Shupikai	Female	28	Married	'O' level	Clerk	Non-management clerk	7 years
Geofry	Male	37	Married	Diploma in Hotel Management	Travel consultant	Junior management	9 years
Dennis	Male	33	Not married	'A' level	Fitter and turner	Non-management	7 years
Shorai	Female	39	Married	Degree in Marketing	Printing company	Middle management	10 years
Mitchel	Male	35	Married	Diploma in Public Relations	Public relations officer	Non-management	7 years

Fungai	Male	52	Divorced	Masters in Manufacturing System	Engineer	Senior management	17 years
Thomas	Male	39	Married	'A' level	Plumber	foreman	9 years
Essau	Male	42	Divorced	'O' level	Gold mine worker	Non-management	13 years
Emelda	Female	27	Married	Diploma in Wildlife Management	National Park manager	Non-management	4 years
Theo	Male	44	Married	Diploma in Wood Technology	Carpenter	Non-management	14 years
Kolwani	Male	29	Married	'O' level	Motor mechanic	Junior management	6 years
Phillip	Male	42	Divorced	Diploma in Education	Teacher	Senior teacher (Junior management)	14 years
Tafadzwa	Female	30	Married	Diploma in General nursing	Nurse	Non-management	4 years
Timothy	Male	34	Married	Degree in Accounting	Credit controller	Junior management	8 years
Gelly	Female	46	Married	'O' level	Boiler maker	Non-management	14 years
Edwin	Male	49	Married	Degree in Business Studies	Credit controller	Middle management	13 years
Joyce	Female	35	Single parent	Diploma in Food Science	Food outlet manager	Middle management	8 years
Ranga	Female	51	Divorced	Form two	Gardener	Non-management	16 years
Bernam	Male	43	Married	'O' level	Driver	Non-management	9 years
Langton	Male	29	Married	'A' level	Security guard	Non-management	5 years
Nelson	Male	40	Married	Masters in Business Administration	Grain marketing board manager	Senior management	7 years
Gondo	Male	53	Married	Diploma in Marketing	Salesman	Middle management	18 years
Spiwe	Female	49	Married	Degree in Banking and Finance	Bank manager	Senior management	11 years
Doubt	Male	30	Not married	Developmental Studies degree	Projects manager	Junior management	6 years
Saul	Male	58	Married	Diploma in Cutting and Designing.	Cutting and designing.	Non-management	21 years
Blessing	Female	31	Married	Diploma in Secretarial Studies	Receptionist	Non-management	6 years
Hugh	Male	54	Married	'O' level	Bricklayer	Non-management	23 years
Romio	Male	45	Married	Diploma in Motor Mechanic	Motor mechanic	Junior management	14 years
Zuze	Male	33	Divorced	'O' level	Farm worker	Non-	10 years

						management	
Farikai	Male	47	Married	'O' level	Plumber	Non-management	15 years
Ropafadzo	Female	52	Widowed	Diploma in Computer Studies	Information manager	Middle management	20 years
Rudolf	Male	39	Married	Degree in Counselling	Counsellor	Non-management	10 years
Sindisiwe	Female	43	Married	Bachelor of Commerce in Internal Auditing	Auditor	Non-management	12 years
Julius	Male	55	Married	'O' level	Driver	Non-management	25 years
Batanai	Male	38	Married	Degree in Library and Information Science	Librarian	Non-management	8 years
Dianna	Female	28	Married	'O' Level	Garage attendant	Non-management	6 years
Glad	Male	46	Married	'O' level	Shoe maker	Non-management	13 years
Chipo	Female	41	Divorced	'A' level	Bank teller	Non-management	15 years
Ephraim	Male	34	Married	Degree in English and Communication Studies	Journalist	Non-management	7 years
Portia	Female	56	Married	Form one	Dress making	Non-management	21 years
Ruponeso	Female	49	Married	Degree in Agriculture	Farm manager	Middle management	12 years
Malvern	Male	35	Not married	'A' level	Boiler maker	Non-management	10 years
Paradzai	Male	51	Married	'O' level	Retailer till operator	Non-management	19 years
Thinkmore	Male	40	Married	Diploma in Human Resources Management	Human resources manager	Junior management	9 years
Ellen	Female	38	Married	'O' Level	Clerk	Non-management	10 years
Alfred	Male	54	Married	Degree in Labour Relations Management	Public relations manager	Senior management	16 Years
Kudakwashe	Male	42	Married	'O' level	Mine worker	Non-management	11 years

Table one above shows the profile of the participants and pseudonyms used to protect the identity of the participants. For the quantitative component, the sample size increased to 50 participants. There were 34 males and 16 females who participated in this research. There

was a 10% of the senior management category, 14% in the middle management and 16% in the junior management categories. Of the participants, 60% were in the non-management category. The participants had different age groups ranging from 27 to 56 years. Luong, Charles and Fingerman (2011) and Cohen (2014) assert that participants of different age groups have varied experiences and perceptions of psychological distress. Of the participants, 16% were aged between 27 years and 30 years, 32% between 31 and 40 years. The other 30% were in the 41 to 50 years age range and finally 22% were in the 51 to 60 years category. The youngest participant was 27 years old while the oldest was 56 years old.

5.2.1 Pre-intervention Assessment

The pre-intervention assessment was meant to establish the resilience level of the participants before the intervention phase. Resilience Scale for Adults (RSA) was used during the pre-intervention assessment. Hurt, Wightman, Haynes and Ortega (2016) and Katz (2011) posit that pre-intervention assessment served to inform the intensity of the distress experienced among the participants. The participants described the felt remained strengths capabilities (Sugimoto, Umeda, Shinozaki, Naruse, & Miyamoto, 2015; Bosacki, 2016). There were a total number of 50 participants in the pre-intervention assessment. Table 2 below shows a pre-intervention assessment schedule.

Table 2: Pre-intervention assessment schedule

RSA dimensions	Number of items	Day	Time frame	Duration
Personal competence	12	1	1000hrs-1045hrs	45 minutes
Social competence	10	2	1000hrs-1045hrs	45 minutes
Family coherence	8	3	1000hrs-1045hrs	45 minutes
Social support	7	4	1000hrs-1045hrs	45 minutes
Personal structure	6	4	1200hrs-1245hrs	45 minutes

The pre-intervention assessment was done for four days and each session took 45 minutes as shown on the table above. The RSA scale consisted of 43 items used to assess the presence of protective factors. The responses of the participants were analysed using the RSA five dimensions, namely; personal competence, social competence, social support, family

coherence and personal structure. Dolbier, Jaggars and Steinhardt (2009) and Perrewe and Ganster (2011) say at the pre-intervention stage, the participants may have bouts of anxiety, depression, anger and intrusive ruminations.

5.2.1.1 Personal competence dimension

Personal competence dimension of the RSA gave an analysis of the participants in the first 12 items of the RSA. A copy of the RSA is attached as annexure G. The responses of the participants were in five categories, namely; strongly agree, agree, disagree, strongly disagree and neither. The results are presented in Table 3 shown below.

Table 3: Pre- intervention: Personal competence dimension

N =50

Scoring options	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	2	4.0	4.0	4.0
Agree	2	4.0	4.0	8.0
Disagree	36	72.0	72.0	80.0
Strongly Disagree	8	16.0	16.0	96.0
Neither	2	4.0	4.0	100.0
Total	50	100.0	100.0	

Table 3 above shows that a total number of 44 participants representing 88% either disagreed or strongly disagreed to have personal competence. The participants failed to remain composed; felt unsecured and had negative underlying feelings after the loss of employment (Gajelli, 2014). There were 4 participants constituting 8% who agreed that they had personal competence. Two of the participants gave a neither response and were not sure of their personal competency.

5.2.1.2 Social competence

Social competence was another dimension of the RSA which was assessed among the participants during the pre-intervention phase. The participants were assessed on ten items, namely; getting in touch with new people, establishing new friendships, good conversational

topics, ability to adjust to new social milieus, making other people laugh, enjoying being with other people, knowing how to start a conversation, ability to easily laugh, importance to be flexible in social circumstances and experiencing good relations with both women and men. Table 4 below shows the distribution of frequencies and percentages of the participants' responses.

Table 4: Pre-intervention: Social competence dimension N=50

Scoring options	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	6	12.0	12.0	12.0
Agree	1	2.0	2.0	14.0
Disagree	24	48.0	48.0	62.0
Strongly Disagree	17	34.0	34.0	96.0
Neither	2	4.0	4.0	100.0
Total	50	100.0	100.0	

The responses of the participants to items 13 to 22 assessing social competencies on table 4 above showed that 41 participants, representing 82%, had no social competencies. McLeod (2015) and Quinn, Toms and Anderson (2015) suggest that the participants could have developed a representation of maladaptive behaviour through cognitive and emotional processing. They appraised the psychological distress as insurmountable and needing the psycho-social support identified in the CSC model. Only seven participants, representing 14%, responded to have social competence. A total of 4% of the participants were undecided and gave a neither response. The overall responses showed that 86% of the participants had no social competence. This was consistent with the findings of Ajzen (2011) and Vujeva and Furman (2011) that depressed participants had no competence to establish social network ties.

5.2.1.3 Family coherence

Items 23 to 30 of the RSA assessed family coherence. There were eight items on the family coherence dimension which included family bonds, relationships of family members, common family interests and obligations. The participants' responses are given in table 5 below.

Table 5: Pre-intervention: Family coherence dimension

N=50

Scoring options	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	3	6.0	6.0	6.0
Agree	7	14.0	14.0	20.0
Disagree	27	54.0	54.0	74.0
Strongly Disagree	9	18.0	18.0	92.0
Neither	4	8.0	8.0	100.0
Total	50	100.0	100.0	

Of the participants, 72% responded to having strained family coherence and 8% were undecided as they gave a neither response. Lack of family coherence compromises family functioning and proliferates depressive symptoms (Ngai & Ngu, 2014). There were ten participants representing 20% who claimed to have family coherence.

5.2.1.4 Social support dimension

The social support dimension of the RSA comprised seven items which assessed the sources of social support. The social support sources included friends and family members. Table 6 below shows the pre-test results of the social support dimension items.

Table 6: Pre-intervention: Social support dimension

N=50

Scoring options	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	2	4.0	4.0	4.0
Agree	2	4.0	4.0	8.0
Disagree	37	74.0	74.0	82.0
Strongly Disagree	7	14.0	14.0	96.0
Neither	2	4.0	4.0	100.0
Total	50	100.0	100.0	

The responses showed that the participants had limited social support. A total of 88% responded to having lacked social support though at different intensity levels. The other 8% agreed to have social support and 4% gave a neither response. Psychologically depressed participants had trouble with neighbours, difficulties providing care for family members, and higher levels of distress regarding living conditions (Ara, Talepasand & Rezael, 2017; Sakisaka et al., 2017).

5.2.1.5 Personal structure

The fifth dimension of the RSA was the personal structure which comprised six items. These items included bonds between friends, ability to follow rules and regular routines, and organising time and setting goals. The table below shows the pre-test personal structure intervention findings.

Table 7: Pre-intervention: Personal Structure dimension.

N=50

Scoring options	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	1	2.0	2.0	2.0
Agree	2	4.0	4.0	6.0
Disagree	39	78.0	78.0	84.0
Strongly Disagree	6	12.0	12.0	96.0
Neither	2	4.0	4.0	100.0
Total	50	100.0	100.0	

The above table showed that 90% of the participants lacked personal structure, 6% agreed to have the personal competence. Of the respondents, 4% gave a neither response and seemed to doubt the personal competence they had. As suggested by Chingwaru and Jakata (2013) and Cicchetti (2016), participants described the behavioural disengagement, self-blame, wishful thinking and rumination.

5.2.1.6 Pre- intervention assessment summary

The pre-intervention assessment results were summarised as shown on table 8 below.

Table 8: Pre-intervention assessment summary

N=50

RSA dimensions	Strongly agree		Agree		Disagree		Strongly disagree		Neither		Total Participants
	f	%	f	%	f	%	f	%	f	%	
Personal competence dimension	2	4%	2	4%	36	72%	8	16%	2	4%	50
Social competence dimension	6	12%	1	2%	24	48%	17	34%	2	4%	50
Family coherence dimension	3	6%	7	14%	27	54%	9	18%	4	8%	50
Social support dimension	2	4%	2	4%	37	74%	7	14%	2	4%	50
Personal structure dimension	1	2%	2	4%	39	78%	6	12%	2	4%	50

Table 8 above shows a summary of the pre-intervention assessment. There was an average of 84% of the participants who lacked the personal competence, social competence, family coherence, social support and personal structure. An average of 5% of the participants was undecided as they indicated in response. An average of 11% claimed having competence in the five dimensions as shown in table 8 above. It is, however, important to realise that 100% of the participants were still experiencing distress of employment loss and still emotionally fragile to function competently.

5.2.2 Post- intervention evaluation

The participants' responses revealed remarkable and drastic improvement in cognitive social competence. The responses revealed that participants had successfully adjusted and recovered from the psychological distress. The post-intervention evaluation was done in four days and each session was 45 minutes long. The participants were in the growing phase of the resilience level. The same participants who were pre-assessed during the pre-intervention assessment were evaluated during the post-intervention evaluation. The assessment provided a measure of resilience recovery after the intervention process. Table 9 below shows the post-intervention assessment schedule.

Table 9: Schedule of post-intervention assessment

RSA dimensions	Number of items	Day	Time frame	Duration
Personal competence	12	1	1000hrs-1045hrs	45 minutes
Social competence	10	2	1000hrs-1045hrs	45 minutes
Family coherence	8	3	1000hrs-1045hrs	45 minutes
Social support	7	4	1000hrs-1045hrs	45 minutes
Personal structure	6	4	1200hrs-1245hrs	45 minutes

There were 50 participants in the post-intervention assessment. The responses of the participants were analysed using the RSA five dimensions; ‘personal competence’ (12 items), ‘social competence’ (10 items), ‘family coherence’ (8 items) ‘social support’ (7 items), and ‘personal structure’ (6 items). The post-intervention assessment was done over four days as shown in Table 9 above. A total of five sessions were held and each session took 45 minutes.

5.2.2.1 Personal competence dimension

The personal competence post intervention assessment was done to find out the extent of the participants’ personal competence enhancement. Similar items of the RSA used during the pre-intervention personal competence assessment were used. The results are shown in Table 10 below.

Table 10: Post intervention assessment: Personal competence dimension N=50

Scoring options	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	25	50.0	50.0	50.0
Agree	21	42.0	42.0	92.0
Disagree	2	4.0	4.0	96.0
Strongly Disagree	1	2.0	2.0	98.0
Neither	1	2.0	2.0	100.0
Total	50	100.0	100.0	

From Table 10 above, 92% of the participants agreed to have an improvement in personal competence. The participants had confidence to engage in decision making and problem solving skills (Geherb, 2014). 6% of the participants acknowledged having a deficit in personal structure while 2% were undecided.

5.2.2.2 Social competence

Social competence dimension was another aspect of the RSA which was assessed during post-intervention assessment. The same RSA items used to assess the same participants during the pre-intervention stage were used. The participants showed a marked social competence improvement as shown in Table 11 below.

Table 11: Post-intervention assessment: Social competence dimension

N=50

Scoring options	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	20	40.0	40.0	40.0
Agree	25	50.0	50.0	90.0
Disagree	2	4.0	4.0	94.0
Strongly Disagree	2	4.0	4.0	98.0
Neither	1	2.0	2.0	100.0
Total	50	100.0	100.0	

Of the participants, 90% agreed to having made an improvement in social competence, 2% gave a neither response while the other 8% rejected to have attained social competence. As also noted by Tauck Foundations (2012) and Encyclopedia of Health (2018), the participants had established relational networks, were cooperative, behaved constructively, and recognised subtle social cues.

5.2.2.3 Family coherence

The relationship between the participants and family members was assessed during the post-intervention stage. The findings are given in Table 12 below.

Table 12: Post-intervention assessment: Family coherence dimension

N=50

Scoring options	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	20	40.0	40.0	40.0
Agree	26	52.0	52.0	92.0
Disagree	2	4.0	4.0	96.0
Strongly Disagree	1	2.0	2.0	98.0
Neither	1	2.0	2.0	100.0
Total	50	100.0	100.0	

Items 23 to 30 of the RSA assessed family coherence and 92% of the participants except 4% gave responses as either agree or strongly agree to have family coherence. Only one participant, representing 2%, gave a neither response. The participants had a family sense of unity and successfully adapted to loss of employment (Ngai & Ngu, 2014).

5.2.2.4 Social support

Social support was similarly assessed as it was done during the pre-intervention stage. The results showed that there was an apparent improvement in the social support dimension as shown in Table 13 below.

Table 13: Post-intervention assessment: Social support dimension

N=50

Scoring options	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	19	38.0	38.0	38.0
Agree	25	50.0	50.0	88.0
Disagree	2	4.0	4.0	92.0
Strongly Disagree	2	4.0	4.0	96.0
Neither	2	4.0	4.0	100.0
Total	50	100.0	100.0	

Items ranging from number 31 to 37 assessed the level of social support. The table results showed that 88% of the participants had consistent social support. Of the participants, 12% denied having social support. Smith (2004), Okawa, Yasuoka, Ishikawa, Poudel, Rogi and Jimba (2011) and Bottomley, Burke and Neimeyer (2017) posit that social support ameliorates psychological distress following the loss of employment.

5.2.2.5 Personal structure

The personal structure dimension of the RSA was assessed during the post intervention assessment. The assessment results are given in Table 14 below.

Table 14: Post-intervention assessment: Personal Structure dimension

N=50

Scoring options	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly Agree	15	30.0	30.0	30.0
Agree	29	58.0	58.0	88.0
Disagree	2	4.0	4.0	92.0
Strongly Disagree	2	4.0	4.0	96.0
Neither	2	4.0	4.0	100.0
Total	50	100.0	100.0	

Items number 38 to 43 assessed personal structures. The results showed that 88% of the participants agreed to have a personal structure. Steven and Jason (2016) postulate that it offers participants the potential to organise, understand and interact with their milieu successfully. A percentage of 8% still experienced diffused personal structure experiences, and 4% were undecided as they gave a neither response.

5.2.2.6 Post intervention assessment summary

The post intervention assessment results are summarised in Table 15 below.

Table 15: Post-intervention assessment summary

N=50

RSA dimensions	Strongly agree		Agree		Disagree		Strongly disagree		Neither		Total Participants
	f	%	f	%	f	%	f	%	f	%	
Personal competence dimension	25	50%	21	42%	2	4%	1	2%	1	2%	50
Social competence dimension	19	38%	26	52%	2	4%	2	4%	1	2%	50
Family coherence dimension	20	40%	26	52%	2	4%	1	2%	1	2%	50
Social support dimension	19	38%	25	50%	2	4%	2	4%	2	4%	50
Personal structure dimension	15	30%	29	58%	2	4%	2	4%	2	4%	50

Table 15 above shows that there was an average mean of 90% of the participants who had improved in all the five RSA dimensions. Similar assertions were made by Javed and Charles (2018) that the participants had competence functional outcomes relating to social cognition and interactions. The participants had a sense of self-awareness, and could interpret feelings of others and own experiences. An average of 7.2 % had not yet fully recovered while 2.8% were not certain as they gave a neither response.

5.2.3 Paired t-test for the pre and post intervention assessment

In an endeavor to assess the improvement of resilience among the participants, a paired statistical-t-test was done as shown in the table below. The t-test sought to assess the effectiveness of the intervention. A paired t-test mean difference between post intervention test and pre- intervention test of zero or less than zero would show that the intervention was abortive. A positive statistical mean difference above zero would elucidate the success of the intervention.

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Paired Post-intervention - Pre-intervention	39.400	2.408	1.077	36.410	42.390	36.582	4	0.001	

Pre- and post-intervention scores were positively correlated ($r = 0.607$, $p < 0.001$). There was a significant average difference between pre and post intervention scores ($t = 36.582$, $p < 0.001$).

Table 16 above illustrates that the probability related to static t-value of 36.582 is 0.001. There was a positive mean difference of 39.400 between the post- and pre-intervention. A probability value of less than 0.001 illustrates that the results did not happen by chance as

postulated by Deviant (2014). The calculated t value of 36.582 is greater than the table value of 8.610 at an alpha level of 0.001 with degrees of freedom of 4. It can be concluded that there was a significant statistical improvement of resilience among the participants at the post intervention phase as compared to the pre intervention stage.

5.2.4 Clinical observation summary

The clinical observation served as a diagnosis of the participants' cognitive social maladaptive behaviour. The information gathered was used to formulate some management strategies for dealing with the psychological distress. Warner, Najarian and Tierney (2010) and McLeod et al. (2015) postulate that clinical observation serves as a source of decision making to design appropriate intervention strategies. The clinical observations were made in five behavioural dimensions, namely; physical appearance, speech flow, facial expressions, cognitive functioning, attention and concentration. The clinical observations were made during the pre and post intervention assessment.

Table 17: Clinical observation summary during the pre-intervention stage

N=50

Participants	Gender	Age	Physical appearance	Speech flow	Facial expressions	Cognitive functioning	Attention and concentration
Donold	Male	28	Smartly dressed and gentle outlook	A smooth flow of speech and talked confidently.	Flashing facial appearance	The normal thought of content.	Attentive and maintained eye contact.
Shamu	Male	54	Combed hair and neatly dressed	Competently articulated ideas	Worried facial appearance	Made contributions to group discussions.	Found it difficult to concentrate.
Kim	Male	42	Had short hair and clean teeth	Had uninterrupted speech	Frown face,	Observed contributing ideas.	Attentive for an average time frame of 40 minutes
Shupikai	Female	28	Swollen eyes, uncombed hair and shabby	Unstable speech flow and could shift from one topic to another.	Had miserable looking face.	Had a flight of ideas.	Could not concentrate during discussions.

Geofry	Male	37	Decently dressed. Smooth skin texture	Talked clearly and loudly.	Worried facial expression.	Talked confidently and had normal thought of content.	Maintained eye contact and cooperative.
Dennis	Male	33	Not smartly dressed, clothes were dirty.	Slurred speech	Had emotional outbursts	Had limited abstract reasoning	Could be distracted by ambient noises
Shorai	Female	39	Looked fatigued	Had a strong command of the English language	Not moved by shared jokes	Had functional thought of content	Had a concentration span not exceeding 30 minutes
Mitchel	Male	35	Neatly dressed and no signs of self-neglect.	Could shift from one topic to another. No smooth speech flow.	Had frown facial expressions.	Lacked confidence and thought of content.	Could easily be distracted by ambient noises.
Fungai	Male	52	Attended to personal hygiene.	Spoke confidently and smoothly.	Had worried facial expression.	Observed making contributions during discussions.	Punctual and respected ideas from other participants.
Thomas	Male	39	Had no self-neglect in attitude	Had a good command of dialect language	Face appeared worried and sad	Seemed confused and had flight of ideas	Hardly concentrated during discussions.
Essau	Male	42	Smartly dressed and kept combed short hair	Had no smooth speech flow which also lacked coherence	Sorrowful looking face.	Made meaningful contributions to discussions	Had some difficulties in paying and maintaining concentrations.
Emelda	Female	27	Tears were observed running down from eyes	Sounded confused and had abrupt speech stoppages	Had a worried looking face	Emotions dominated her thought	Had a short concentration span not exceeding 25 minutes
Theo	Male	44	Presentable clean clothes	Had some speech interruptions and seemed to lack confidence	Sad and worried facial expression	Had flight of ideas but could read and understand sentences	Could pay attention to a minimum time frame of 35 minutes
Kolwani	Male	29	Shabby appearance but stable behaviour	Talked confidently in a loud and clear voice.	Was sometimes dozing and had a worried face	He recalled the discussed ideas and asked questions	Could miss some of the discussions while dozing
Phillip	Male	42	Self-neglected personal	Talked slowly and did not pay attention to detail	Was not interested in shared jokes.	Had unstable content of thought	Did not pay attention to detail.

			hygiene				Observed asking other participants the discussed ideas.
Tafadzwa	Female	30	Smartly dressed but fingers were trembling	Talked with a high tempo.	Had sorrowful looking facial expressions.	Actively participated in group discussions and asked questions	Paid attention for a time frame not exceeding 45 minutes during discussions
Timothy	Male	34	Presentable and well dressed	Talked loudly, clearly and confidently	Had a sad looking face which suggested a depressed mood	Had some varied content of thought but followed discussions	Could concentrate on time frame not exceeding 60 minutes
Gelly	Female	46	Tears were observed dropping from eyes	Had some difficulties in pronouncing some words.	Could not smile or moved by shared jokes	Sometimes overwhelmed by emotions and suspended logic	Could not maintain eye contact
Edwin	Male	49	Properly dressed and well attended personal hygiene	Had an audible voice projection	Jovial and relaxed looking face.	Could easily recall previously discussed idea and had normal content of thought	Had concentration span of an average time frame of 30 minutes
Joyce	Female	35	Had worried looking face	Was struggling to express himself	Experienced moments of anger outbursts	Struggled to have logical presentation of ideas	Was easily distracted by ambient noise.
Ranga	Female	51	Appropriately dressed and clothes were clean	Used body gestures when expressing ideas	Had sad looking face and sometimes tears were flowing from the eyes.	Had cognitive distortion as she could not accept the reality of loss of employment	Could not pay attention for more than 40 minutes
Bernam	Male	43	A descent appearance	Talked confidently	Had a negative perception of the self and others	Demonstrated a Had normal thought of content.	Was able to maintain eye contact
Langton	Male	29	Uncombed hair and wearing unclean clothes	Talkative and sometimes ideas were out of context	Had an elated looking face.	Actively participated during group discussion.	Hyperactive and could not follow the discussions
Nelson	Male	40	Decently dressed and	Was always quiet but attentive.	Had sad looking face and Isolated	Could not accept the loss	Found it difficult to

			had short combed hair		himself and remained quiet	of employment as a reality.	concentrate.
Gondo	Male	53	Had clean clothes and polished shoes	Had smooth flow of speech.	Had moments of anger outbursts	Had logical presentation of ideas	Was not able to pay attention during group discussions.
Spiwe	Female	49	Smartly dressed.	Talked with a loud voice than normal.	Had frown looking face and negative perception of the self.	Had thought of content in her ideas.	Could not sustain concentration for more than 30 minutes.
Doubt	Male	30	Had ignored personal hygiene	Had good command of own dialect language	Looked anxious	Able to present ideas in a coherent and logical way.	Could hardly listen to others during discussions
Saul	Male	58	Shoddy appearance	Struggled to express himself	Had jovial looking face.	Could not present ideas in a logical way	Struggled to sustain concentration for more than 40 minutes
Blessing	Female	31	Had uncombed hair and long unclean finger nails	Body gestures could not match expressed words	Showed unhappy facial expression	There was no thought of content in her ideas.	Struggled to pay attention to details of the discussion
Hugh	Male	54	Unable to pay attention to personal hygiene	Had a smooth flow of speech	Had miserable looking face and negative perception of the self.	Could not narrate ideas in a logical sequence	Could concentrate for more than 45 minutes
Romio	Male	45	The clothes were clean and shoes were polished	Was unable to express himself clearly.	Facial expression looked depressed	Struggled to express ideas in a logical way.	Found it difficult to concentrate
Zuze	Male	33	Always smartly dressed	Had difficulties to express himself	Had miserable looking face and sometimes tears were seen flowing from eyes.	Had a poor judgement of time and place.	Sometimes observed napping
Farikai	Male	47	Always wore the same unclean clothes	Had a smooth flow of speech	Often nodded his head before and after speaking	Could present ideas in a logical way.	Had a short concentration span of less than 30 minutes

Ropafadzo	Female	52	Had dreadlocks which were unattended to	Spoke competently and confidently	Had worried looking face and moments of anger outbursts	Could sometimes fail to present ideas in a logical way	Could concentrate for more than 45 minutes
Rudolf	Male	39	Ignored his personal hygiene	Was shy to contribute during group discussion	Always looked down holding his head	Ideas were sometimes out of context	Struggled to pay attention to details
Sindisiwe	Female	43	Clothes were clean and shoes were polished	Had a smooth flow of speech	Could sometimes shade tears when contributing	Was able to present ideas in a logical way	Could concentrate for more than 45 minutes
Julius	Male	55	Had long dirt finger nails and teeth were not clean	Could struggle to express himself	Had frown looking face and moments of anger outbursts.	Had a sound judgement of ideas.	Found it difficult to pay attention for more than 40 minutes.
Batanai	Male	38	Always smartly dressed	Struggled to have a smooth flow of ideas	Looked sad and not actively participating during group discussions.	Struggled to express ideas in a logical way	Found it difficult to remain sited for more than 30 minutes
Dianna	Female	27	Always smartly dressed	Talked confidently and in a relaxed way	Had mood swings.	Capable of expressing ideas in a logical way	Had a high concentration span of more than 45 minutes
Glad	Male	46	Ignored personal hygiene	Struggled to express the intended ideas	Could not share and enjoy jokes with others	His contributions were sometimes out of context	Found it difficult to follow discussions
Chipo	Female	41	Wore unclean clothes and ignored oral hygiene	Presented ideas fluently during group discussions.	Had worried looking face and bouts of anger during discussions.	Presented ideas in a logical way.	Sometimes failed to pay attention during group discussions
Ephraim	Male	34	Attended to his personal hygiene and smartly dressed	Struggled to express the intended ideas.	Was not moved by the shared jokes.	Some of his ideas lacked thought of content.	Found it difficult to pay attention to details.
Portia	Female	56	Had swollen eyes.	Had poor flow of speech	Looked miserable and did not actively contribute during group discussion.	Failed to connect own ideas to the topic of discussion	Could not concentrate for more than 40 minutes.
Ruponeso	Female	49	Had unhappy facial	Struggled to express ideas	Looked sad and complained of loss	Presented ideas were out of	Napped during group

			appearance	fluently	of sleep most of the time.	context of discussion	discussion
Malvern	Male	35	Always Smartly dressed	Spoke confidently	Had mood swings	Coherent expression of ideas	Concentration span varied according to mood
Paradzai	Male	51	Clothes were clean and attended to personal hygiene	Had a smooth flow of ideas	Always had elated facial expression	Ideas were presented in a logical way.	Could hardly pay attention for more than 30 minutes.
Thinkmore	Male	40	Had uncombed hair and swollen eyes	Low voice projection which could he hardly heard	A worried looking face suggested a depressed mood	His expressed ideas were out of context with the topic of discussion	Was observed napping most of the times
Ellen	Female	38	The clothes were torn and not clean	Was not able to speak competently	Seemed to have lost interest in pleasurable activities	His narratives lacked thought of content.	Had low level of concentration of less than 30 minutes
Alfred	Male	54	Always gave attention to personal hygiene	Struggled to express own ideas during group discussions	Looked sad and had outburst of anger.	Most of his ideas were not logically presented	Could pay attention and concentrate during group discussion
Kudakwashe	Male	42	Always smartly dressed	Spoke confidently	Had miserable looking face and was unmoved by the shared jokes.	Had logical flow of ideas	Had the capacity to concentrate for more than 45 minutes

The Clinical observation table, Table 17 above shows a summary of the participants observed by the researcher. A total of 50 participants were observed as they participated in the study. Pseudonyms were used to protect the identity of the participants. The table shows that 40% of the participants had a presentable appearance and paid attention to personal hygiene. A total of 60% of the participants were looking shabby. Of the participants, 10% were sometimes observed shedding some tears during group discussions. As put across by Boen, Dalgard and Bjertness (2012), Ng (2014) and Tajvar, Fletcher and Grundy (2016), the participants who lost employment were vulnerable to psychological distress in the absence of psychosocial support. The table shows that there were discrepancies of speech flow among the participants. It was observed that 36% of the participants had smooth speech while the other 74% were not able to express themselves.

The observed facial expressions were aligned to mood states as Matsumoto and Hwang (2011), Breuer and Kimmel (2017) and Ge, Zhong and Luo (2017) note that participants' facial expressions convey various emotional states through the activity of the muscles of the eyes, nose and mouth. Of the participants, only 2% had elevated facial expression which suggested jovial mood states. As many as 98% participants had a gloomy facial expression which suggested depressed mood states.

There were several cognitive functioning dimensions which were observed, namely ability to recall discussed ideas, the content of thought and ideas. Of the participants, 54% experienced some limitations in cognitive functioning and 46% demonstrated some functional cognitive abilities. Nicolaas et al. (2016) and Merinelli, Spaccavento, Graca, Marangola and Angelelli (2017), note that participants with depleted cognitive functions appraise the psychological distress as unresolved and catastrophic.

The level of attention and concentration was observed among the participants. The items which were observed included the ability to maintain eye contact, to respond to unexpected disturbance, attentive and concentration time frame. It was observed that a total of 96% of the participants were unable to concentrate for more than 45 minutes. It was also noted that only 4% of the participants had a concentration span which exceeded 45 minutes. Schwind, Gropalis, Witthoft and Weck (2016) and Tracy (2017) concurred that the psychologically distressed participants had attentional deficits.

Table 18: Clinical observation summary during the post-intervention stage

N =50

Participants	Gender	Age	Physical appearance	Speech flow	Facial expressions	Cognitive functioning	Attention and concentration
Donold	Male	28	Smartly dressed and gentle outlook	A smooth flow of speech and talked confidently.	Had flashed facial appearance	The normal thought of content.	Attentive and maintained eye contact.
Shamu	Male	54	Combed hair and neatly dressed	Competently articulated ideas	Jovial facial appearance	Made contributions to group discussions.	Not distracted by ambient noises
Kim	Male	42	Had short hair and clean teeth	Competent flow of speech	cheerful face	Observed contributing ideas.	Attentive for an average time frame of

							45 minutes
Shupikai	Female	28	Neatly combed hair and bright looking eyes	Proficient when expressing ideas.	Was smiling in most cases which suggested elated mood state.	Had logical flow of ideas.	Attentive and contributed during discussions.
Geofry	Male	37	Decently dressed. Smooth skin texture	Talked clearly and loudly.	Cheerful facial expression.	Talked confidently and had normal thought of content.	Maintained eye contact and cooperative.
Dennis	Male	33	Smartly dressed.	Had good flow of speech	Able to control own emotions.	Had abstract reasoning capacity	Could not be distracted by ambient noises
Shorai	Female	39	Looked energetic	Had a strong command of the English language	Had jovial facial expressions and could exchange jokes with others.	Had functional thought of content	Had a concentration span exceeding 45 minutes
Mitchel	Male	35	Neatly dressed and no signs of self-neglect.	Could follow the topic of discussion and made contributions.	Had sad looking face.	Had confidence and made meaningful contributions	Could not be distracted by ambient noises.
Fungai	Male	52	Attended to personal hygiene.	Struggled to speak confidently and smoothly.	Had cheerful facial expressions.	Observed struggling to make contributions during discussions.	Found it difficult to concentrate for at least 30 minutes.
Thomas	Male	39	Had no self-neglect ion attitude	Had a good command of dialect language	Had cheerful face.	Had logical flow of ideas.	Had gained concentration span exceeding 45 minutes.
Essau	Male	42	Smartly dressed and kept combed short hair	Had coherence flow of ideas.	Jovial looking face.	Made meaningful contributions to discussions	Was able to concentrate during discussions.
Emelda	Female	27	Found it difficult to attend to personal hygiene.	Had smooth flow of speech	Had a frowning looking face.	Had logical flow of ideas.	Could pay attention during discussion.

Theo	Male	44	Presentable clean clothes	Had no speech interruptions and was confident.	Cheerful facial expressions.	Had the capacity to read and understand sentences.	Could pay attention for more than 45 minutes
Kolwani	Male	29	Smartly dressed	Talked confidently in a loud and clear voice.	Had cheerful looking face and smooth flow of ideas.	Recalled the discussed ideas and asked questions	Could pay attention during group discussions.
Phillip	Male	42	Smartly dressed	Had smooth flow of speech and ideas	Was interested in shared jokes.	Had stable thought of content in his ideas.	Made meaningful contributions.
Tafadzwa	Female	30	Smartly dressed and attended to personal hygiene.	Talked with a high tempo.	Had smiling looking face.	Actively participated in group discussions and asked questions	Paid attention for a time frame exceeding 45 minutes during discussions
Timothy	Male	34	Presentable and well dressed	Talked loudly, clearly and confidently	Had a cheerful looking face which suggested a jovial mood state.	Had appropriate thought of content and followed discussions.	Could concentrate for time frame not exceeding 45 minutes
Gelly	Female	46	Had a sense of humour.	Was competent enough to articulate different ideas.	Could be seen moved by shared jokes.	Could regulate own emotions.	Could maintain eye contact
Edwin	Male	49	Properly dressed and attended personal hygiene.	Had an audible voice projection.	Jovial and relaxed looking face.	Could easily recall previously discussed idea and had normal content of thought	Had concentration span of an average time frame of 45 minutes
Joyce	Female	35	Had cheerful looking face	Was able to express intended ideas.	Relaxed looking face and could control own emotions.	Had logical flow of ideas	Was able to pay attention during discussions.
Ranga	Female	51	Appropriately dressed and clothes were clean	Used body gestures when expressing ideas.	Had relaxed looking face and logic flow of ideas.	Had normal thought of content.	Could sustain attention for more than 45 minutes
Bernam	Male	43	A grooming appearance	Talked confidently	Had a jovial looking face and positive perception of the self and others.	Demonstrated a normal thought of content	Was able to maintain eye contact
Langton	Male	29	Had combed	Had smooth flow	Had relaxed	Actively	Had the

			hair and wearing clean clothes	of speech	looking face and could pay attention to details.	participated during group discussion.	capacity to pay attention during group discussion.
Nelson	Male	40	Decently dressed and had short combed hair	Was always quiet and reserved but attentive.	Had relaxed looking face and actively participated during group discussion.	Found it difficult to express own ideas.	Able to concentrate.
Gondo	Male	53	Had clean clothes and polished shoes	Had smooth flow of speech.	Was able to control own emotions.	Had logical presentation of ideas	Was able to pay attention during group discussions.
Spiwe	Female	49	Smartly dressed.	Talked with an audible voice.	Had relaxed looking face and positive perception of the self.	Had thought of content in her ideas.	Could sustain concentration for more than 45 minutes.
Doubt	Male	30	Paid attention to personal hygiene	Had good command of own dialect language	Looked calm and stable.	Able to present ideas in a coherent and logical way.	Could now listen to others during discussions.
Saul	Male	58	Decently dressed.	Able to express himself	Had an excited facial expressions.	Could now present ideas in a logical way	Was able to sustain concentration for more than 45 minutes
Blessing	Female	31	Had combed hair and long clean finger nails.	Body gestures matched expressed words.	Showed frowning facial expressions.	Had thought of content in her ideas.	Able to pay attention to details of the discussion
Hugh	Male	54	Able to pay attention to personal hygiene	Had a smooth flow of speech	Had an excited facial expressions and positive perception of the self.	Could narrate ideas in a logical sequence.	Could concentrate for more than 45 minutes
Romio	Male	45	The clothes were clean and shoes were polished	Was unable to express himself clearly.	Had cheerful facial expression.	Struggled to express own ideas.	Was able difficult to concentrate
Zuze	Male	33	Always smartly dressed	Spoke competently and had a good command of mother language.	Was able to control own emotions.	Had improved judgement of time and place.	Was able to pay attention during group discussions.

Farikai	Male	47	Had short combed hair and clean long finger nails.	Had a smooth flow of speech	Often nodded his head before and after speaking	Could present ideas in a logical way.	Had improved concentration span of more than 45 minutes
Ropafadzo	Female	52	Smartly dressed.	Spoke competently and confidently.	Had sad looking face and moments of anger outbursts.	Could present ideas in a logical way.	Could concentrate for more than 45 minutes
Rudolf	Male	39	Paid attention to personal hygiene.	Had smooth flow of speech.	Was able to control emotions.	Had normal thought of content.	Was able to pay attention to details
Sindisiwe	Female	43	Clothes were clean and shoes were polished	Had a smooth flow of speech.	Had relaxed looking face and able to control own emotions.	Was able to present ideas in a logical way.	Could concentrate for more than 45 minutes.
Julius	Male	55	Paid attention to personal hygiene.	Was able to express himself.	Could regulate own emotions.	Had a sound judgement of ideas.	Had the capacity to pay attention for more than 45 minutes
Batanai	Male	38	Always smartly dressed.	Had a smooth flow of ideas.	Relaxed looking face and actively participated during group discussions.	Was able to express ideas in a logical way.	Could pay attention to details.
Dianna	Female	27	Always smartly dressed	Talked confidently and in a relaxed way	Relaxed looking face and had stable mood state.	Capable of expressing ideas in a logical way.	Had a high concentration span of more than 45 minutes
Glad	Male	46	Paid attention to personal hygiene	Spoke eloquently and clearly.	Could share and enjoy jokes with others.	His contributions were relevant and meaningful.	Was able to follow discussions.
Chipo	Female	41	Wore clean clothes and paid attention to oral hygiene.	Presented ideas fluently during group discussions.	Had relaxed looking face and ability to control emotions.	Presented ideas in a logical way.	Had the ability to pay attention during group discussions.
Ephraim	Male	34	Attended to his personal hygiene and smartly dressed.	Able to express the intended ideas.	Face looked jovial and he was moved by the shared moments of jokes.	Ideas had thought of content.	Was able to pay attention to details.

Portia	Female	56	Had dull looking eyes and neglected personal hygiene .	Had smooth flow of speech.	Had miserable and sad looking face.	Was able to connect own ideas to the topic of discussion.	Could concentrate for more than 45 minutes.
Ruponeso	Female	49	Had happy facial appearance.	Able to express ideas fluently.	Able to regulate own emotions.	Presented ideas in a coherent and logical way.	Was able to follow discussions.
Malvern	Male	35	Always smartly dressed	Spoke confidently	Had relaxed facial expressions.	Coherent expression of ideas	Could pay attention to details of discussion.
Paradzai	Male	51	Clothes were clean and attended to personal hygiene	Had a smooth flow of ideas	Always had elated facial expression	Ideas were presented in a logical way.	Could pay attention for more than 45 minutes.
Thinkmore	Male	40	Had combed hair and eyes were now clear.	Spoke eloquently.	A cheerful looking face suggested an elated mood.	His expressed ideas were not out of context with the topic of discussion	Could sustain concentration for more than 45 minutes.
Ellen	Female	38	Smartly dressed and attended to personal hygiene.	Was able to speak competently.	Seemed to have interest in pleasurable activities.	Had logical flow of ideas.	Could sustain concentration for more than 45 minutes
Alfred	Male	54	Always gave attention to personal hygiene.	Had smooth flow of ideas.	Had relaxed looking face and able regulate own emotions.	Most of his ideas were logically presented.	Could pay attention and concentrate during group discussion.
Kudakwashe	Male	42	Always smartly dressed.	Spoke confidently.	Had jovial looking face and moved by the shared jokes.	Had logical flow of ideas.	Had the capacity to concentrate for more than 45 minutes.

The 50 participants observed during the pre-intervention stage were equally observed during the post-intervention phase. Of these, 96% were smartly dressed and conscious of their personal hygiene. A healthy physical fitness promotes active social interactions, connections, sense of belonging and subsequent psychological well-being (Ohrnberger, Fichera & Sutton, 2017). They had combed hair, clean finger nails, and clean brushed teeth. It was, however,

observed that the other 4% of the participants were still struggling to observe grooming aspects such as manicure, hair and skin care.

Of the participants, 94% had smooth speech flow which helped to facilitate the mutual exchange of resilience enhancing ideas. The participants were observed competently articulating their views using vernacular language which was understood by everyone. Smooth speech flow facilitates a sense of relaxation, mutual exchange of ideas and integration among the participants (Argyriadis, 2017; Fletcher, 2018). A total of 6% of the participants were still, however, unable to express themselves. They were finding it difficult to synthesize their own ideas in a comprehensive and logical way. The failure to speak fluently discouraged them from opening up during group discussions.

It was observed that 90% of the participants had smiling and twinkling facial expressions which suggested jovial mood states. From the findings of Gregoire (2016), jovial facial expressions convey sentiments of uplifted mood states. The participants were observed using some facial gestures to acknowledge and appreciate the discussed ideas. It was, however, found that 10% of the participants had frowning and scowling looking faces which suggested depressed mood states.

Of the participants, 94% were able to present their ideas in a coherent and logical manner. The thought of content was appropriate and participants were consistently following the discussions. They justified their responses during the post-intervention phase. Abrahams (2015) and Schwertly (2014) concur that logically presented ideas are more effective and relevant and help the participants to grasp the shared ideas. A total of 6% of the participants found it difficult to present their ideas in a comprehensive and logical manner. They struggled to express their own ideas.

The majority of the participants (98%) were able to concentrate and made meaningful contributions during the post-intervention stage. The discussed resilience-enhancing ideas were related to the cultural values of the participants which prompted them to follow the discussions with keen interests. The participants were observed following the discussions and were asked relevant questions to which they gave their responses. Simon (2018) posits that participants experience an inner feeling of satisfaction as they eagerly attend to the

proceedings of the discussions. It was, however, found that 2% of the participants were, struggling to pay attention during the post-intervention phase. They were observed napping and unable to respond to the given RSA items.

5.3 QUALITATIVE DATA ANALYSIS AND PRESENTATION

As presented in chapter 4, qualitative data was collected using the semi structured interview questions and focus group discussions. Participants who differed in various ways such as age groups, occupational designations and educational qualifications made diverse contributions. The diversity of the participants is illustrated in the table below.

Table 19: Biographical description of qualitative participants

Participants	Gender	Age	Marital Status	Educational qualifications	Previous occupation	Designation	Experience
Donold	Male	28	Single	'O' level	Driver	Junior driver	7 years
Shamu	Male	54	Married	Diploma in Business Management	Cutting and designing	Senior management	15 years
Kim	Male	42	Divorced	'O' level + Diploma in Agriculture	Farm worker	Middle management	11 years
Shupikai	Female	28	Married	'O' level	Clerk	Non-management clerk	7 years
Geofry	Male	37	Married	Diploma in Hotel Management	Travel consultant	Junior management	9 years
Dennis	Male	33	Not married	'A' level	Fitter and turner	Non-management	7 years
Shorai	Female	39	Married	Degree in Marketing	Printing company	Middle management	10 years
Mitchel	Male	35	Married	Diploma in Public Relations	Public relations officer	Non-management	7 years
Fungai	Male	52	Divorced	Masters in Manufacturing System	Engineer	Senior management	17 years
Thomas	Male	39	Married	'A' level	Plumber	foreman	9 years
Essau	Male	42	Divorced	'O' level	Gold mine worker	Non-management	13 years
Emelda	Female	27	Married	Diploma in Wildlife Management	National Park manager	Non-management	4 years
Fau	Male	45	Married	Standard 4 (Grade 7)	Cook	Non-	15years.

						management	
Kolwani	Male	29	Married	'O' level	Motor mechanic	Junior management	6 years
Phillip	Male	42	Divorced	Diploma in Education	Teacher	Senior teacher (Junior management)	14 years
Tafadzwa	Female	30	Married	Diploma in General Nursing	Nurse	Non-management	4 years
Timothy	Male	34	Married	Degree in Accounting	Credit controller	Junior management	8 years
Gelly	Female	46	Married	'O' level	Boiler maker	Non-management	14 years
Billy	Male	57	Married	Certificate in Agriculture	Farm manager	Senior management	20 years.

As has been alluded to earlier in chapter 4, the sample size of 19 participants was attained considering saturation level. At the saturation point, there is no new information obtained from the participants (Lincoln & Guba, 1985; Tuckett, 2005).

Participants' age groups ranged from 27 to 57 years, with an average age of 40 years. Luong, Charles and Fingerman (2011) and Cohen (2014) assert that participants of different age groups have varied experiences and perceptions of psychological distress. In terms of age groups, 42 % of the participants were below 36 years and the other 32% between 36 and 45 years. The high hopes of long career life were cut short through retrenchment and participants were susceptible to psychological distress. The distress included loss of self-esteem and social identity. The other 26% of the participants were above 46 years of age and had worked for an average of 23 years. The participants aged above 46 years had expanded protective factors in the form of social networks. They had established a wide range of social connectedness. In the Zimbabwean context, senior family members, especially the breadwinners, were entrusted with the obligation to fend for, and look after, the family members. The failure to fulfil the obligations after retrenchment worsened the psychological distress.

The marital status of the participants had a bearing on the perceived psychological distress. Of all the participants, 68% were married, 21% were divorced and 11% were single. The married and divorced participants could not fend for family members. They had limited sources of income which made them susceptible to severe grief. The failure to fend for own families and accessing mental health services predisposed them to psychological distress. In

the context of Zimbabwe's socio-centric cultural practice, unmarried participants were likely to be accepted and accommodated as extended members of the family.

The least educated participant had primary level qualifications of grade seven. The highly educated had a Master's degree. In terms of educational and professional qualifications, 16% of the participants were degree holders, 37% were diploma holders, 5% held a certificate in agriculture, 11% had secondary school education, 26% had 'O' level qualifications, and 5% had some primary school level qualifications. All the participants had the capacity to read and write. Ling (2017) and Brand (2015) note that highly educated participants experienced less distress following job loss. The participants had different strategies for resolving the perceived distress. Participants with grade seven educational qualifications had limited hopes of securing another form of employment in a country where university graduates found it difficult to get employment. The level of perceived psychological distress may not have been directly related to attained educational qualifications. The participants who had practical occupational skills had greater prospects of earning a living irrespective of attained educational qualifications.

The participants held different previous occupational designations. The categories included senior management, middle management, junior management and non-management. Of the participants, 47% were in a non-management category, 26% were in the junior management category, 16% were in the senior management category and 11% were in the middle management category. The participants who held different occupational categories were subjected to varying psychological distress. Martins and Lopes (2013) and Cadieux and Marchhand (2014) reveal that occupational ranks were associated with different levels of psychological distress. The non-management category was not involved in executive decision making. They were susceptible to less psychological distress as compared to the management category. The management category, especially those who were in the senior level, did not accept the reality of retrenchment. They felt dejected after making tremendous contributions to the organisations' growth.

Participants with different occupational experience had a diversity of resilience enhancing ideas. The different occupational experience served as a benchmark of the participants' maturity in handling retrenchment grief. The previous occupational experience ranged from 4

to 40 years. There was a wide gap of previous occupational experience among the participants. The participants who had less previous occupational experience had limited strategies of dealing with employment loss grief. The highly experienced participants who had worked for more than 20 years capitalised on the acquired experience knowledge to deal with the grief. A total of 84% of the participants had worked for 16 years and below while the other 16% had worked for more than 17 years but not exceeding 40 years.

Participants had different previous occupations classified as follows; manufacturing sector, farming, commercial sector and civil service. A total of 42% of the participants was in the manufacturing sector, and the farming industry had 11%. Those who were in the commercial and civil service sectors constituted 21% and 26% respectively. Participants from different occupational backgrounds had varied psychological distress perceptions. Those with industrial background had gained skills to venture in the informal sector unlike participants from the civil service. The failure to secure capital to initiate income generating projects worsened the /psychological distress of all the participants. Psycho-social support was appraised as beneficial by the participants to alleviate the experienced distress.

5.4 QUALITATIVE DATA PRESENTATION: THEMES AND CATEGORIES

The analysed data was presented in the form of themes, categories and sub-categories. The researcher identified common themes as illustrated in the table below.

Table 20: Themes categories and subcategories of the analysed data

Themes	Categories	Subcategories
Psychological distress experienced-by retrenched workers.	Grief	Role confusion; Loss of belonging Marital problems; Poverty
	Mood dysphoria	Low self-esteem; Loss of self-control; Loss of prestige and loss of glowing reputation; Sadness; Loneliness Shame; Frustration; Hopelessness
	Defence mechanisms	Denial; Magnifying the psychological distress.
	Cognitive dissonance	Self-defeating thoughts
	Anger outbursts	Irritability Emotional instability
	Negative stereotypes	Discrimination; Labelling; Segregation.
Resilience needs narratives	Social needs	Social inclusion; Recognition Acknowledgement

	Cognitive needs	Critical thinking; Creative thinking. Shared ideas
	Emotional needs	Affective bonds; Compassion; Solidarity Emotional regulation
	Professional mental health services.	Counselling; Accessibility
Resilience enhancing skills	Cognitive strategies	Control over thinking processes Reflective thinking; Divergent views; Self-contentment
	Cultural perceptions	Shared norms, values, beliefs and attitudes; shared language
	Intrapersonal skills	Self-confidence; self-esteem; self-awareness Self-assertiveness; self-interrogation
	Interpersonal relationship	Trustworthiness; Reciprocity; Companionship Shared concerns; Altruism; Cooperation
	Physical engagement	Recreational activities; physical exercising; civic engagement
	Emotional intelligence	Recognise emotions of self and others. Empathy; rationalisation of emotions
Resilience maintenance	Professional mental health services.	Acceptance; optimism; self-actualisation
	Spirituality	Religious teachings; forgiveness, tolerance

5.4.1 Theme 1: Psychological distress symptoms experienced by retrenched Workers

At this particular intervention stage, the emotionally charged participants expressed the painful experiences which they were going through after losing employment. This helped them to discharge some painful internal feelings as they expressed the experienced distress. They had a sigh of relief as they narrated the ordeal of employment loss. The participants were comforted as they found that they were not alone in this predicament. One of the limitations at this stage, however, was the failure by the participants to find appropriate words to describe the perceived psychological distress. The psychological distress narrated by the retrenched workers was split into 6 categories, namely; grief, mood dysphoria, defence mechanisms, cognitive dissonance, anger outburst, and negative stereotypes.

Table 21: Psychological Distress Symptoms Experienced by Retrenched Workers

Themes	Categories	Subcategories
Psychological distress symptoms experienced by retrenched workers.	Grief	Role confusion; Loss of belonging; Marital problems; Poverty
	Mood dysphoria	Low self-esteem; Loss of self-control; Loss of prestige and glowing reputation; Sadness; Loneliness; Shame; Frustration; Hopelessness
	Defence mechanisms	Denial; Magnifying
	Cognitive dissonance	Self-defeating thoughts
	Anger outbursts	Irritability Emotional instability
	Negative stereotypes	Discrimination; Labelling; Segregation

5.4.1.1 Category 1: Grief

As for presentation of qualitative data, the participants are represented by numerical values to keep their anonymity. The assigned numerical values correspond to the sequence of participants' list of names in Table 19. For example, the numerical value one represents the first participant and the last participant is represented by 19.

The participants had moments of grief following the loss of employment. The participants were for example asked on the self- perceived cognitive and social strengths left after losing employment. The following responses were given to the question by the participants:

Participant 17 responded as follows:

Eeee, my life is nowhere and nothing to talk about...look I just lost my job. Where can I get another one...tell me.

Participant 19 also uttered;

My future is ruined, I don't have a job (shaking head)...my children are out of school.

When asked on the social and emotional support received from family members after losing employment, the participants responded as follows;

Participant 10 said;

Oh, I did not get any family members support.

While participant nine also echoed;

I had the worst situation in my life...all my friends ran away from me when I lost my job.

Related sentiments were put across by participant 15;

I always pay a visit to my brother who does not in turn pay back. Therefore, I decided to remain alone at my home.

Participant 13 reiterated;

Because they cannot understand me, they come here (hospital) and say things which are not true.

The following remarks were made by participant one;

Let me emphasise the point...family members cannot understand us. They held a private discussion when I fell ill. When I was admitted, nobody visited me in hospital.

The participants were asked on the interpersonal relationships and social connectedness they had after retrenchment. The responses of the participants to the question showed that they had limited relational networks. The following responses were given;

Participant 11 said;

It's like, I separated with my wife because we didn't understand each other anymore... which worsened the situation.

Participant seven revealed;

He (husband) wanted to leave me because of my mental problem. I was told to go back to my own parents.

Related sentiments were given by participant 16;

My husband was having extramarital affairs which severely depressed me.... (tears dropping from her eyes).

The participants went on to elaborate that they had financial limitations and were struggling to afford the basic needs as revealed by the following remarks;

Participant 18;

We do not even afford to have food. Using my own example, the whole family is suffering I was the only breadwinner.

Similar sentiments came from participant nine;

I came out with nothing after working for 17 years. I was given nothing at all... (Scratching the head).

Participant six said;

My brother, I am suffering. Nobody wants to see me, and to help me... Is this life?

5.4.1.2 Category 2: Mood dysphoria

The participants' reports showed that they had mood dysphoria. The mood dysphoria category had seven sub-categories, namely; low self-esteem, loss of prestige and glowing reputation, sadness, loneliness, shame, frustration and hopelessness.

When asked questions regarding the perceived sense of self-esteem after retrenchment, the participants responded as follows;

Participant four;

I used to be worthy but am now useless. I am nobody.

Participant eight added.

Ash...I am finished, worthlessness and have nothing to show for my life.

Participant 14 raised the following concerns;

I don't have freedom... all of us, we don't have freedom... there is no freedom in everything. If you are retrenched, you become depressed.

Subsequent remarks were made by participant 18;

I cannot understand myself...my memory is very poor. I need someone to help me.

Participant two said;

Umm, I was mentally well before I lost employment but now I don't know what happened to my mind. I just can't think properly.

When responding to the question regarding the loss of social status and reputation, participants made the following sentiments;

Participants eight responded as follows;

My social status has gone... This worries me. I used to be respected by the whole community when I was working... I was proud of myself...

Participant 15 asserted;

I don't feel comfortable to go to public places... I feel ashamed.

The participants had a sense of sadness, loneliness, frustration and hopelessness as illustrated by the following remarks;

Participant 17 said;

I don't want to go near anybody even my family members who are not supportive.

Related views were put across by participant 12;

I was isolated...my weight decreased...Everything is boring. Can't you see it..? Nothing is moving.

Participant one revealed;

I could easily get bored...Nothing seems to be interesting at all. I am frustrated by what I see, hear...by everything.

Sentiments of lost hope also came from participant 15;

Um...there is no future, my brother. I have failed. I can't make it, and I am always alone.

Participant 19 had the following to say;

I am angry... They dumbed me after working for years. It pains me a lot, and I did not want to eat any food at all....

5.4.1.3 Category 3: Defence mechanisms

The participants used some defence mechanisms as they tried to resolve the perceived psychological distress. Ziegler (2016) and Nasirzadeh and Keraskian (2017) affirmed that defence mechanisms worsened the participants' dysfunctional and maladaptive behaviour patterns. The participants used denial and magnifying of the perceived psychological distress as defence mechanisms. The following responses on denial were made. Participant three said;

I can't believe what I am going through...it's not my portion...I never did anything wrong at all but look at me, I am suffering.

Some self-blame and attribution remarks were made by the participants. For example, Participant 11 stated;

I blame myself... (tapping the left leg on the floor).

Participant 13 revealed;

I blame my managers and the government...we were not protected.

Participants magnified the psychological distress, for example participant seven postulated;

I have got some big painful experiences. My mind is loaded with problems...It's too much...I can't bear it anymore.

5.4.1.4 Category 4: Cognitive dissonance

The loss of employment had detrimental side effects on the cognitive functions of the participants. They experienced cognitive dissonance in the context of self-defeating thoughts and wishful thinking. Bressert (2016) and Andiappan and Dufour (2017), note that the participants had feelings ranging from disappointment to betrayal and susceptibility to harm and uncertainty about the future, resulting in role disengagement. Participant 19 made the following sentiment;

I am confused. I don't know what I really want at the moment... I can't think properly.

Related report was given by participant five;

It's like things are going upside down in my mind... (touching the head with both arms).

Similar views emanated from participant 16;

My thinking is out of order. It's disturbed... I am nobody.

Participant 10 said;

Let me say, I don't understand my behaviour any more...my thinking.

Participant two stated;

Oh...one day, I will be great, yes, I am going to open a very big company ... I want to be the greatest man in the world.

5.4.1.5 Category 5: Anger outbursts

The participants reported having anger outbursts and being easily irritated. The anger outbursts adversely affected the interpersonal relationship among the participants. Tokuyama, Nakawo, Seto, Watanabe and Takeda (2003) and Deguchi, Iwasaki, Konishi, Ishimoto, Ogawa and Fukuda (2016) concur that anger outburst behaviour predict a lower level of social support and a higher level of role conflict. The following remarks were reported by the participants. Participant 19 affirmed;

I feel pained, especially when they look down upon me.

Participant seven said;

I hated my late father...I did not want to see him.

Participant 12 made the following contribution;

I was tortured and emotionally abused... (tears dropping from the eyes).

Participant three noted;

I don't feel like talking. I just want to rest myself... nothing else.

5.4.1.6 Category 6: Negative stereotypes

The participants had some negative thoughts which resulted from the loss of employment. They made efforts to deny the stereotype which depleted the remaining cognitive social resources. Kang and Inzlicht (2014), cited in Kulik, Perera and Gregan (2016), observe that participants try to avoid the stereotypical thoughts experienced and deny the perceived negative feelings. Most of the participants reported having experienced some negative stereotypes in the form of discrimination, segregation and labelling by the community

members. The various sentiments on mental illness stigma were given. For instance, participant eight revealed;

Nobody at home wants to sit near me, they don't share food with me...they isolate me for no reason.

The participants gave reports on discrimination and segregation. Participant four made the following input;

Ee...I was discriminated against by the family members including my own husband.

Similar remarks were given by participant 14;

If you are retrenched, you feel like an outcast.

Participant nine contributed as follows;

Others are saying bad things about me, talking behind my back because I was retrenched.

Sentiments of ill-treatment came from participant seven;

I was pushed and thrown on the ground by the security guards. I was heavily beaten all over my body... My whole body has wounds...This is our problem.

Labelling was reported by participants as having adverse effects. For instance, participant 14 said;

If somebody gets mentally disturbed and recover, community members keep on looking down upon you. They label you as mad person...You become useless.

Participant 17 reiterated;

It's very painful...I am always labelled as a mad man.

Participant 12 echoed;

My sister in law labelled me as mentally ill. She quickly rushed at me and beat me.

5.4.2 Theme 2: Resilience enhancing needs

Resilience-enhancement took place in the context of the participants' cultural norms of cognition, social relationships and emotional regulation. As suggested by APA (2017) and Cai, Pan, Zhang, Wei, Dong and Deng (2017), the participants needed to have contextual, cognitive, emotional, and social support. The participants were afforded the opportunity of discussing and coming out with ideas pertaining resilience enhancing needs. This helped to facilitate an informed and relevant resilience enhancing decisions. The participants with varied age groups, previous occupational experience and categories provided a wide range of effective resilience enhancing ideas. The resilience enhancing needs discussions revitalized the lost confidence and self-esteem. The participants who were still experiencing grief, however, found it difficult to be consistently attentive during the discussions. The narratives of the participants reflected the need for social, cognitive, emotional and mental health resilience enhancing needs.

Table 22: Resilience building needs

Themes	Categories	Subcategories
Resilience building needs of retrenched workers.	Social needs	Social inclusion; Recognition Acknowledgement
	Cognitive needs	Critical thinking; Creative thinking; Shared ideas
	Emotional needs	Affective bonds; Compassion Solidarity; Emotional regulation
	Professional mental health needs	Counselling; Accessibility

5.4.2.1 Category 1: Social needs

Social support provided essential protective factors for the participants to enhance resilience. The related meaningfulness of the participants' cognitive social thinking and behaviour patterns was understood to the degree of fitting the society's culture. Fairbrother (2011) and Rahat and Ihan (2016) viewed family members, friends, relatives, neighbours and counsellors as sources of social support. The participants reiterated various concerns related to social needs. The need to have social inclusion, recognition, acknowledgement and belonging was raised by the participants. For example, participant 6 revealed;

It's like I want to live together with other people peacefully, praying, avoid misunderstandings and stay with others peacefully.

Related views came from participant two as follows;

Family members cannot understand us. I need family members to understand us... I need to be given love...Ok.

Participant 10 reiterated;

Socially, we need friendship, acceptance and even appreciated... it's better that way.

Participant 18 said;

*When I do something good I must be thanked just like anyone else...
This makes me happy umm... What's wrong with that.*

Participant 10 revealed;

*I need family support as a retrenched person, then also, there is an
issue of acceptance, have to take the issue as it is.*

5.4.2.2 Category 2: Cognitive needs

The cognitive needs provided participants with some skills to interpret the meaning of behaviour and thought patterns. This could facilitate the formulation of resilience-enhancing strategies. Creative thinking was part of cognitive strategy needed by the participants to enhance resilience. Francis (2014) and Kuldass, Hashim, Ismail and Samsudin (2015) posit that the participants needed to be problem solvers by exercising critical and creative thinking. The participants unanimously viewed cognitive needs as crucial. They identified autonomy, creativity, sharing of ideas, and critical thinking as key elements of cognitive needs. Cognitive perceptions of autonomy were raised by the participants. For example, participant 19 made the following sentiments;

*I mustn't be dependent too much on other people. My decisions must be
personal and free from interference.*

Participant 13 had the following input;

I don't want people who make decisions for me... I have my own senses.

Participant 15 reported;

It is high time for the family members and friends to show us respect by not telling us what to do most of the time... We think on our own.

The need to be creative was considered as essential by the participants. For instance, participant 19 revealed;

An idle mind is the workshop of the devil. Our minds must be kept busy... I need to be occupied to make my mind busy.

Participant nine asserted;

I wanted to say (Bible quotation)... a lazy person is worse than an ant. We must be occupied by things which are good.

Participant 14 postulated;

I need skills, I want to be trained, the organisations should give us training, skills-cognitive.

Related sentiments came from participant 11 who said;

Keep your mind... be occupied by running income generating projects.

Participant 19 remarked;

Oh, it's horrible to tell you that at my age, I don't have freedom; they say I am not able to run my own life. Just tell me, is this life?

The need to share some ideas was reported by the participants as part of the cognitive needs. For instance, participant three said;

It is not good at all to think that you know everything... You make a lot of mistakes... (biting the small nail).

Participant four contributed as follows;

There is need to cross-pollinate ideas. This helps a lot to strengthen our thinking.

Related contributions came from participant eight as follows;

We grow up as a collective society; We share ideas and knowledge to build our mind.

Similar sentiments were given by participant five;

We share views as a community but not as one person, but as a group.

The need to have critical thinking skills was regarded as essential by the participants. For example, participant four said;

It is always a problem to be told what to do without thinking about the idea. You need to think twice and compare your ideas... (rubbing hands against each other).

Participant 18 echoed;

I don't take things for granted.... I think and listen to my mind, not people.... It's important to think in detail about retrenchment and resilience so that we adjust to the problem.

5.4.2.3 Category 3: Emotional regulation needs

The participants needed to be closely attached to each other as they participated. The skills to control emotions strengthened the resilience-enhancing opportunities. As put across by Bonior (2014) and Braunstein, Gross and Ochsner (2017), the participants had to regulate emotions by remaining silent in an explosive situation while planning to speak up at another time, thereby constructively using the anger to identify problems and suggest solutions. The emotional regulation needs were put across by the participants as they shared ideas. The participants desired to have affective bonds, compassion and solidarity. For instance, participant two noted;

First of all, you have to accept that people around you are not the cause. If you are self-aware you can express your emotions well, for example, you need to control anger.

Participant 10 contributed as follows;

I need strong connections with my family members and friends.... This feeling is missing in me... (looking down).

The participants felt the desire to receive compassion and solidarity. For example, participant 19 made the following remarks;

I need someone who feels sorry for me... whose heart sympathises with me, it pains to lose a job especially when there is no hope to find another.

Participant 8 reiterated;

To feel the way I feel and go a step ahead and help me in my life...I need help. The way how I feel is important. This must be respected. Let me say, I need to have patience....

5.4.2.4 Category 4: Professional mental health services

The participants desired to access some professional mental health services. The limited number of professional services made it difficult for the participants to realise the need. Marimbe, Cowan, Kajawu, Muchirahondo and Lund (2012) and Madhombiro, Dube, Marimbe and Mutsvuke (2017) posit that mental health services are inadequate in low-income countries such as Zimbabwe, and families are expected to provide care for their relatives.

When responding to the question regarding the need for mental health services, the participants responded as follows;

Participant 15;

Socially, there is a need for counselling ...at family, level, there is a need for counselling.

Participant five said;

Let me say...I defaulted on my medication....”

Participant 12 indicated that;

Sometimes, this can contribute to one failing to take medication. One may prefer traditional medicine... I believe in my tradition that... gives mental peace.

5.4.3 Theme 3: Resilience-enhancing skills

The participants' resilience-enhancing strategies were understood in the context of the society, cultural norms of cognitive and interpersonal relationships. As affirmed by Freitag, Abramson, Chalana and Dixon (2015) and Shea, Menon, Smith and Emich (2015) the participants had to establish cognitive social capital networks in the context of their culture to enhance resilience. The building of trust constitutes the initial stage of the CSC model. The sense of trust promoted cohesiveness and mutual sharing of resilience enhancing ideas among the participants. The participants had a sense of team work built on cognitive aspects of trust, honest and reciprocity. The participants learnt to respect each other and accept the divergent views to attain and maintain peace of the mind. Through social interactions, the participants developed social skills to relate to each other. The narratives of the participants reflected some resilience-enhancing skills namely cognitive skills, cultural perceptions, intrapersonal skills, interpersonal relationship, physical engagement and emotional intelligence as shown on table 23 below.

Table 23: Resilience enhancing skills

Themes	Categories	Subcategories
Resilience enhancing Skills	Cognitive skills	Control over thinking processes; Reflective thinking; Divergent views; Self-contentment
	Cultural perceptions	Shared norms, values, beliefs and attitudes; Shared language
	Intrapersonal constructs	Self-confidence; Self-esteem; Self-awareness; Self-assertiveness; Self-interrogation
	Interpersonal relationship	Trustworthiness; Reciprocity Companionship Shared concerns; Generosity; Altruism; Cooperation
	Physical engagement	Recreational activities; Physical exercising; Civic engagement
	Emotional intelligence	Recognise emotions of self and others; Empathy; Rationalisation of emotions

5.4.3.1 Category 1: Cognitive skills

The participants' mental toughness to persevere and successfully thrive in the context of adversity enhanced resilience. As proposed by Jones, Hanton and Connaughton (2007), Wampold (2009) and Oanes, Anderssen, Borg and Karlsson (2015), the participants had the capacity to respond positively when exposed to negative, traumatic, or stressful experiences. The cognitive skills included control over thinking processes, reflective thinking, divergent views and sense of satisfaction. Control over thinking processes was one of the elements of cognitive skills which were reported by the participants. For instance, participant 19 contributed as follows:

We can dispel irrational thinking by positive thinking and avoid negativity...don't pay attention to bad thoughts.

Participant 11 concurred;

Let me emphasise the point...positive talk, what you say is what you get... You must have positive thinking, ... we can get another job.

Related contributions were made by participant three as follows;

We can get rid of bad thinking by having a good mind and being active in life rather than sitting around.

Participant 17 said;

Um...cognitive provides a sense of belongingness, it also gives identity and relaxation techniques.

The following sentiments emanated from participant nine;

Be yourself, don't allow the surrounding to control your thinking ways.... If your situation is bad to find the solutions to solving the situation.

Reflective thinking was also considered by the participants. For instance, participant two said;

It makes sense to revisit thinking patterns...try to get the meaning and purpose of that action.

Participant six had related views;

My ways of thinking must not go against the ideas of others... I must try to examine them....

Participant five reiterated;

Aaa...try to measure your thinking system according to the rules you set yourself. I reflect and remind myself what I must do....

Divergent views were other elements of the cognitive views which were included in the discussions. For instance, participant eight echoed the following sentiments;

*United we stand, divided we fall. We need to be united in our views...
Let's try not to take things for granted.*

Participant 18 reiterated;

It does not matter who comes out with the ideas. All I need is to improve my resilience...We came from different places, but we put our ideas together is it not good... (smiling).

Participant one gave the following views;

I can accept criticism...I must introspect on my mistakes...I must try to be good.

Related sentiments were put across by participant 16;

One should realise in life that we are bound to make mistakes sometimes, and to refuse to accept criticism hits the whole programme.

Participant nine had this to say;

Uh...we must be able to distinguish that criticism is different from the allegations. Criticism builds you up...If you don't accept criticism, then your leadership is in doubt.

Participant 13 said;

First of all, you need to evaluate whether it's positive or negative criticism, then after... you decide whether you are going to take upon what you have been told or you are going to leave it. You need to do it in a manner that does not anger the one who is giving you advice or something of that sort.

The following contributions came from participant seven;

The divergent views help us to know the signs and symptoms and to predict and control the damage to mental health... (looking upwards).

A sense of satisfaction was an aspect of the cognitive skills raised by the participants.

Participant 19 gave the following sentiments;

I am contended with what I have...Even though my mood sometimes changes, I can control my mind.

Participant 15 restated;

That's why people say in our culture. We have learned to receive our portions of life...good and bad, it's ours.

Participant eight reiterated;

Organise your thinking pattern ...you must not envy what is not yours.

Participant three echoed;

We must have focus in life, we must have future plans...find the means or be creative to get money.

Participant 12 contributed as follows;

If you ignore something bad helps you to avoid problems... I must have self-introspection.

5.4.3.2 Category 2: Cultural perceptions

The cultural perceptions and inclination shaped the participants' way of cognitively processing resilience-enhancing information. Kang and Suedo (2004), Mishira and Dasen (2010) and Kastanakis and Voyer (2014) note that the participants' preferred habitual modes of perceiving, remembering, organising, processing, and representing information are influenced by the cultural perceptions. The participants gave their views on cultural

perceptions as consisting of shared norms, values, beliefs, attitudes and language. For instance, participant seven said;

Um...in different cultures, there are norms one has to follow. We have to go by those norms to build good mental health.

Participant 11 contributed as follows;

No wonder why we need to psycho-educate the society on giving a proper local cultural definition of mental health so that people really know what they are talking about.

Participant three revealed;

We can have mental health campaigns. For example, we can go to the public places and educate people about mental disorders, give them the real meaning. People have been culturally misled when it comes to these disorders, so this can educate....

The following views came from participant nine;

Eh...participation and involvement in cultural activities enhance resilience. It also depends on culture, how the person perceives, is it wrong or not depends on a person's culture to accept diversity.

Participant 17 had to say;

Usually due to culture, we have extended families. I got worried because I won't be able to support them.

Participant four revealed;

My father was a garden boy. We were eleven children. Only the boys were sent to school.

5.4.3.3 Category 3: Intrapersonal constructs

The participants' intrapersonal constructs served as the source of self-belief and conviction to tackle the perceived psychological distress. The participants' knowledge and attitudes towards the self and the environment were shaped by the intrapersonal skills. Poulou (2010) and Averett, Crowe and Hall (2015) note that the intrapersonal skills increased pro-social behaviours and decreased hyperactivity and aggression. The following constructs were considered essential by the participants; self-confidence, self-esteem, self-awareness, self-efficacy, self-assertiveness, self- and interrogation. For example, participant six made the following contributions;

Give yourself confidence; you must not be divided by what is happening outside... (Tapping one of the feet on the floor).

Participant 13 echoed;

Have a sense of conviction that you can do the task or solve the problem...don't depend on someone else to do everything for you...this gives a sense of courage and confidence.

The participants reported on self-esteem, self-awareness and self-assertiveness.

Participant five noted that;

The strengths which I realised is when you know yourself - you know exactly what you want to do. I must put things together, make things happening... keep me in that area alone.

Participant 14 made the following input;

You are the one who is aware of the problem; you must not listen to what the society is saying because you are the one who needs help.

Participant three said;

People must not sound own trumpet...Do not be boastful, try to avoid copying cats.

Participant 12 contributed as follows;

If you know these symptoms, there is room for avoidance and self-awareness to enhance resilience.

Participant nine revealed;

When you know yourself, you can reflect on the things that happened when you were retrenched... if it's me who was wrong or not... At the end of the day, these two self-awareness and this system like a church can give you hope for tomorrow which can really be helpful.

Participant 18 posits;

I must be assertive in my decisions...support my decisions and intentions.

On self-interrogation, participant four made the following remarks;

I always read and keep on getting new ideas.

Participant two had to say;

I ask myself if my thinking and behaviour don't disturb people around me...what are the people saying about me. I need to know that and correct myself.

5.4.3.4 Category 4: Interpersonal relationships

The participants were embedded in the social fabric and interpersonal connectedness as they interacted in group activities. They built some culturally aligned interpersonal skills characterised by communication, empathy, active listening and cognitive competence (Mauss, Shallcross, Troy, John, Ferrer, Wilhelm & Gross, 2011; Mutanana, 2016; Skinner, McPherson, & Simpson, 2016). The participants identified interpersonal relationships as consisting of trustworthiness, reciprocity, companionship, generosity, altruism, sharing concerns, and cooperation. The participants made sentiments on trustworthiness and reciprocity. For instance, participant 19 postulated;

After retrenchment one will have self-blame - if there is trust and reciprocity that self-blame will go away.... This will contribute to a peaceful mind-set... planning is possible where there is trust.

Participant 10 echoed;

If you share your problems, you find that your problems are not unique to yourself and there are other members who have gone through similar trials and tribulations.

Participant 18 made the following sentiments;

I trust my young sister whom I always ask for help. She helped me with seeds to plant.

Participant 11 reiterated;

Eh, I trust one of my best friends. The wife is a doctor, husband owns a business, and they stood by me in the most critical times. On a family level, I have got my little sister, she understands me better than anyone else.

Participant six concurred;

Trustworthiness is helpful. I need to have trust in my own family... my own two children should have trust in us their parents.

Participant 19 revealed;

Trust and talk to some friends, find a friend and tell problems.

Related contributions were made by participant 14 as follows;

To a greater extent, trustworthiness can enhance resilience by creating an environment of entrepreneurial ideas. For example, we are three... retrenched from a company that used to make cars. We know that we all have the expertise to form our own company. Each ... can contribute towards success. So it's creating entrepreneur ideas.

Participant one said;

We have to understand each other... If alone, you may think badly, may end up in self-talk. It is better to have someone whom you will be talking to.

Subsequent views emanated from participant 15 as follows;

Reciprocity contributes because we know that we will be moving together and we have the same goal.

The participants reported the sharing of psychological distress concerns and having companionship as essential. For instance, participant five reported;

When someone is retrenched, it's better to share painful experiences.

Well, I seek a friend's help whom I can share my problems so that my mind should have peace.

Similar sentiments came from participant 15;

I shared ideas with my brother ... when he told me how to source money. You must look wide and see where you can get money. The love of money is a root of evil, but money is not evil or a problem.

The participants made sentiments on cooperation. For example, participant nine said;

I get help when living peacefully as a family. Help each other with problems as a family. If living alone, not sharing problems, this can cause mental problems.

Participant six said;

Move forward...If somebody is going against that thing cannot succeed, but if supported by family members, you can make future plants.

Participant four had to say;

I expected to be united ...this can help me mentally.

Participant 19 revealed;

Social support provides links and employment opportunities for friends and members of society. There is the provision of support from people of the same predicament.

The aspects of generosity and altruism were considered, as shown by responses made by participant 16

It's about my heart... my inside feeling that I derive joy whenever I serve my friend from problems. This gives me a peaceful mind so we must not be cruel.

Related contributions were made by participant three as follows;

If I help... you can do the same to me even it's there in the Bible that we must love one another...acceptance from family members. They must give ideas and also counselling....

5.4.3.5 Category 5: Physical engagement

The participants had to keep themselves mentally and physically busy as a strategy for enhancing resilience. They devoted themselves in goal-directed and time framed physical activities. The activities included strolling, jogging, listening to culturally aligned favourite music, and playing and watching games of own choice. As proposed by Breene (2013), Benna (2015) and Deborah and Smith (2016), the participants build confidence and became cognitively and socially competent to resolve the perceived psychological distress. The sense of self-control and discipline was instilled among the participants as they engaged in physical activities. The participants commented on their participation in recreational activities, physical exercises, and civic engagement activities as essential aspects of physical engagement. For example, participant nine said;

Listen to good music and do some recreational activities. I would buy my own radio and play music... (scratching head).

Participant 12 contributed as follows;

Engage in pleasurable activities such as reading novels, watching movies other social activities like that.

The participants reported on the role played by physical exercise to enhance resilience.

Participant 14 said;

I used to jog using regalia of the opposition party and my family objected. They feared for me and themselves.

Participant seven had this to say;

You can go for a sport which is good for the mind.

Participant one reported;

Then socially participate in sport or jogging...need to be busy.

The sentiments on civic engagement activities were made by the participants. For instance, participant 18 gave the following view;

We can dispel irrational thinking by socialising with others, like gathering in different social settings.

Participant 10 said;

Umm... go to church, visit former workmates and the society at large... have connections which can give an opportunity to network with people who can help...to start something which can build hope.

Participant 19 echoed;

Eeee... teamwork like going to church... participate in social activities.

5.4.3.6 Category 6: Emotional intelligence

As part of the resilience-enhancing strategy, the participants made remarks on emotional intelligence. This helped them to have some constructive cognitive social behaviour during group discussions. As noted by Bradberry and Greaves (2009) and Salovey and Mayer (1990), cited in Bedi (2017), the participants should perceive, appraise and express emotions constructively, which leads to life satisfaction. They need the ability to recognise and rationalise emotions of self and others. The following contributions were made by the participants. Participant two said;

What you should do is what we call emotional intelligence, you should know your emotions and be able to manage emotions in different ways whereby you deflect those emotions to non- human objects like that. You should know that there is a mood of every time and place. Sometimes, it is necessary to maintain your emotional distance.

Participant nine said;

In emotions, you have to be assertive and self- restraining like one of us who is self-restraining.

Participant 17 noted;

I want things to be done faster. There is need to adjust. One must have patience.

Participant eight had this to say;

*Avoid confrontations. On point of focus, I must have patience and time.
You can have smile and this gives peace and unity.*

Participant 14 noted that;

Emotional support provides love... the family needs to provide positive feelings of support ...

5.4.4 Theme 4: Resilience maintenance

The sustainability of resilience-enhancing strategies among the participants took place through strengthening interconnectedness and interdependence of the social fabric. The ethno-cultural traditions of cognitions and relations enhanced the sustainability of resilience. Angioli (2012) and Pushnik and Hatfield (2016) submit that the participants had the cognitive social aptitude of preparedness to deal with both predictable and instantaneous psychological perturbations. The collaborative dealing of employment loss grief was emphasised by the participants. The participants encouraged each other to be honest, trustworthy and optimistic. However, the sense of belonging and desire to be accepted contributed to conformity behaviour and thinking patterns. This jeopardised the growth of creativity and flexible thinking essential for resilience enhancing. As reported by the participants, the resilience maintenance theme had 2 categories; professional mental health services and religion and spirituality.

Table 24: Resilience maintenance

Themes	Categories	Subcategories
Resilience maintenance	Professional mental health services.	Acceptance Optimism Self-actualisation
	Religion and Spirituality	Religious teachings Forgiveness Tolerance

5.4.4.1 Category 1: Professional mental health services

At the level of acceptance, the participants had the zeal to boldly attend to perceived psychological distress. They had the proficiency to interpret and deal with the pending and perceived distress. Brown and Ryan (2004,) cited in Ainsworth, Bolderston and Garner (2017) and Jibeen (2015), posit that, at the acceptance level, the participants had attentive and receptive mindfulness to internal and external distress. Participant 12 said;

I was well handled at Annex hospital. I was well treated. I had a headache, and I was initially withdrawal.

Participant five contributed as follows;

Then there is a need for counselling whereby you go to a specialist who can help you... on going in the right direction.

Related response was given by participant one thus;

There is also family therapy. Members can get some enlightenment on how to treat and co-exist with the retrenched individuals.

Participant 15 revealed;

If someone is retrenched, I need to educate the community members, give them the importance of professional help.

Participant 10 said;

The mental health department should have held an awareness of mental illness. There is need for education. Try and manage time, seek mental health service, visit a psychologist.

Some various dimensions were given on optimism by the participants. For instance, participant four said;

Umm, retrenchment is not the end of the world...you can find some other things to make money.

Participant 19 said;

Retrenchment can open doors for self-employment though using skills and experience from former employment, and this offers opportunity for self-reliance.

Participant five stated;

The first one is to accept the retrenched situation. We must accept it.

The participants made different responses on self-actualisation. For instance, participant 13 revealed;

It gives me peace of mind when I work and see myself successful. This motivates me to do more and more until I reach the highest point of success.

Participant two had to say;

I want to be at my best, my highest point of success. It's possible...why not. I have read about the great people. This inspired me to do the same...

5.4.4.2 Category 2: Religion and Spirituality

Spirituality inculcated values of religious teachings, forgiveness and tolerance among the participants. The participants became generous and responsible for the improvement of psychological well-being. The participants had the peace of the mind which sustained resilience. As put across by Ivitza, Chan, Gardner and Prashar (2013), Reed and Neville (2013), and Henriksen, Polonyi, Boswell and Watts (2015), spirituality deepened self-awareness, confidence and understanding of the others, which sustained resilience. Spirituality was one of the strategies of resilience maintenance, which emanated from the participants. Religious teachings, forgiveness, and tolerance constituted the elements of spirituality. The participants gave varied remarks on religious teachings. For instance, participant eight expressed the following views;

I depend on.. much in prayer. If I get a word of God, peace comes to my mind. The Bible gives peace. You can be resourceful to start your own business.

Participant 16 echoed;

Morally, when I pray, read a Bible, this gives me peace.

Participant 12 had to say;

When I was praying, I saw a white cloud, but when I shared with my relatives, they labelled me as insane.

Participant 17 contributed as follows;

If I have faith, my mind becomes refreshed. As Christians, we must have faith. I attend church services which give hope for another job.

Participant nine said;

I discovered in my walk with the Lord for 37 years. There is a word of God in every situation. This gives me a source of hope. We must encourage people to be resilient. There is a higher order or power.

Participant six remarked;

With, God nothing is impossible. We can do everything through Christ.

Participant 9 stated;

Elijah told his enemy Ahab to repent... he helped Ahab.

Participant 19 contributed as follows;

We can dispel irrational thinking by.... having faith in God...Have faith in God, trusting God can do something about your situation.

Participant two made the following input;

I need the word of God to give me hope ... No matter what people say about me. I need the spiritual help.

The following reports were made by the participants on forgiveness. For instance, part 7 said;

I must have a forgiving heart. I forgave the security guards who physically assaulted me. If I don't forgive, God cannot forgive me as well.

Participant 14 made the following sentiments;

I later realised that I had to forgive him. All those emotions which I had, such as hating, ignoring, no communication I refuted them all after having a forgiving spirit.

Participant 18 had to say;

Eh...people are not the same in their thinking and we need to learn to live together despite our differences...we have to tolerate each other.

Participants raised various views related to tolerance. For example, participant three gave the following views;

To love another man is the best way...Love your enemy... If you love somebody who hates you, this can help and give peace.

Related sentiments were put across by participant 13 as follows;

We can dispel irrational thinking by.... having faith in God...Have faith in God. Trusting God can do something about your situation.

Table 25: A summary on the strengths and weaknesses of CSC model

Themes	Strengths	Weaknesses
Theme 1: Psychological distress symptoms experienced by retrenched workers	<ul style="list-style-type: none"> This helped them to discharge some painful internal feelings as they expressed the experienced distress. The participants were comforted as they shared the perceived distress. 	<ul style="list-style-type: none"> The failure of the participants to find appropriate words to describe the perceived psychological distress.
Theme 2: Resilience enhancing needs	<ul style="list-style-type: none"> Resilience-enhancement took place in the context of the participants' cultural norms of cognition, social relationships and emotional regulation. The participants developed some social skills to establish and maintain interpersonal relationship with each other. The resilience enhancing needs discussions revitalized the lost confidence and self-esteem. 	<ul style="list-style-type: none"> The participants who were still experiencing grief found it difficult to be consistently attentive during the discussions.
Theme 3: Resilience-enhancing skills	<ul style="list-style-type: none"> Guided by the shared norms, the participants learn to respect each other and the need to uphold 	<ul style="list-style-type: none"> Some overzealous participants set some unrealistic resilience enhancing skills.

	<p>peace of the mind.</p> <ul style="list-style-type: none"> • The participants had a sense of team work built on cognitive aspects of trust, honest and reciprocity. • The participants learnt to respect each other and accept the divergent views to attain and maintain peace of the mind. • Through social interactions, the participants developed social skills to relate to each other. 	
Theme 4: Resilience maintenance	<ul style="list-style-type: none"> • The participants exercised tolerance of divergent resilience enhancing ideas. • The values of teamwork in problem solving were emphasised by the participants. • The participants encouraged each other to be honest, trustworthy and optimistic. 	<ul style="list-style-type: none"> • The need to be accepted contributed to conformity behaviour and jeopardised the growth of creativity and flexible thinking essential for resilience enhancing.

5.5 CONCLUSION: INTEGRATION OF QUANTITATIVE AND QUALITATIVE RESULTS

As alluded to earlier, the mixed method approach makes it possible for the qualitative and quantitative findings to be merged, compared and corroborated. The results complement each other and enhance the validity and reliability of the study. The similarities and differences of the results were considered in the context of enhancing-resilience among the retrenched workers. Below is a comparison and integration of quantitative and qualitative findings. The data from the qualitative instruments, namely; semi structured interviews and focus group discussions, was compared and integrated with data from quantitative instruments, namely; pre-intervention, post intervention and clinical observation. The research aim and objectives were considered during the interpretation and integration of findings.

5.5.1 Personal competence

The pre-intervention quantitative findings in Table 3 revealed that 88% of the participants had low self-esteem accompanied by role confusion. Clinical observation during the pre-intervention also showed that 88% of the participants had neglected personal hygiene. This was also reflected on the qualitative results shown on theme one, category one, sections 5.4.1.1 and 5.4.1.2 where the participants' narratives depicted disintegrated personal competence. For example narratives from participants seventeen; nine and eight showed loss of hope and self-esteem following retrenchment.

5.5.2 Social competence

The pre-intervention quantitative findings in Table 4 revealed that 82% of the participants found it difficult to initiate and maintain social relationships. During clinical observation, it was found that 98% of the participants had gloomy facial expressions which suggested depressed mood. This corresponded to the qualitative findings on theme one category one section 5.4.1.5 as shown by the following narrative extracts examples;

Participant 19 said;

I feel pained, especially when they look down upon me.

Participant seven affirmed;

I hated my late father...I did not want to see him.

Participant four made the subsequent remarks;

I used to be worthy but now useless, I am nobody.

5.5.3 Family coherence

The quantitative data analysis at the pre-intervention phase in Table 5 indicated that 72% of the participants had restrained family interpersonal relationships. This was in tandem with the qualitative findings on section 5.4.1.2 where the participants described themselves as having disjointed family structures. For example participant 11 said;

It's like, I separated with my wife because we didn't understand each other anymore... which worsened the situation.

5.5.4 Social support

The pre-intervention quantitative data analysis results on Table 6 showed that 88% were not able to get social support. 10% of the participants were observed shedding tears as they gave an account of how they were isolated by their own relatives. The findings were related to the qualitative results as participants cited problems of being isolated. The narratives of the participants taken out from section 5.4.1.2 revealed lack of social support. The following are examples of narrative extracts from participants.

Participant 12 revealed;

I was isolated...my weight decreased...Everything is boring. Can't you see it...nothing is moving.

Participant one concurred;

I could easily get bored...nothing seems to be interesting at all. I am frustrated by what I see, hear...by everything

5.5.5 Personal structure

The pre-intervention quantitative results on Table 7 showed that 90% of the participants viewed themselves negatively. The clinical observation illustrated that 68% of the participants were unable to concentrate for more than 45 minutes during the pre-intervention phase. They lacked confidence and had a negative view of the self and the environment. The findings corresponded with the qualitative data analysis on category 3 section 5.4.1.3 where the participants' narratives showed self-blame. The following are examples of narrative extracts from different participants.

Participant 11 said;

I blame myself... (tapping the left leg on the floor)

Participant seven remarked;

I have got some big painful experiences. My mind is loaded with problems...It's too much...I can't bear it anymore.

Participant three said;

I can't believe what I am going through...It's not my portion...I never did anything wrong at all but look at me. I am suffering.

5.5.6 Personal competence

During the post intervention phase, the quantitative data analysis findings on Table 10 showed that 92% of the participants had improved on personal competence. The findings concurred with the analysed qualitative data shown on section 5.4.3.3. The participants claimed to have gained self-confidence as illustrated by the following examples of narrative extracts:

Participant six made the following contributions;

Give yourself confidence; you must not be divided by what is happening outside... (Tapping one of the feet on the floor).

Participant 13 echoed;

Have a sense of conviction that you can do the task or solve the problem...Don't depend on someone else to do everything for you...This gives a sense of courage and confidence.

Participant five noted;

The strengths which I realised is when you know yourself - you know exactly what you want to do. I must put things together, make things happening... keep me in that area alone.

Participant 14 made the following input;

You are the one who is aware of the problem, you must not listen to what the society is saying because you are the one who needs help.

5.5.7 Social competence

The analysed post intervention quantitative data findings on Table 11 showed that 90% of the participants had recovered on social competence. The findings corresponded with the qualitative narrative findings in section 5.4.3.4. The participants were able to initiate conversations, accept and tolerate individual differences as illustrated by the following narrative extracts examples:

Participant 10 disclosed that;

If you share your problems, you find that your problems are not unique to you and there are other members who have gone through similar trials and tribulations.

Participant 18 made the following remarks;

I trust my young sister whom I always ask for help. She helped me with seeds to plant.

Participant 11 reiterated;

Eh, I trust one of my best friends. The wife is a doctor, husband owns a business, and they stood by me in the most critical times. On a family level, I have got my little sister, she understands me better than anyone else.

5.5.8 Family coherence

The post-intervention quantitative data analysis on Table 12 revealed that 92% of the participants had drastically improved on relating to each other as members of the same family. In comparison with the quantitative data analysis, related qualitative narrative results on section 5.4.3.4 showed an improvement in family coherence among the participants. The participants regarded the family members as the primary source of social support as shown by the following narrative extracts examples:

Participant nine said;

I get help when living peacefully as a family. Help each other with problems as a family. If living alone, not sharing problems, this can cause mental problems.

Participant three had to say;

If I help... you can do the same to me. Even it's there in the Bible that we must love one another...acceptance from family members. They must give ideas and also counselling....

5.5.9 Social support

The analysed quantitative data during the post-intervention phase shown on Table 13 revealed that there was an improvement of social support among the participants. The social support post intervention results showed that 88% of the participants showed an improvement in social support. The findings concurred with qualitative narrative extracts from section 5.4.3.4. The participants desired relational networks as illustrated by the following examples of narrative extracts:

Participant 19 said;

Social support provides links and employment opportunities for friends and members of society. There is the provision of support from people of the same predicament.

Participant 16 reiterated;

It's about my heart... my inside feeling that I derive joy whenever I serve my friend from problems. This gives me a peaceful mind so we must not be cruel.

5.5.10 Personal structure

The post intervention quantitative results on Table 14 showed that 88% of the participants had gained self-confidence. The narratives on the qualitative results in section 5.4.3.5 concurred with the quantitative findings. The following are examples of the responses.

Participant nine said;

Listen to good music and do some recreational activities. I would buy my own radio and play music... (scratching head).

Participant 12 contributed as follows;

Engage in pleasurable activities such as reading novels, watching movies other social activities like that.

5.5.11 Paired t-test for the pre and post intervention assessment

The t-test inferential statistics showed that the pre- and post-intervention scores were positively correlated ($r = 0.607$, $p < 0.001$). It can be concluded that there was a significant statistical improvement of resilience among the participants at the post intervention phase as compared to the pre intervention stage. This is illustrated in Table 16 where the calculated t value of 36.582 was greater than the table value of 8.610 at an alpha level of 0.001 with degrees of freedom of 4. The t-test inferential statistics were in concordance with the narratives of the qualitative results from section 5.4.3.1

Participant 11 says;

Let me emphasise the point...positive talk, what you say is what you get... you must have positive thinking... we can get another job.

Participant two said;

It makes sense to revisit thinking patterns...Try to get the meaning and purpose of that action.

Participant three reveals;

We can get rid of bad thinking by having a good mind and be active in life rather than sitting around.

5.9 CHAPTER SUMMARY

The chapter gave an analysis of the data collected. The information was presented in the form of tables. The participants' biographical data was shown and analysed. The pre-intervention assessment of the participants' resilience level was presented. The post-intervention evaluation responses of the participants were presented. Data from the clinical observation and t-test inferential statistics was presented and analysed. Themes, categories and sub-categories were also presented and analysed.

CHAPTER 6

DISCUSSION

6.1 INTRODUCTION

The discussion in this chapter is based on the data collected and analysed using the previously spelt out concurrent triangulation mixed method convergence techniques. Semi-structured interviews and focus group discussions were used as qualitative data collection instruments. The data gathered was grouped into 4 themes. The clinical observation, pre-and post-intervention were used as quantitative data collection instruments. Some statistical inferences on the efficacy of the intervention were drawn from the paired t-tests.

6.2 DISCUSSION

The chapter focuses on the discussion of the study findings. The study employed the concurrent triangulation mixed method convergence design which facilitated the collection and analysis of both quantitative and qualitative data. The separately collected and analysed data was merged and interfaced. The discussion considers the biographical data of the participants, the pre- and post-intervention assessment results based on the Resilience Scale for Adults (RSA). The four themes that emerged during data analysis, and related categories, are discussed. Conclusions and recommendations related to the study findings are considered in the next chapter.

6.2.1 Biographical data of participants

The biographic data of the participants varied and this promoted resilience-enhancing thinking behaviour. The different marital status, educational qualifications, occupational designations, experiences and age groups had a bearing on shared resilience-enhancing strategies among the participants. As conceptually linked to the ecological model of symbiotic relationships, participants had some extended families to look after, irrespective of their marital status. The marital status also gave a reflection of the level of cognitive social protective factors available to the participants. The findings were consistent with the findings by Wade, Hart, Wade, Bajaj, and Price (2013) that married participants enjoyed more

resilience-enhancing support than unmarried. The married participants were likely to have expanded cognitive social protective factors as compared to the unmarried and divorced participants. They had close confidants who offered encouragement and assurance essential for resilience-enhancement. The endured psychological distress was, however, not directly proportional to the marital status. In the context of socio-centric culture found in Africa, and Zimbabwe in particular, participants exchanged resilience-enhancing friendly visits irrespective of marital status. The numerous dependents came with overwhelming responsibilities. This contributed to the worsening of the psychological distress among the dependents rather than ameliorating it.

Similar to the adaptive phase of the thriving theory of resilience building, the participants' cognitive social strengths of analysing the resilience-enhancing strategies were related to the attained educational level. The different educational qualifications of the participants instilled a sense of cognitive competency to resolve the psychological distress. This was consistent with other studies which showed that education helped to develop a greater sense of control of life events irrespective of external circumstances (Ross & Microwsky, 2011; Ross & Wlligen, 1997 cited in Hill, Cook & Whitfield, 2014). The participants discussed and shared resilience-enhancing ideas as equal partners, irrespective of the differences in educational qualifications.

As related to the different multi levels of the ecological model, participants had different previous occupational sectors, designations, experiences and age groups. The different occupational categories and age groups served as stimulants of ideal behaviour and thinking patterns to build resilience. The divergent resilience-enhancing perceptions and thinking patterns were collaboratively scrutinised and utilised. The participants pooled ideas together, which improved the quality of resilience-enhancing decisions. This was related to the findings of Gallagher, Muldoon and Pettigrew (2015) and Morimoto and Shimada (2015), that the participants held different beliefs on causes and management of psychological distress. It was, however, unlikely that participants from different previous occupational categories and age groups felt the same severity of the psychological distress. They had varied interpretation of the perceived distress, and sometimes contradicted on the relevance and efficacy of shared resilience-enhancement strategies. The contradictions prompted

extensive elaboration of the contested resilience-enhancement ideas. This promoted active participation and confidence building among the participants.

6.2.2 Perceived psychological distress of retrenchment

Conceptually connected to the deteriorating phase of the thriving theory of resilience, the loss of employment through retrenchment made the participants prone to devastating psychological distress. The awareness of psychological distress signs and symptoms was essential for initiating timely intervention. Institute of Medicine, Board on Health Sciences Policy, Planning Committee on Workforce Resilience Programmes (2012) and Meyers (2014) concur that, unless the real problems are understood, it is not possible to develop an effective intervention programme. The conscientisation stage of the CSC model considers the participants' knowledge of the distress as essential. The findings were consistent with other studies that show that timely support helps to reduce the severity of the psychological distress (Gulliver, Griffiths, Christensen & Brewer, 2012; Reijnders, Heugten & Boxtel, 2012).

Related to the microsystem of the ecological model and deteriorating phase of thriving theory of resilience, the participants felt betrayed by former employers and had moments of intra-sense breaking. They experienced mind blindness in the form of role confusion and became unaware of the self and others. They perceived the loss of employment through retrenchment as a disaster which was linked to the thriving theory of resilience. They had a discontent of the real self. The reality and purpose of life vanished in the face of adversity of employment loss. Tang, Shum, Leung, Chen and Salkovskis (2013), Cohen, Bowen, Holt, Allison, Auyeung and Lombardo (2015) and Edey, Cook, Brewer, Johnson, Bird and Press (2016) concur that the loss of employment contributes to the negative perception of the self and the community. They had low self-esteem, a perceived sense of helplessness, and subsequent loss of confidence. The participants, however, had different cognitive appraisal of employment loss. Some remained functionally well in cognition irrespective of employment loss.

The sense of optimism had disappeared among the participants as they found it difficult to find new employment opportunities. Potkonjak and Skokic (2013) and Casselman (2014) observe that participants had a bleak future without hope of recovery. The continued decline

of the economy signalled a gloomy future for the participants. Due to dwindling financial income, participants survived below the poverty datum level. At the time of the study, the poverty datum line stood at around \$500 per month in Zimbabwe (Benedetto, Mark, Rajale, Alex, & Oye, 2013; Chidza & Nkala, 2016). The participants had limited resources to meet the high costs of mental health services. They found it difficult even to afford other physiological needs such as shelter, clothing and food. This contributed to frustration and worsened the psychological distress.

The chances of recovering through finding another form of employment dwindled and exacerbated the retrenched workers' psychological distress. Anand (2015), Chipenda (2017) and Zimbabwe Economy (2017) note that company closures are very common in Zimbabwe with an unemployment rate of 95%. The local labour market is perceived as highly competitive. The prospects of securing another form of employment among the participants gradually faded away, aggravating the psychological distress. In an attempt to deal with the perceived distress, participants ventured into the informal sector to earn a living. They held different occupational qualifications and experiences which they could utilise to militate against the psychological distress of retrenchment. The participants had to be creative and innovative to successfully manoeuvre in the congested informal sector to restore the lost hope. There was, however, a cut-throat competition in the sector, which made it difficult for the mentally fragile participants to thrive.

Interrelated to the deteriorating phase of thriving theory of resilience, the participants had no self-conviction to persevere when resolving the perceived distress. Canavan et al. (2013) and Goldsmith, Veum and Darity (1997), cited in Gaytandjieva, Pavlova and Joling (2014), note that joblessness leads to decline in cognitive performance, in motivation and sense of self-worth. The participants had lost the courage and ability to thrive within the context of psychological distress exacerbated by retrenchment. The lost employment was perceived as a source of living and the hope for a bright future was curtailed. The participants devalued their own worth as projected by their observed shabby appearances. As noted by Warrell (2012), Lindquist, MacCormack and Shablack (2015) and Santostefano (2015), the body speaks and serves as stimulus for the expression of displeasure.

Conceptually linked to the disaster and deteriorating phases of the thriving theory of resilience, the participants attempted to enhance-resilience through taking illicit drugs. The drugs were perceived as having a calming effect and could temporarily ameliorate the psychological distress emanating from the loss of employment. Financial Gazette (2017) and Flouri, Loakeimidi, Midouhas and Ploubids (2017), note that the retrenched workers were susceptible to risky behaviours such as smoking, alcohol and drug use. The use of drugs, however, worsened the distress which prompted them to engage in even worse risky behaviours such as having suicide ideation. The participants felt dejected in the community which worsened the psychological distress. The use of intoxicating drugs contributed to the fragmentation of the microsystem structure; the nuclear family. Disagreements, influenced by drugs, tore the social coherence of family and community members. This led to interpersonal conflicts that in turn elicited depressive symptoms.

Theoretically linked to the deteriorating phase of thriving theory of resilience, the participants found it difficult to make realistic plans to earn a living. The failure to have realistic plans instilled a dependence syndrome among the participants. Related findings were made by Friederike (2014) and Abiri, Oakley, Hitchcock and Hall (2016), that participants excessively seek reassurance from friends and relationship partners. The participants' only hope for a living was based on the promised financial retrenchment packages as noted by Munyoro and Rapapa (2017), Murahwa (2017) and Nemukuyu (2017). It is sad to note that the promised and expected benefits never materialised. This raised anxiety among the participants. They found it difficult to fulfil unstructured daily routines. They had no personal competence to face the adversity of employment loss and resolve the perceived psychological distress.

The participants lacked the intrinsic motivation to persevere in dealing with the grief of employment loss. They struggled with irrational thoughts of denial and failed to accept the loss of employment as a reality. They had no cognitive social competence to come up with a daily routine schedules for resolving the psychological distress. Lovato, Lack, Wright, Cant and Humphreys (2012) and Sparrow et al. (2005), cited in Tan, Reich, Hart, Thuma and Grigorenko (2014), posit that psychologically depressed participants have performance deficits pertaining to personal and social functioning such as in everyday skills, social interactions and communication proficiency. The failure to initiate efforts to resolve the

psychological distress widened conflicts, confusion and misunderstanding among the participants.

Not all the participants perceived retrenchment as a source of grief. For some, retrenchment provided opportunities to endeavour new lucrative resilience-enhancing ventures. The other participants proficiently streamlined daily activities, accommodating the new income generating projects and this helped to enhance- resilience. It is, however, essential to note that coming up with realistic survival plans after retrenchment, without psychosocial support, was difficult. The participants had depleted cognitive social resources and were not competent enough to structure realistic daily routines. This is supported by Aleksandra, Ralf, Sonia and Magda (2011), Hall (2013) and Stevenson (2015) who note that the participants who lack perceived self-efficacy finds it difficult to execute realistic plans.

Employment was viewed as a source of prestige, pride, glowing reputation and social standing. In the local cultural settings of the participants, the employed individuals were highly esteemed and ascribed high social status. The transition from a highly esteemed social status group to a mere society figure caused some adjustment disorders among the participants. They had relinquished the previously enjoyed social and occupational privileges. The participants felt frustrated and discouraged as they struggled to recover from the psychological distress. Social status is, however, a contextual cultural attribute made by the members of the community irrespective of an individual's previous occupational category. The loss of employment did not always lead to the loss of community respect and social standing.

The participants were subjected to negative stereotypes perpetuated through the community multi-levels in the form of stigma, discrimination, labelling and segregation. The community members held cultural misconceptions regarding mental illness. Egbe et al. (2014) posit that discrimination stems from stereotypes in the context of religious beliefs, culture, traditions, and rituals, where the participants are perceived as cognitively and socially disoriented. The participants felt side-lined even by their own family members. The participants were relegated to a passive role and subsequently not involved in finding own solutions to enhance-resilience. The findings concurred with findings by Heaton (2013), Ventevogel, Jordans, Reis and de Jong (2013) and Fleischer (2014), that the retrenched participants were

pathologised as quarrelsome, suspicious, violent and unlikely to settle down. The participants felt discouraged and ashamed to open up due to discrimination and segregation. The failure to open up jeopardised the resilience-enhancing endeavours. Philosophically linked to the deteriorating phase of the thriving theory of resilience, the participants lacked readiness and insight to benefit from the discussions. They needed to be understood and given the opportunity to express their own needs essential for resilience-enhancement. The side-lining of the participants eroded the psychological sense of belonging and identity. The discrimination was so pervasive that some of the participants reported having been physically and verbally abused.

The psychologically distressed retrenched participants sometimes found themselves in controlled environment and some bound by chains. These participants had not yet recovered but were still struggling to deal with the retrenchment distress. They were held against their wishes and denied access to the desired psycho-social needs. It was difficult for them to build trust with the family members. As postulated by Buehler and Gerard (2013) and Egbe, Summer, Kathree, Selohilwe, Thornicroft and Petersen (2014), the participants experienced stigma and found it difficult to disclose their mental health status to others. They did not share concerns and opinions, which worsened the psychological distress. It is immoral in the African context, particularly in Zimbabwe, to segregate and discriminate against the mentally ill patients. There are, however, no definite policy frameworks for enforcing the informal social norms, to curb the negative stereotypes.

Inter-related to the deteriorating phase of the thriving theory of resilience, the participants lacked care, warmth and protection from the immediate family members. As noted by Mbwayero, Ndeti, Mutiso and Khasakala (2013) and Iseselo, Kajula and Malima (2016), the fragmentation of families and poverty saw participants moving between families and consequently receiving insufficient social support from them. They felt dejected and had lost a sense of belonging after being retrenched. The participants had dwindled social networks and limited cognitive social capital protective factors. The previous working places were identified and regarded as extended salient sources of social identity. Poverty-stricken family members had limited financial resources and knowledge to seek professional mental health services. The participants did not receive social support in the form of encouragement, explanations and protection. The participants had diminished mental strength to make

meaningful contributions at a family level. They were perceived as mentally incapacitated to contribute meaningful resilience-enhancing ideas. They felt devalued and distanced from the significant others. The participants on pharmacotherapy treatment found it difficult to adhere to the stipulated medication regimens without being reminded. This was consistent with the observation made by Darity (2008) and Gordon (2016) that the segregation of the participants only served the interest of those who imposed it. The segregation made participants unable to get the much-needed help from the other members of the family.

The participants had self-imposed isolation and avoided the other members of society as they failed to exploit the contextual symbiotic relationships embodied in the ecological model. They felt demeaned and not secured because of loss of employment. This was consistent with the findings made by Szalavitz (2013) and Tanskanen and Anttila (2016) that being in the lowest socioeconomic category increased the association between social isolation and death compared with belonging to the highest category.

It is however, essential to realise that loneliness sometimes provided an optimum environment for the participants to re-organise resilience-enhancing thinking and behaviour patterns. The participants had the opportunity to reflect back on the past life as they made meaning of the current and future life. The participants' cognitive architecture was at peace and not entangled in interpersonal engagements. They had limited distractions which helped them to achieve personal goals and resilience. They had an improved capacity to concentrate as they recovered from the psychological distress. Level of responsibility and mental maturity to understand retrenchment in a positive way settled in. Conversely, the impairment in decision making experienced by the retrenched workers hampered the creation of interpersonal relationships. This finding was consistent with the assertion made by Schreier et al. (2010), Kreindler, Dowd, Star and Gottschalk (2012) and Marin and Marin (1991), cited in Molina, Beresford, Espinoza and Thompson (2014), that social withdrawal may be particularly problematic for participants, given the socio-centric cultural importance placed on strong interpersonal relationships.

The participants' collectivist cultural orientation derived cognitive social harmony from social connectedness rather than from self-imposed isolation. The ability to initiate contextual social conversational topics was jeopardised by the recurrent psychological

distress. Failure to initiate social conversations made it difficult for them to establish and maintain social relationships. Voiklos and Malle (2014) and Boyce (2017) acknowledge the need for participants to uphold moral values in social conversations. Conversations were conveyed in the context of participants' cultural norms. The failure to initiate meaningful communication caused suspicion and lack of trust among participants. Lack of communication hindered the formation of friendships and sharing of intentions in the context of local norms, values and belief systems essential for enhancing-resilience. Wadsworth and Santiago (2009), Bayramova (2016) and Better Health (2017) assert that differences in the expression of thoughts served as sources of conflict. It was difficult for participants to share resilience-enhancing strategies where they found it demanding to initiate conversations. The participants' collective culture valued social conversations which fostered interpersonal connectedness and coherence. As revealed by Quinn, Toms and Anderson (2015) as well as WFP and UNDP (2016), indigenous social conversations assist in developing the contextual resilience-enhancing strategies. The social conversations mentally empowered and guided the participants to deal with employment loss grief.

Theoretically linked to the deteriorating phase of the thriving theory of resilience, the participants were denied the opportunity to make own resilience-enhancing decisions. This was consistent with other studies that the participants were deeply discredited and perceived as incompetent in decision making (Hindmarch, Hotopf & Owen, 2013; Yeh, Jewell & Thomas, 2017). They were not consulted in resilience-enhancing decision making at a family level. However, not all the participants were deprived of the social support. Some family members made frantic efforts to assist the participants to deal with the distress. The restoration of peace, hope, confidence and identity was the prerogative of the family members. They, however, had limited skills and strategies for assisting the participants to resolve the psychological distress. The families' attitudes towards mental illness varied and were influenced by culture. This had a bearing on the quality of psycho social help given to the psychologically distressed participants.

Inter-related to the community's misconceptions within the different ecological multi-levels, the participants had to endure the labelling they received from society. The participants were designated as mentally sick and unable to make a living on their own. The labelling given to the participants was based on the society's perceived indigenous ideologies of mental

disorder. Granello and Gibbs (2016) and Hendler et al. (2016) note that the labelling is influenced by an indigenous misconception of psychological distress. The Labelling perpetuated by the family and society members worsened the psychological distress. The sense of belonging was lost and the social distance widened. They negatively perceived themselves as having lost the dignity of the self and others. The participants suffered an inferiority complex as a result of derogatory remarks. The building of confidence became difficult as they perceived themselves within the context of the given negative connotations assigned to them. The participants failed to interpret and justify the perpetuated labelling in the context of their social identity. The sense of self-belief among the other participants could encourage them to thrive despite being labelled.

Linked to the deteriorating phase of the thriving theory of resilience, the participants found it difficult to fulfil social and occupational obligations. The participants hardly took any advice and only condemned themselves. Anderson (2009) and Susan, Gene, Alexander, Niani and Eunjung (2016) observe that retrenched workers experience discordant perceptions of their relative social and occupational obligations. The participants had irrational fear and had a tendency of blaming others for their own mistakes and denying any responsibility for their problems. Fear created uncertainty about life and loss of control over resilience-enhancing thinking process.

Participants magnified the psychological distress as unbearable. The responsibilities were perceived as insurmountable and beyond their personal competence. They perceived themselves as having no mental strengths to enhance-resilience. Eder (2014) and Moore and Pope (2014), note that the participants exaggerated the psychological dysfunction. The reported psychological distress was sometimes exaggerated in contrast to the culturally expected norms of responding to psychological distress of retrenchment. Participants magnified the perceived psychological distress to draw the desired attention of colleagues. They became cognitively and socially immobilised and tasks were erroneously perceived as difficult to resolve. The participants did not dare to solve the psychological distress. They considered themselves as having inferior cognitive social competence to resolve the psychological distress.

The reality of employment loss was not accepted as participants battled with negative intrusive thoughts. Participants had self-defeating thoughts and risk behaviours which contradicted with the expected contextual norms and standards of resilience thinking and behaviour patterns. This was consistent with the findings made by the British Psychological Society (2013) and Baxter (2015), that participants have some increased conduct disorders, avoidance behaviours and substance dependence. Gokdag (2015) and Wikipedia (2017) affirm that the participants spent more cognitive social resources on denying without understanding the reality. They had wishful thoughts of being reinstated in the long run through some legal actions against the previous employers. They used wishful thinking as a way of igniting hope and temporal relief. The sense of self-satisfaction was not sustainable. The fallacy thinking behaviour was not backed by substantive prevailing evidence. This depleted the participants' cognitive potential to exercise sound judgement needed for resilience-enhancement. The social competence deficit contributed to impairment in cognitive social skills and inability to resolve the perceived psychological distress. Gilbertson (2015) and Inter-Agency Committee on Drugs (2015) had similar findings that participants exhibited self-pity, suspicion, a sombre, ruthless and uncooperative mood. The painful feelings were attributed to employment loss. The concept of social competence, however, differed among the participants of different age groups. The intensity of interpersonal engagement and social conventions varied across the participants' spectrum.

Conceptually linked to the deteriorating phase of the thriving theory of resilience, the participants found it difficult to mentally manoeuvre and respond to the changing social circumstances after losing employment. The participants felt cognitively and mentally disoriented as they tried to come to terms with the loss of employment. The level of attention and concentration deteriorated among them. The participants had some conflicting thoughts as they tried to make sense of the psychological distress. They tried to examine the meaning of thoughts and ideas in the context of their local culture. The cognitive efforts to make sense of perceptions was incompatible with own behaviour and thinking patterns. They had no credible and worthwhile decisions to work through the psychological distress. They had contradictory ideas to resolve the psychological distress. They experienced uncomfortable tension as they held conflicting beliefs. Ekmekci, Malda, Yagmur, IJzendoorn, Kranenburg and Mesman (2016) and Cherry (2017) revealed that the participants experienced a discrepancy between beliefs and behaviours. They had limited cognitive social resources to

deal with the dissonance. The arguments were common as they tried to make sense of the conflicting ideas and thoughts. Related to the deteriorating phase of the thriving theory, the participants ignored personal hygiene and sometimes shed some tears during group discussions.

The psychological sense of anhedonia had settled in among the participants. They had limited cognitive and behaviour motives in experiencing pleasurable activities. Linked to the deteriorating phase of the thriving theory of resilience, the participants had no one to confide in some sensitive and painful psychological distress. A psychological dysphoria was caused by the loss of employment. Related findings were made by Hutchison (2010) and Polman and Kim (2013) who noted that sadness causes less cooperation among the participants making it difficult to recover from the psychological distress. The participants who had a previous uncordial working relationships related sadness to the past occupational experiences. If the loss of employment was perceived as a punishment from the angry ancestral spirits, the mood dysphoria was directed to the self. Those who believed in witchcraft attributed the loss of work to a curse. The mood dysphoria needed to be understood in the context of the participants' held beliefs. Some once enjoyed recreational activities were viewed as meaningless. It was difficult for them to positively appraise recreational activities as relevant. They lacked motivation to participate in culturally defined fascinating activities such as jokes and folktales. Similar findings were made by Kenneth, Stijacic, Kristine, Sarah and Dan (2014) and Elise (2017), where participants experienced dysphoria and anhedonia as a result of retrenchment. The psychological distress was appraised as intrusive, uncontrollable and unresolved. In contrast, the experience of anhedonia may not have been a reflection of cognitive social deficit among the participants. The participants may have appraised the interpersonal relationship as unrewarding. Due to different beliefs and practices, moments of dysphoria could have been a resilience-enhancing ritual rather than sadness.

Inter-related to the deteriorating phase of the thriving theory of resilience, the participants had unintelligible speech which distorted resilience-enhancing ideas. The speech exhibited limitations on the content of thought which reflected diminished cognitive speech functions (Shyang, 2010 & Columbus, 2015). They were irritated as they continuously struggled to express themselves. It became difficult for them to participate in collective cultural festivals due to limited speech flow. They had disjointed social cohesion and cognitive disintegration

with respect to the expected cultural standards of cognitive social connectedness. They also struggled to remember the discussed ideas. The limited memory prompted the other participants to offer help by consistently reminding them to follow the course of discussions. Baird, Hoop and Ozler (2013) and Shams (2015) note that constrained mood is dominated by weak memory and poor decision making.

Conceptually connected to the disruption of the ecological model symbiotic relationships, the participants had moments of emotional outbursts as a result of employment loss. The attenuated cognitive social strengths made the participants unable to exercise emotional control. The facial expressions appeared gloomy, suggesting depressed mood states. They had moments of shedding tears as they narrated the ordeal of retrenchment. This correlated with the findings made by Elfenbein and Ambady (2003) and Lee, Lin, Huang and Fredrickson (2012), that dysphoric facial expressions were associated with anger, disgust and unhappiness. The participants were emotionally delicate and needed great care, love, warmth and protection. The divergent views needed the participants to exercise emotional control to handle arguments elicited by the different perceptions. The merit of cognitive social behaviour and thinking patterns was gradually appraised in light of the existing contextual cultural norms. Matsumoto and Hwang (2011), Breuer and Kimmel (2017) and Ge, Zhong and Luo (2017), note that participants' facial expressions convey various emotional states through the activity of the muscles of the eyes, nose and mouth.

Theoretically linked to the deteriorating phase of the thriving theory of resilience, the participants reported having fluctuating emotional states which resulted in restricted affective behaviour. The moments of restricted affective behaviour were, however, culturally accepted and normalised as humility and meekness. Sauter and Eimer (2010) and Stellar, John, Neha, Craig, Gordon, McNeil and Keltner (2015) concurred that retrenchees have a reduction in the display of emotions as reflected in the face, voice tone or non-verbal gestures. The restricted expression of emotions prolonged the psychological distress. The findings were similarly made by Otten et al. (2013) and Davis (2016) who noted that participants had altered responses with respect to emotions, thoughts, attention and performance.

Conceptually related to the disruption of interdependence of societal relationships, the participants had disruptive irritable moods which contributed to anger outbursts. They

indiscriminately vented their anger to family members, blamed former employers and the government. Mckee (2014) and Cho, Lee and Soto (2017), report that retrenched workers project their own thoughts, feelings and motives to the previous employers. They lack tolerance, and perceive the previous employers as cruel. The participants had no strategies to resolve the distress except blaming the previous employers. The participants had temper tantrums which went out of proportion (American Psychiatric Association, 2013). The participants were easily annoyed without being provoked. The anger outbursts strained the interpersonal relationship among the participants. They struggled to control disruptive emotional impulses. The impulsive behaviour was unacceptable to cultural values of maintaining peace and harmony. The participants were obliged to observe and honour the normative societal values of patience and calmness. They had to take necessary steps and effort to regulate anger outburst behaviour. The desire to belong and be accepted as part of the group prompted the participants to control anger outbursts. It was, however, therapeutic for the participants to express disgruntlement instead of directing the impulses within themselves without releasing them. The internal accumulation of painful emotional feelings could worsen the perceived psychological distress.

6.2.3 RESILIENCE-ENHANCING USING THE CSC MODEL

The different components of the CSC model assisted the retrenched participants to deal with the grief of employment loss. The components of the CSC model are not separate entities, but are integrated and complement each other in facilitating resilience-enhancing thinking and behaviour patterns. The CSC model helps to promote a sense of good will, empathy and harmony essential for resilience enhancement, among the participants (Dodd, 2012; Arnesen, 2006; Keeley, 2007). The resilient thinking and behaviour patterns among the participants took place gradually and in stages. The cognitive and relational interactive processes led to recovery of the participants as conceptually explained in the thriving theory of resilience. Not all the participants going through employment loss grief recovered at the same time. The participants who volunteered to be retrenched were likely to have less distress than those who were unceremoniously discharged from work (Lauscher & Vellem, 2011; Kably, 2016).

6.2.3.1 Relational components

Related to the ecological theoretical framework, the interpersonal relationships constituted an integral component of the CSC model. The development of new essential collaborations among the participants required a substantial amount of time. The participants' cognitions and social relationships were shaped, guided and interpreted in the context of interpersonal relationships. The participants described the social interconnectedness that existed among them as beneficial for resilience-enhancement (Nussbaum, 2003; Fairfield City Council, 2013). The resilience-enhancing behaviour and thinking patterns were collaboratively discussed as the participants interacted. Social skills such as learning to initiate and maintain social conversations were developed as the participants interacted. The hidden resilience-enhancing ideas were released during interactions. Confrontations were perceived as counterproductive to resilience-enhancement and were avoided. This was consistent with the findings made by Lavie et al., (2012) and Murphy et al., (2007) that interpersonal relationships offset the negative effects of employment loss and enhances-resilience through sharing of experiences. Not all the participants, however, valued the interpersonal relationships. The other participants desired to be alone when engaged in self-reflection and self-evaluation. This assisted them to have a better appreciation and understanding of themselves.

The anger outbursts and mood swings sometimes compromised the sustainability of interpersonal relationships and resilience building (Scrivens & Smith, 2013). The participants were likely to be deprived of decision making autonomy. They were obliged to blindly follow the collective resilience-enhancing norms of cognition. Lack of individual autonomy in decision making hindered creativity and reflective thinking among the participants. Interpersonal relationships, however, could not be underestimated as it provided an optimum environment for resilience-enhancing discussions. This was consistent with the findings of Holahan et al. (1995) and Rozanski et al. (1999), cited in Sippel et al. (2015), that interpersonal relationships increased self-confidence, decreased the likelihood of engaging in risky behaviours, and fostered more effective coping strategies such as active problem-solving.

Conceptually linked to the microsystem of the ecological model, the intrapersonal trait contributed to resilience thinking and behaviour patterns. The intrapersonal constructs included self-confidence, self-esteem, self-awareness, self-assertiveness and self-interrogation. As put across by Cruz (2010) and Webster (2015), the participants at the recovery phase had to make connections with their everyday experiences and personal perspectives which shaped resilience building knowledge. The stable interpersonal relationships as explained in the ecological model instilled a sense of self-confidence essential for the participants to persevere in the context of psychological adversity. The close ties among the participants stimulated positive cognitive social resources that transcended the perceived psychological distress. The irrational thoughts were collaboratively disputed as the participants encouraged each other to build confidence. They had self-confidence to carry out resilience-enhancing tasks as they recovered from the psychological distress. This concurred with the findings of Pridgen (2014) and Ibrahim et al. (2017) that the participants needed self-confidence to successfully execute the resilience-enhancing tasks. The shared jokes were eagerly followed and participants sometimes laughed. They maintained eye contact as they attentively listened to each other during group discussions. The participants rotated to assume group leadership roles from which they further gained self-confidence.

Theoretically connected to the microsystem of the ecological model, self-esteem derived from the internal sense of worth contributed to resilience-enhancing. The participants perceived themselves as still having meaningful socio-economic contributions to make irrespective of losing employment. This stimulated a positive attitude towards the self and others. The cognitive social deviations were conceptualised as detrimental to resilience building efforts. Related findings were made by Cauchill (2015) and Naomi, Ruiter, Paul, Geert and Kunnen (2017), that participants made some self-verifications, evaluations and selected the relevant contextual feedback from the current content of thoughts and behaviour. The sense of self-worth gained helped to resolve the distorted thinking and behaviour patterns. The participants realised that they had salient cognitive, social potential to resolve the psychological distress. Addison (2016) and Cakar and Tagay (2017) made similar findings that self-esteemed participants had sound decision making, experienced subjective well-being, and were resistant to maladaptive behaviour. The concept of self-esteem had its own share of limitations. The sense of self-worth was individualistic, which advanced egoistic interests in contrast to the collective cultural orientation of the participants.

As conceptually linked to the microsystem of the ecological model, the participants' sense of self-awareness enhanced their competence to resolve the psychological distress. The self-awareness element of the CSC model enabled the participants to identify the hidden cognitive social capital strengths. This helped them to exercise resilience-enhancing thinking patterns. The participants within the recovery phase maintained the resilience-enhancing competent behaviour and made consultations where they faced some challenges. The efficacy of each strategy was cognitively appraised in the context of the culturally accepted resilience-enhancing behaviour. It is, however, essential to note that, the widely and culturally accepted resilience-enhancing norms stretched beyond self-awareness. The self-awareness trait was complemented by the relational structures, to build resilience among the participants.

Similarly, inter-related to the microsystem of the ecological model, self-assertiveness prompted resilience thinking and behaviour guidelines. The participants had the conviction that they had the aptitude to adjust successfully despite being retrenched. As an aspect of CSC model, self-assertiveness facilitates decisiveness in formulating resilience-enhancing strategies among the participants. The participants upheld own resilience-enhancing decisions without undermining decisions of the other participants. Similar findings were made by Pittenger (2015) and Martinez, Justica and de Haro (2016) who noted that participants' assertive behaviour impacted their interpersonal competence and orientation to resilience-enhancing social values. Each of the participants assertively contributed meaningful resilience-enhancing ideas. They discussed and explored the utility and credibility of the resilience-enhancing ideas contributed. The merit of the proposed resilience-enhancing ideas was either collaboratively endorsed or disputed by the participants. Participants who had not yet developed an assertive aptitude were shy to express their own views. They remained quiet and sometimes blindly accepted shared ideas, which undermined the psychological ownership and sustenance of resilience enhancing strategies.

Theoretically linked to the recovery phase of the thriving theory of resilience, the participants adopted self-interrogation as a resilience-enhancing strategy. Self-interrogation is an essential component of CSC model which facilitated the participants to have critical evaluation of the resilience-enhancing strategies. The cultural relevance of resilience-enhancing thoughts and behaviour patterns was scrutinised by the participants. This was consistent with findings by

Dunlosky, Rawson, Marsh, Nathan and Willingham (2013) and Barnhart (2018) that participants consistently reviewed and interrogated the self for understanding and testing inferences. Self-interrogation was, however, a higher order cognitive skill and difficult for mentally fragile participants. The cognitively challenged participants lacked mental competence to exercise self-questioning. Self-interrogation also perpetuated the proliferation of conflicting ideas which compromised participants' ability to deal with grief. Irrespective of the given limitations, self-interrogation gave an opportunity for the participants to have focused attention and to organise and integrate new ideas with the existing strategies. Malthouse and Watts (2015) and Cornell University Centre (2017) note that the participants examined their existing knowledge or information before giving a thoughtful response and further devolved into their knowledge, experiences or views. The participants directed their cognitive and social attention, and concentration to the distress to be resolved. This helped to refine the relevance, meaningfulness and utility of the resilience-enhancing strategies. The ambiguous ideas were clarified as the participants exercised self-interrogation. Self-interrogation was meant to establish perfectionism of behaviour and thought patterns. The suitability and eligibility of the resilience-enhancing strategies had to conform to the participants' expected societal values and norms.

Conceptually connected to the microsystem of the ecological model, the participants' family ties promoted resilience-enhancing thinking behaviour. The integrated family structure component of the CSC model facilitated an optimum cognitive social support environment for the participants to sustain resilience. The participants received care, warmth, positive reinforcement and protection from the family members. They regained the social status and recognition, which boosted the resilience level. As explained in the recovery phase of the thriving theory, participants utilised the already existing family ties and connections essential for resilience-enhancement. The participants had a strong sense of belonging and felt secured. They were accepted as esteemed members of the family despite employment loss through retrenchment. The family members provided empathy and encouragement to the participants during the recovering phase of the thriving theory of resilience. The participants regained and reconstructed the resilience-enhancing sense of the ideal self. Chen and Miller (2013) and Foster (2015) concur that family ties positively influence resilience thinking and behaviour patterns among the retrenched workers. It is, however, pertinent to note that poverty and HIV and AIDS have drastically disintegrated family structures in developing countries such as

Zimbabwe. It was increasingly difficult for all the retrenched workers to have access to resilience-enhancing family ties. The family ties nevertheless, remained an essential source of motivation and encouragement for the participants to exercise resilience thinking behaviour patterns.

Related to the mesosystem and macrosystem of the ecological model, the social cohesion in the form of totems and commonly shared lineage structures strengthened the social ties among the participants. Sims, Hosey, Whitfield, Katzel McDonnell and Waldstein (2014) and Sippel, Pietrzak, Charney, Mayes and Southwick (2015) note that social cohesion fosters feelings of comfort, and the participants felt loved, respected and cared for by others. The participants were praised by, for example, reciting their lineage totems. Being acknowledged reaffirmed their social standing in the family and society. They had a common identity and the desire for social inclusion as stipulated in the ecological model put across by Bronfenbrenner (1979). Social cohesion constituted a vital part of the CSC model and helped to establish a sense of belonging, especially in a socio-centric society found in Zimbabwe. The participants consoled each other as they shared similar experiences related to retrenchment. The hope of recovery was revived, which influenced resilience thinking and behaviour patterns. The negative attitude towards the self and others was gradually replaced by a sense of togetherness. The sense of co-operation essential for encouraging each other to build confidence when resolving the psychological distress was cultivated. The social cohesion brought a feeling of perseverance irrespective of the degree of psychological calamity experienced by the retrenched workers. Fujiwara and Kawachi (2008) had similar findings showing that social cohesion improves the efficacy of resilience-enhancing strategies. The participants pooled ideas together as they found ways of resolving the perceived psychological distress.

The participants found solace from social recognition, especially when praised and acknowledged in social gatherings. Similar findings were made by Mills, Fleck and Kozikowski (2013) as well as Daniela, Susana, Edna, Susana, Jose and Marie (2017) who noted that appreciated participants undertook desired behaviours which increased resilience-enhancement motives. Social recognition stimulated resilience-enhancing thinking and behaviour habits among the participants. As a component of CSC model, social recognition facilitated the development of depth symbiotic relationship as the participants interacted. The

perceived value of social recognition was influenced by the participants' socio-centric cultural inclination. The need to be given equal opportunities to participate and be acknowledged in social activities was fulfilled in social ties. Related findings were made by Monteiro, Ndiaye, Blanas and Ba (2014) and Testa (2017), that the participants appreciated recognition which boost their confidence in resolving the psychological distress. The social recognition provided an opportunity for the participants to explore the various resilience-enhancing skills. Social cohesion and recognition promoted communication, harmony and understanding, which contributed to resilience-enhancement.

Even though it was a noble idea for the participants to be recognised, praised and acknowledged, they needed to establish self- motivation. It was not possible for them to be rewarded for every work they did. They needed to have self-drive to engage in resilience-enhancing activities without depending on extrinsic motivation. Social support could worsen the psychological distress when it is untimely given. The participants needed time to reflect and regain strength before engaging in hectic social cohesion networks. The participants who had not yet developed an insight were unable to benefit from the social support. Irrespective of the limitations cited, social cohesion and recognition encouraged resilient thinking and behaviour patterns to deal with grief of employment loss. Hawkins, Villagonzalo, Sanson, Taimbourou, Letcher and Alsson (2012) and Matthews (2016) posit that people with close friends and confidants, friendly neighbours and supportive co-workers, are less likely to experience sadness, loneliness, low self-esteem, and problems with eating and sleeping.

6.2.3.2 Contextual cultural ideologies

As posited within the theoretical concepts of mesosystem and macrosystem of the ecological model, the participants' cultural connections, norms and values constituted an integral component of the CSC model. The participants' cultural ideologies, norms and values influenced the cognitive social strategies of dealing with grief of employment loss through retrenchment. The meaning and interpretation of resilience-enhancing ideas was done in the context of the participants' culture. Related to the recovery phase of the thriving theory of resilience, the participants were culturally inspired to come up with relevant resilience-enhancing ideas. The participants collaboratively shared resilience-enhancing strategies in the context of their culture. Related assertions are made by Schreier et al. (2010) and Liu and

Bresnahan (2016) who note that in collectivist cultures, honour is achieved by fulfilling roles and expectations within the larger group. Participants encouraged each other to relinquish the history of hatred associated with employment loss. The exercise of cultural norms of reconciliation, despite the loss of employment, contributed to resilience recovery. The sharing of concerns guided the participants' cognitive social behaviour as they resolved the psychological distress. The resilience-enhancing strategies were related to the participants' shared cultural norms.

The indigenous knowledge facilitated the expression of the participants' cultural norms, values, beliefs and attitudes, which contributed to resilience-enhancement. The participants' embedded cultural orientation of resilience-enhancing thinking and behaviour was conveyed in the form of shared ideas. Related contribution was made by Meyer and Braga (2015) and Uzo and Adigwe (2016), who noted that participants may comply, dismiss, manipulate or imitate these norms when resolving the psychological distress. The participants successfully encouraged each other to portray the cultural normative resilience-enhancing behaviour. The fusion of ideas from different age groups with varied cultural experiences strengthened the resilience-enhancement strategies.

The participants' cultural beliefs on the causes of psychological distress influenced the resilience-enhancing behaviour. Those who attributed the loss of employment to spiritual attacks were likely to seek the services of spiritualists to regain resilience. Similar findings were made by Choudhry, Mani, Ming and Khani (2016), Sorkett, Zuraida and Habil (2012) and Sububhi (2015), who noted that the traditional and faith healers are believed to have the prerogative powers of resolving the psychological distress. The cultural misconceptions held on the aetiology of perceived psychological distress were discussed and clarified during the conscientisation stage of the CSC model. The participants were enlightened on the causes of psychological distress and the possible methods of resolving them. The irrational beliefs were disputed as the participants gained enlightenment on the aetiology of the psychological distress associated with retrenchment.

Cultural ideologies, norms and values, however, tended to impose culturally sanctioned ways of dealing with retrenchment grief without considering the participants' autonomy in decision making. The divergent resilience-enhancing ideas outside the participants' cultural

framework of expected thoughts were discarded. This was consistent with findings made by Gulliver (2010) and Menes and Donato (2013), that cultural norms facilitated control of resilience-enhancing behaviour and thinking patterns. Despite having these limitations, cultural norms provided a rich source of interpreting and understanding the meaning of participants' resilience-enhancing thinking and behaviour patterns. The shared cultural resilience-enhancing values connected the participants together and promoted a psychological sense of belonging and identity.

Language is another cultural aspect of the CSC model. It is conceptually linked to all the multi-levels evinced in the ecological model as a communication tool. The participants' resilience-enhancing interactions were made possible through the use of common language. The participants were conversant with the mother's language and did not struggle as they expressed own resilience-enhancing ideas. The participants improved on self-expression as they shared own ideas and perceptions. They were open-minded and exercised fairness in validating their cognitive and social behaviour patterns. The proficiency in language use strengthened the cultural connectedness of the participants. This was consistent with findings of Bacon (2013) and Bayranova (2016) that the participants' cultural factors were encoded and decoded in the context of the shared language. The meaning of shared cognitions was expressed in a language which could be understood by all the participants. The participants were able to open up during discussions which built confidence. Those who held unresolved painful experiences had a sigh of relief when they shared their experiences. The sharing of concerns altered the participants' negative attitude towards their previous employers. This was consistent with other studies which showed that the sharing of concerns lessened worrying and improved psychological well-being (Asnaani & Hofmann, 2012; Hafskjold, Sunding, Dulmen, & Eide, 2017).

The participants used traditional narratives and indigenous folktales as part of recreational activities which prompted resilience-enhancing thinking and behaviour patterns. The participants made use of comprehensible body gestures to emphasise the relevance of the intended resilience-enhancing ideas. The participants understood each other, which lessened individual differences but instilled a sense of togetherness. This was consistent with other studies which showed that language facilitates constructive discussions and promotes unity among the participants (Aslam, Shahzad, Syed & Ramish, 2013; Ferris, 2012). The

participants expressed solidarity, empathy and generosity to each other in the context of their language. This contributed to resilience-enhancement among the participants.

The shared language had its own share of limitations. The participants struggled to find appropriate words of expressing some of the intended resilience-enhancing ideas. This was consistent with the other studies showing that incomprehensible language symbols, instructions and words can cause confusion, frustration and compromise the legitimacy and usefulness of the resilience-enhancing ideas (Liu; Pataranutaporn; Jaelyn & Ryan, 2012). The failure to clearly express the intended ideas jeopardised the dynamics of the group activities. The participants were frustrated and irritated as they failed to share the ideas. This impaired the clarity of the resilience-enhancing strategies. Theoretically linked to deteriorating phase of the thriving theory of resilience, the participants found it difficult to openly share their own psychological distress experiences. This concurs with the assertion of Ma (2006), Pretzer (2013) and Rober and de Haene (2014) that retrenched workers may perceive sharing as a way of exposing one's weaknesses and admission to failure which jeopardised mutual sharing of resilience-enhancing ideas. Irrespective of the limitations, the participants' common indigenous language unified them and enhanced-resilience. They understood each other as they communicated. The participants gained confidence when they shared the same language, especially in focus group discussions. The semantic analysis of the shared resilience-enhancing ideas was done by the participants in the context of their language. The verbal and non-verbal communication constituted part of the language essential for enhancing-resilience. The participants were not frustrated as they gradually and successfully articulated the intended ideas.

6.2.3.3 Formation of trust and reciprocity

The building of trust and reciprocity among the participants formed the initial stage of the CSC model. Conceptually linked to the ecological model of symbiotic relationships, the resilience-enhancing aspects of trust and reciprocity were built upon the premises of mutual respect, keeping promises and confidentiality. Trust and reciprocity were indispensable resilience-enhancing repertoire components which facilitated knowledge exchange, transmission and teamwork among the participants. Smetana, Winner, Settlace, and Mccoach (2016) and Simpson, Willer and Harrell (2017) opine that trust necessitates innovative

thinking and collective problem-solving, as well as making and accepting tough, and sometimes uncomfortable decisions. The participants conveyed a sense of closeness and great care for one another as they worked together in groups. They established a holding environment where the participants felt secure to discuss, adopt and sometimes discard some ideas. The participants perceived each other as equal partners irrespective of age and perceptual differences. They had colleagues with whom to share sensitive information. Trustworthiness served as a mediating vessel between the identified cognitive social resilience-enhancing information and knowledge sharing.

The retrenched participants, however, felt betrayed by their previous employers and found it difficult to easily develop a trusting mentality. They attributed the felt grief to unfair dismissal from work. The participants initially desired vengeance against former employers. The painful feelings of employment loss were, however, ameliorated as the participants felt the need to exercise generous behaviour and exonerated former employers from liability for the perceived distress. The participants capitalised on the need to care for each other as they interacted. They avoided contradictory sentiments and remarks, as liberal and resilience-enhancing thinking and behaviour patterns were established. The participants needed a substantial amount of time to build trust among themselves. This was consistent with the supposition of Ismail, (2016) and Ortiz, Donate and Guadamillas (2016) that formation of trust is not an instant event but a long process integrating the past and the present. A sense of self-trust was established as the participants learnt to trust others. The self-trust instilled confidence to tackle the psychological distress.

Theoretically linked to the ecological synergetic relationships, trust and reciprocity contributed to altruistic behaviour essential for resilience-enhancement among the participants. The altruistic behavioural intention inspired participants to help those with diminished cognitive functions. They helped each other to recover from cognitive social behaviour deficits, which exacerbated the psychological distress. Jacobs, Renard and Snelgar (2014) and Pandya (2017) note that altruistic behaviour contributes to personal gratification essential for resilience-enhancement. The altruistic behaviour gave them a sense of responsibility which contributed to resilience-enhancing. They perceived themselves as having the cognitive strength to fulfil social and occupational obligations. They felt the desire to spend most of the time helping each other in an endeavour to build resilience. This was

consistent with the other studies which showed that participants acted in an honest way from the depths of oneself, for the ‘good’ of another, without expecting anything in return (Gilbert, 2005; Park, Kahnt, Dugan, Strang, Fehr & Tobler, 2017). They put effort to support and encourage each other to remain resilient irrespective of employment loss. This helped to establish social status and role identity which lead to resilience-enhancing among the participants.

Nevertheless, there were some limitations related to trust and reciprocity. It was difficult for the participants to distinguish between genuine and assimilated trust. The desire to belong and be accepted as part of a group member prompted the participants to assimilate a trusting behaviour. Those with an over-trusting mentality could easily break down and feel dejected when expectations from others were not fulfilled. This was consistent with findings from Ozdemir and Demirci (2012) and Levin et al. (2016) that participants may develop sense of over-trust and become over-dependent on others to execute daily life schedules. Irrespective of the limitations, trust and reciprocity instilled a sense of companionship, social cohesion and cooperation essential for resilience-enhancement. This was related to findings of Hyyppa (2010) and Prentice (2006), that trust and reciprocity instil a sense of hope for recovery and norms of reciprocity.

6.2.3.4 Intellectual competence

Conceptually linked to the recovery and growing phases of thriving theory, creative thinking contributed to resilience-enhancement among the participants. The participants were encouraged to be imaginative as they looked for alternative ways of dealing with employment loss grief. Creative thinking as an essential aspect of the CSC model, facilitated the generation of divergent ideas used for resilience-enhancing decision making. The resilience-enhancing ideas were carefully thought of in the context of the native cultural norms. This was related to the other studies where participants with greater creative aptitude demonstrated higher flexibility and adaptation in the face of calamity (Ziegler, Danay, Heene, Asendorpf & Buhner, 2012; Benedek, Jauke, Sommer, Arendasy & Neubauer, 2014). The participants had a gradual interpretation of the meaning and relevance of resilience-enhancing thoughts and behaviours. They gathered a substantial amount of culturally aligned supporting evidence. This helped them to analyse the ideas and make informed resilience-enhancing decisions. The

rationale behind adaptive behaviours was justified. The daily activities were broken down into small units and successfully executed which contributed to resilience building.

The exercise of control over thinking processes provided a sense of satisfaction in light of the prevailing retrenchment exercise. The participants cognitively appraised the loss of employment as real and pervasive across the country. Linked to the growing phase of thriving theory, the participants accepted the loss of employment as a normal life event. This helped to reduce the anxiety and the severity of the perceived distress. Mellinger (2014) and Barbash (2017) note that the participants' acceptance had better mental health outcome and lower rates of psychological distress. As the participants accepted the reality of retrenchment, the cognitive and social protective factors became more meaningful and prominent than before. They built self-confidence, motivation and knowledge to facilitate resilience thinking and behaviour patterns. The participants viewed retrenchment as a motivation for discovering new opportunities which strengthened and promoted the psychological well-being. This was related to the findings of Bahadur and Doczi (2016) and Manning and Robertson (2016) in which participants desired to become innovative and adaptive in their approach to problem-solving. They had the autonomy to find alternative ways of resolving the perceived psychological distress. Autonomy fostered a sense of task mastery among the creative thinking participants. The need for cognitive social autonomy emanated from the participants' cultural endogenous approach to enhancing-resilience.

Even though critical thinking was essential to enhancing-resilience, the mentally fragile participants had limited competence to exercise imaginative and innovative thinking. The limited thinking competence led to misinterpretation of shared and diversified ideas. Creative thinking nevertheless, promoted divergent and reflective thinking essential for resilience-enhancing. The participants came out with new resilience-enhancing perspectives within the context of their culture. This concurred with the findings made by Boahene (2014) and Abramson, Grattan and Lichtveld, (2015) that participants exercised creative thinking skills to anticipate, withstand and recover from the psychological distress and to foster resilience. The creative thinking skills enabled the participants in the growing phase of resilience building to successfully manoeuvre in diversified psychological distress events. The skills of analytical thinking were nurtured to dispute the irrational thoughts averse to resilience-enhancement.

The participants' level of creative thinking in the form of reflective and divergent thinking was culturally determined. The participants were inspired to exercise flexible thinking and defied the past odds of being pre-occupied with pain of employment loss. The participants bore in mind the cultural expectations of relating to each other as they exercised flexible thinking. The participants were open-minded, consider alternatives, be well-informed and evaluate the credibility of ideas. The participants were insightful of the experienced psychological distress and the resolving strategies.

The participants exercised flexible thinking and had the dexterity to adapt to new and different situations, to learn from experience, to be optimistic and ask for help when they needed it. The participants reflected on the past and current experience of psychological distress as they strategized resilience-enhancing skills. They identified their own cognitive limitations and suggested some possible ways of resolving the limitations. This concurred with the findings of Islam (2015) and Mezirow (1991) cited in Corral (2017) that the participants critically assessed the thoughts content as they give meaning to the resilience-enhancing strategies. They reflected on the underlying cognitive social strengths to scrutinise the cultural validity of the resilience-enhancing ideas.

Through reflective thinking, the participants came up with possible strategies for improving resilience-enhancing behaviour and thinking patterns. They analysed and fused the shared ideas as they resolved the psychological distress. The participants reflected on the compatibility of the cognitive, social thinking patterns and the contextual cultural norms. This helped to enhance social competence essential for resilience building. The identified resilience-enhancement ideas were not absolute but were subjected to further analysis. As suggested by Dewey (1910) in Corral (2017), the participants took into consideration the following 5 reflective thinking steps:

- (i) a felt difficulty;
- (ii) its location and definition;
- (iii) the suggestion of possible solution;
- (iv) development by the reasoning of the bearings of the suggestion; and
- (v) further observation and experiment leading to its acceptance or rejection.

The psychological distress experienced by the participants constituted the initial stage of the felt difficult. This was related to the deteriorating phase of the thriving theory of resilience. Inter-related to the second phase of location and definition, the participants interpreted the meaning of the felt experiences in the context of their cultural norms of thinking and behaviour patterns. The possible suggested resilience-enhancing solutions were scrutinised in light of the participants' moral relevance and utility. As aligned to the recovery phase of the thriving theory, the efficacy of ideas to enhance-resilience was understood by the participants as culturally relevant. This was consistent with similar findings of Perkins et al. (2016) and Bondebjerg (2017) that the participants' reflective cognition and the products were shaped by the culture from within. The culturally inclined resilience-enhancing ideas were more meaningful, relevant and understood by the participants. The strategies became sustainable as they were defined by the participants' culture of cognition.

There were some limitations on the reflective thinking process suggested by Dewey (1910) in Corral (2017). The stipulated reflective thinking stages proposed by Dewey (1910) in Corral (2017) and supported by Perkins et al. (2016) seemed to prescribe to the participants stages of reflective thinking. The participants' reflective thinking norms varied from one participant to another. The participants reflected on different previous occupational and social experiences at varying depths. Reflective thinking, however, helped the participants to discover the underlying resilience-enhancing strengths and possible weaknesses. This was related to the assertion made by Armstrong (2001) that flexible thinking individuals can easily adjust and adapt to the adverse conditions of employment loss, and build resilience.

Theoretically connected to the recovery and growing phases of the thriving theory, the participants tolerated resilience-enhancing divergent ideas. They were open-minded to consider the diversity of ideas, and came up with possible solutions for resolving the psychological distress. The participants had diverse occupational experiences. Each of the participants brought in some divergent resilience-enhancing views, irrespective of the differences in previous occupational backgrounds. The differences in perceptions were highly considered and used as sources of dealing with the perceived grief. This concurred with the findings by Mans (2012), Bernhard (2013) and Guilford (1967), cited in Berg (2016), that the participants engaged in divergent thinking as they searched for novel

associations, combinations or perspectives for resolving the psychological distress. UNESCO (2009) and Zeist, Nierop, Oorschot, Germegs, Os and Delespaul, (2014), noted that an awareness of divergent resilience-enhancing ideas assisted the participants to question stereotypes and respond appropriately to adversity of employment loss.

Divergent thinking tended to pose some challenges to participants struggling with employment loss grief. They were preoccupied with the loss of employment. The homogeneous nature of the distress also limited the diversity of thoughts and ideas. The participants, nonetheless, integrated the respective ideas as they formulated the resilience-enhancing strategies. Contradiction of ideas was regarded as a learning process. The participants were flexible and open-minded when they practised divergent thinking. Similar sentiments were made by Berger (2018), that divergent ideas were integrated to new resilience-enhancing perspectives.

6.2.3.5 Emotional adjustment

Emotional intelligence was another component of CSC model which assisted in resilience-enhancement. The loss of employment was an emotionally arousing event among the participants. The participants were encouraged to identify disruptive emotions of the self and others. Linked to the recovery and growing phases stipulated in the thriving theory of resilience, the participants were able to regularise the emotions. They had to monitor and control their emotions as they dealt with the grief of being retrenched. Similar findings were made by Petrovicc and Dobrescu (2014) and Bedi (2017), who noted that the participants understood and managed relations, and cognitively perceived, appraised and expressed emotions to promote emotional growth. The participants recognised emotions of self and others, exercised empathy, and exhibited sympathy and rationalisation of emotions. The expression of emotions had a cognitive calming effect and needed to be done within the cultural context and norms. The expression and control of emotions differed from one participant to another. The participants held different cultural beliefs and religious affiliations. The beliefs held and the cognitive cultural background influenced the participants' ability to control and express emotions. During self-management of emotions, the participants adopted a positive attitude and a tendency to normalise the distress of loss of employment. This helped to ameliorate the internal strain and subsequently lead to resilience

recovery. This was conceptually linked to the chronosystem of the ecological model where the participants desired time for processing, asking questions and expressing emotional reactions (Bourne, 2005; Howes, Lewis & Singh, 2014; O'Grady, 2014). Participants felt the desire to be indifferent and upheld the ethical responsibility of compassionate behaviour. They created close emotional proximity involving the knowledge of emotions of the other that is so thorough that they could not form a generalised impression of the other as distinct from the self.

Rationalisation of emotions took place as the participants encouraged each other to justify thinking and behaviour patterns in the context of available evidence. Linked to the recovery phase of the thriving theory of resilience, participants monitored own emotions, deduced the rationale of experienced emotions and responded accordingly. The participants reprimanded each other to desist from lamenting over the lost employment. They had to hold a positive view of themselves, others and the future. The participants cognitively processed the meaning of the felt emotions as they harnessed the resilience-enhancing strategies. This was consistent with the other findings which showed that participants recognised the meanings of own emotions and their relationships, and used them as the basis for reasoning, problem solving and enhancing cognitive activities (Mayer, Salovey, Caruso, & Sitarenios, 2001, cited in Bagheri, Kosnin and Besharat, 2016; Mihalca & Tarnavka, 2012). The contextual cultural norms of the participants shaped the meaning and the expected responses to emotions. The rationalisation of emotions was done in the cultural context which spelt out the expected emotional behaviour in a specific context.

The participants felt emotionally comforted and cared for as they exercised compassionate behaviour. They consoled each other and kindled hope irrespective of the emotional pain they were going through. The virtuous traits of kindness, honesty and generosity among the participants strengthened the emotional bond. This was consistent with findings made by Firestone (2015) and Alice and Terry (2017) that participants had a sense of sincerity, compassion, consistency and ability to challenge maladaptive behaviour. This rejuvenated the lost confidence and strengthened the shared cognitive social capital resources. The participants positively evaluated the felt emotions and meanings, and took appropriate action to resolve the emotional distress. They were sensitive to discussions getting out of control and degenerating into arguments. They took preventive measures before the situation went out of

control. The participants had to compromise in situations of disagreements. Thinking and behaviour patterns which emotionally offended others were avoided.

The compassionate behaviour, however, perpetuated an overprotective environment for the participants. They became over-dependent and needed excessive assurance to engage in novel resilience-enhancing activities. Despite the limitations mentioned, compassionate behaviour contributed to mutual recognition of emotions, spontaneous feeling of benevolence, and responsibility for the other person. The participants had an attitude of collective personal commitments to attend to emotional needs of each other. This was consistent with the assertion by Batink et al. (2016) and Smith (2016), that participants need to be given realistic reassurance of possible recovery, acceptance and be helped to make decisions during difficult times. The need for care, warmth and love drew them closer to each other. Participants felt the need to rely on each other as they resolved the psychological distress. The closely attached participants had a strong positive influence to dissipate impulsive and irrational behaviour. The shared improvement in cognitive social functioning instilled a sense of hope and confidence essential for resilience-enhancing.

6.2.3.6 Prospects for the bright future

Conceptually linked to the recovery and growing phases of the thriving theory of resilience, the sense of optimism promoted resilience thinking and behaviour patterns among the participants. The participants hoped for a bright future irrespective of employment loss through retrenchment. They perceived the psychological distress as manageable. The participants positively appraised the loss of employment as a normal life event rather than a threat to psychological well-being. They were optimistic and had the mental strength zeal to resolve the perceived distress. The participants maintained a positive attitude towards the self and the outside world, which contributed to resilience building. The findings were consistent with the other studies which showed that optimistic participants reported greater subjective well-being and less psychological distress compared to those who were pessimistic (Kostka & Jachimowicz 2010, cited in Lee & Mason, 2013). The sense of optimism tended to invigorate participants' inherent cognitive competence to deal with employment loss grief. Conceptually linked to the synergetic ecological multi levels, the optimistic participants explored and exchanged different strategies of dealing with employment loss grief.

There were, however, limitations related to optimistic behaviour among the retrenched participants. The hope for a bright future was likely to diminish in an environment characterised by the pervasive loss of employment. This was consistent with the findings by Brown (2008) and Green (2016) who described optimism as blind faith which distorts the reality by only looking at the bright side of an event. The participants, nevertheless, had the integrity to mobilise the cognitive social resources and endure the prevailing unfavourable psychological distress. The hope for a bright future instilled self-esteem, confidence and a sense of psychological well-being among the participants.

6.2.3.7 The religious and spiritual belief system of participants

Conceptually related to the macrosystem of the ecological model, religion and spirituality contributed to resilience-enhancement among the participants. The participants were affiliated to various religious and spiritual domains which revitalised a sense of courage, hope and forgiveness. Religious and spiritual rituals were believed to provide connections to the Supreme-being with absolute powers to stabilise the perceived psychological distress. The participants believed that religion increased the sense of transcendence to God. They reported having been spiritually, mentally and socially invigorated as they exercised religious rituals such as entering into prayer realms. The social fabric connectedness was expanded as the participants formed part of the congregations. Religious and spiritual beliefs inculcated a sense of patience and endurance among the participants. The severity of the perceived psychological distress was minimised. This was consistent with the findings of Yeung and Martin (2013) that spiritual beliefs offer solace in difficult times and people are inspired to support each other. Participants were united and encouraged each other to remain mentally resolute. Religion and spirituality facilitated a sense of identity among the participants, which contributed to resilience-enhancing.

Religious teachings, forgiveness and tolerance were considered by the participants as resilience-enhancing components. Conceptualised in the context of growing phase of thriving theory, and linked to the ecological model levels, religious teachings inspired participants to perceive the future as bright. They were not mentally pre-occupied with the past painful experiences of retrenchment but strengthened by having faith of a bright future ahead of

them. Positive outcomes of religious teachings on mental well-being could not be ignored among the participants. The participants reported having experienced some great improvements in sleeping patterns, cognition, emotions and behaviour control. It was important for the participants to be cautious when exercising religious teachings. Controversial comments which denounced other religions were avoided. The participants belonged and affiliated to different religions. They were likely to be divided along the religious lines. The multi-faith approach was used during the discussions. The participants had to accommodate and accept the resilience sustaining ideas from other religions.

Inter-related to the ecological model synergetic relationships, forgiveness was considered by the participants as an act of maintaining resilience. Ruminating thinking and behaviour among the participants was counterproductive to forgiveness and was avoided. The feelings of guilt, shame and self-criticism were released as the participants exercised forgiveness. The self-blame among the participants was not justified. Retrenchment was no longer viewed as a threat, but a response to a local crumbling economy (Hair, 2016). The concept of forgiveness, however, seemed to have no meaning to the participants who were still harbouring the grief of employment loss. They failed to rationalise the meaning of forgiveness when they were still in a state of employment loss grief. The participants, however, had a collective cultural background which encouraged them to uphold moral values of forgiveness. The findings were consistent with those of other studies which showed that as the participants' levels of forgiveness increase; their anger, depression, stress levels decrease and their physical and psychological health conditions improved (Friedberg, Suchday, & Sirinivas, 2009, cited in Onal and Yalcin, 2017). The level of cooperation and social standing improved among the participants.

The exercising of tolerance was found in the circles of religion teachings and was esteemed by the participants. The participants exercised permissive attitude towards each other irrespective of differences of opinions and ideas. Interconnected to the deteriorating phase of the thriving theory of resilience, not all the participants were capable of upholding the principles of tolerance. There was, however, no framework for clearly guiding the participants on expected tolerance behaviour. This made the concept fragmented and susceptible to manipulation. The participants had, however, accommodated contradicting ideas and perceptions as a gesture of tolerance. Tolerance was regarded as a noble practice in

the participants' cultural norms of cognition. It was morally accepted to tolerate diversified decisions. The participants shared a diversified environment in terms of culture and thinking patterns. They held different views and moral values without offending each other. The participants gave cognitive social support to each other to sustain resilience despite the perceived cognitive social behaviour irregularities. O'Connor (2014) and Skalski (2017) similarly observed from their own studies that tolerance promoted virtuous characters bound by ethical standards of generosity, mercy and respect.

Ungar, Russell and Connelly (2014), Sloan and Bagiella (2002) and Downey (2004), cited in Turner (2015), argue that religion contributed to a decreased sense of well-being and that individuals who are not affiliated to religious domains can do well just as their religious peers. The participants, however, reported that religious teachings contributed to a drastic improvement in psychological well-being. This was consistent with the findings of Memaryan, Rassouli and Mehrabi (2016), Murambidzi (2013) and Peres, Nasello, Almeida and Koenig (2007), that spirituality made participants satisfied with life, surrender to the will of God, and have meaningful experiences despite pain and suffering, and derive lasting peace of mind.

6.2.3.8 Participation in leisure activities

Conceptually linked to the ecological symbiotic multi-levels interactions put across by Bronfenbrenner (1979), the contextual cultural recreational activities contributed to resilience-enhancement among the participants. As spelt out in the initial stage of CSC model, the participants shared local stories and jokes, and listened and danced to culturally aligned music. The sense of boredom gradually diminished when the participants shared some local and interesting stories. They had moments of laughter which enabled painful feelings or emotions to be released. Toyoshima, Kaneko and Motohashi (2016) and Zekiye (2016) note that recreational activities such as music, dancing, sports and meditation had a positive effect on increasing the self-esteem level and decreasing loneliness among the participants. The dysphoric mood was altered as the participants became actively involved in recreational activities. The participants' thinking patterns were renewed. The recreational activities promoted positive thinking and perception of the environment. Self-esteem, confidence and hope were rejuvenated among the participants.

It is essential to realise that the participants were comprised of different age groups. They also had different previous occupational categories. They were not all interested in one particular recreational activity. The activities were varied and structured in the context of the participants' age groups and cultural norms. This made them more significant and relevant to all the participants. Morgan (2013) and Jureniene and Stonyte (2016) had similar findings that culturally linked recreational activities improved the participants' physical and mental health. The cognitive social functions were positively renewed as the participants engaged in recreational activities.

As part of the recovery and growing phases stipulated in the thriving theory of resilience, the participants were engaged in some guided physical exercises. The physical exercises were aspects of leisure and recreational activities essential for stimulating resilience-enhancing thinking and behaviour patterns. The successful execution of physical exercises inculcated a sense of mental strength, cognitive social discipline and mastery, crucial for resilience-enhancement. It was, however, essential for the participants to get professional advice on the scheduling of physical exercises. The participants had different mental and physical threshold to execute the respective physical exercises. Engaging in physical activities without professional advice made them susceptible to both physical and mental health risks.

The participants with dwindling financial income could hardly afford the consultation fees of professional physiotherapists. The participants had to seek the professional advice from physicians to engage in physical exercises. Some of the physical activities recommended included jogging, strolling and gymnastics. The recommendation was consistent with the findings by Lubans, Richards, Hillman and Biddle (2016) and Whiteman (2016) that participants boosted self-confidence, emotional stability, cognitive functions and social network as they embarked on physical exercises. The participation in culturally aligned mini local games helped to restore the lost hope and self-worth. The participants set themselves tasks and time frames to complete the physical exercises. As suggested by Leith (2010) in Anshel (2014) and Killroy (2017), a minimum time frame of 20 to 30 minutes of significant effort three times per week over three to four months was ideal. The participants generated cognitive strength and determination to accomplish tasks. The physical exercises had some

rules and regulations which were followed by the participants. The ability to follow the rules instilled a sense of mastery essential for initiating and maintaining interpersonal relationships.

Civic engagement and participation constituted another aspect of recreational activities. The participants took part in civic engagement and participation. This prompted resilience-enhancing thinking behaviour among the participants. They had the cognitive social competence to organise and participate in civic activities. Camp and Baugh (2016) and Cartwright and Cleave (2016) note that the participants gained knowledge alongside culturally aligned skills, values and motivation to resolve the psychological distress. The lost social recognition was regained as the participants engaged in civic activities such as taking part in national socio-economic debates. The participants were bold enough to take some turns to assume some leadership roles during group discussions. The ability to follow the proceedings, concentrates, and make meaningful contributions helped to enhance-resilience. Civic engagements in a politically volatile country such as Zimbabwe can sometimes be a risky adventure as it may be misinterpreted as politically motivated to gain political mileage. The required conditions to get police clearance for civic engagement were difficult for the participants to meet, considering that they were still recovering. The participation of all stakeholders, namely; mental health professionals, traditional healers, faith healers and political leaders, was needed. This helped to clear suspicion and ensured collective responsibility to assist the participants to deal with the grief of employment loss through retrenchment.

6.2.3.9 Thriving for self-actualisation

Conceptually related to the growing phase of the thriving theory of resilience, the participants aspired to achieve self-actualisation. Self-actualisation served as one of the strategies of maintaining resilience as stipulated in stage five of the CSC model. This was consistent with the assertion made by Wikipedia (2016) and Sorman, Roonlund, Sundstrom, Norberg and Nason (2017), that the participants were capable of becoming the person they desired to become and to reach the peak of their potential. The participants considered themselves as having control over psychological distress. They had the flexible mental strength to successfully deal with the perceived distress. The attainment of self-actualisation among the participants was not instantaneous, but insidious.

Nevertheless, the cultural context of the participants' cognition had no set norms of self-actualisation. The benchmarks of self-actualisation differed from one participant to another. The participants who had diminished cognitive social functioning might have found it difficult to attain self-actualisation. More cognitive social resources were directed towards the procurement of the physiological needs rather than self-actualisation. It is, however, essential to realise that a combination of reflective, creative and divergent thinking skills stimulated the sense of self-actualisation among the participants. This was consistent with the findings made by Hickerson (2013) and Erdogan and Yurtkulu (2017), that the participants required critical thinking to create innovative ideas, to be nice and friendly in social relations and to have emotional integrity in order to realise self-actualisation.

6.3 CHAPTER SUMMARY

The chapter discussed the perceived psychological distress and possible strategies for participants to resolve the distress. The resilience enhancing strategies were culturally driven and aligned. Various themes and categories were given attention to assert the effects of retrenchment and possible resolutions. Chapter seven outlines the study findings and proffers recommendations.

CHAPTER 7

CONCLUSION AND RECOMMENDATIONS

7.1 INTRODUCTION

This chapter focuses on the study conclusion and recommendations. The inferences drawn were derived from the functionality of the CSC model to enhance-resilience of retrenched workers in Harare, Zimbabwe. The study came up with various conclusions drawn from each of the four study objectives.

7.2 FINDINGS OF THE STUDY OBJECTIVES

The study objectives were as follows:

- To identify the mental health needs of retrenched workers.
- To employ a contextually relevant Cognitive Social Capital model in assisting the retrenched workers in Harare, Zimbabwe to deal with grief of employment loss.
- To evaluate the strengths and weaknesses of the Cognitive-Social Capital model and make related adjustments.
- To strengthen and utilise the existing culturally aligned interpersonal relationships in enhancing resilience.

7.2.1 Findings on study objective one

Objective one was based on identifying the mental health needs of retrenched workers. The study found out that social interconnectedness was essential for resilience-enhancement. Participants needed encouragement to deal with their inferiority complex. The need to be accepted and be integrated into the society was cited by the participants. This concurred with findings made by McDonnell (2014), Sims, Hosey, Levy, Whitfield, Katzel and Waldstein (2014) and Sippel, Pietrzak, Charney, Mayes and Southwick (2015), that social support promotes feelings of comfort and belonging. The participants felt loved, respected and cared for by others. The participants reported that losing employment did not translate to the loss of

social obligations. The study found that the participants needed time to express and acknowledge the difficult negative emotions of grief. This would help them to deal with grief following employment loss.

It was found that the participants unanimously identified cognitive needs as essential to enhancing resilience. The findings concurred with findings by Erdley, Cynthia, Rivera, Shepherd and Holleb (2010), Shatil (2013) and Kuldass (2015) which showed that cognitive skills were of paramount importance to ensuring that participants had the cognitive skills to resolve the psychological distress. The close ties among the participants stimulated positive thinking essential for resilience-enhancement. The participants had positive perception of the self, which contributed to self-esteem, self-awareness and self-assertiveness.

The need for cognitive social autonomy emanated from the participants' cultural endogenous approach to resilience-enhancement. The cognitive skills were found as the innovative sources of discovering alternate methods of earning a living after retrenchment. This concurred with findings made by Bahadur and Doczi (2016) and Manning and Robertson (2016) that participants desired to become innovative and adaptive in their approach to problem-solving. The study revealed that the participants needed contextually defined and meaningful, creative and critical normative thinking skills essential for resilience enhancement.

7.2.2 Findings on study objective two

The second objective was to employ a contextually relevant CSC model in assisting the retrenched workers in Harare, Zimbabwe to deal with grief of employment loss. The study found that social recognition and participation enhanced resilience among the participants. The opportunity to participate in culturally aligned contextual social activities build confidence. The conclusion concurred with Monteiro, Ndiaye, Blanas and Ba (2014) and Testa's (2017) finding that the participants appreciated recognition to boost the confidence for resolving their psychological distress. The participants desired the reaffirmation of their social status and role in the family and society as a whole. The participants needed to be praised, for example, by reciting their lineage totems. It was concluded that acknowledgement consolidated participants' social standing prominence in the family and

society. The findings concurred with those by Fisher and Ackerman (1998), Gibson and Kim (2011), cited in Kim and Um (2016), which indicated that appreciated participants undertook desired behaviours which increased resilience. It was concluded that a sense of belonging stimulated the participants to assume profound social roles in the society.

The study found that acceptance of employment loss assisted the participants to resolve their psychological distress. The participants reported marked improvements in discovering ideal alternatives of earning a living after accepting their loss of employment. The participants considered retrenchment as a driving force to discovering new opportunities, which strengthened and promoted their psychological well-being.

The study concluded that resilience-enhancement is a gradual process understood within the participants' contextual cultural norms and values of cognition. The study found that participants had different resilience recovery paces and strategies which were compatible with the unique needs of the participants. The findings revealed that the participants' cognitive skills, characterised by critical, reflective and creative normative thinking skills, facilitated resilience-enhancing thinking and behaviour patterns. The study concluded that the participants' virtuous character of altruism, generosity, tolerance and reciprocity instilled a sense of responsibility, belonging and resilience.

The study found out that culturally aligned recreational activities, such as reciting indigenous poems, cultural dances, and songs enhanced-resilience. Toyoshima, Kaneko and Motohashi (2016) and Zekiye (2016) posit that recreational activities such as music, dancing, sports and meditation have a positive effect on increasing the self-esteem level and decreasing loneliness level among the participants.

The study established that participants' engagement in culturally endorsed outdoor and indoor physical exercises helped to develop cognitive social competence. The physical exercises fostered a sense of cognitive social discipline essential for resilience-enhancement. The participants reported to having acquired a sense of responsibility as they participated in physical exercises. The finding was consistent with the study conducted by Lyoka (2011) and Lubans, Richards, Hillman and Biddle (2016) which showed that embarking on physical

exercises boosted self-confidence, emotional stability, cognitive functions and social networking.

7.2.3 Findings of study objective three

The third objective was based on the evaluation of strengths and weaknesses of the CSC model and in order to make related adjustments. The study established that, irrespective of the participants' differences in educational qualifications, previous occupational categories, working experiences, and age groups, they all equally respected each other. The CSC model facilitated the collaborative discussion and sharing of resilience-enhancing strategies among participants as colleagues. The study found that the participants had the opportunity to utilise the trusted and readily available social support resources, such as family members, to enhance-resilience.

It was found that the participants with dwindling financial income were assisted to deal with the employment loss grief in the context of their culture. At the time of the study, the poverty datum line in Zimbabwe stood at around \$500 per month (Tarabuka, 2014; Chidza & Nkala, 2016). The participants who lived below the poverty datum line found it difficult to afford the ever-rising costs of centralised professional mental health services.

The study concluded that the participants were able to correct cultural misconceptions related to psychological distress as encapsulated in the second stage of the CSC model. The participants competently used their own vernacular language to discuss and describe the felt distress and possible remedies. A psychological sense of ownership of the study findings was developed.

The study found that as a weakness of the CSC model, the participants struggled to find appropriate words to describe some of the resilience-enhancing ideas. The failure to clearly express the intended ideas jeopardised the dynamics of the group activities. Irrespective of the limitation, the participants' common language unified them, built confidence, and enhanced resilience. The semantic exploration of the shared resilience-enhancing ideas was done by the participants in the context of their mother language.

7.2.4 Findings of study objective four

The fourth objective was based on strengthening and utilising the existing culturally aligned interpersonal relationships in enhancing resilience. The culturally aligned symbiotic interactions built upon shared solidarity, empathy and generosity contributed to resilience-enhancing thinking and behaviour patterns. It was found that functional social ties, reciprocity, and trust contributed to resilience-enhancement. This was consistent with similar findings made by Hawkins, Villagonzalo, Sanson, Taimbourou, Letcher and Alsson (2012) and Matthews (2016), that people with close friends and confidants, friendly neighbours and supportive co-workers are less likely to experience sadness, loneliness, low self-esteem and problems with eating and sleeping. The participants established trust as they interacted and openly shared resilience enhancing ideas. The participants jointly encouraged each other to adjust in complex distressing situations to sustain resilience. Resilience-enhancing tasks were prioritised and jointly broken down into manageable units to ensure successful execution.

The participants collaboratively questioned and disputed the stereotypic thinking patterns and behaviour. Participants pooled and scrutinised diversified ideas together in formulating culturally aligned resilience-enhancing strategies. This helped to foster a sense of belonging and psychological ownership of resilience enhancing ideas. It was found that the participants encouraged each other to persevere irrespective of the perceived psychological adversity.

The study concluded that religion and spirituality stimulated confidence to deal with employment loss grief. The participants reported having attained peace of mind and satisfaction with life, irrespective of losing employment. They believed they were inspired to remain resilient by the mighty powers of the invisible spiritual world. This was consistent with the views that spirituality made participants to surrender to the will of God, have meaningful experiences of pain and suffering in life and lasting peace of mind (Memaryan, Rassouli & Mehrabi, 2016; Murambidzi, 2016; Peres, Nasello, Almeida & Koenig, 2007). Religion and spirituality provided a holding environment through connections to the Supreme-being with absolute powers to reign over psychological adversity.

7.3 LIMITATIONS OF THE STUDY

The researcher identified the following limitation:

The researcher faced some financial limitations to pay for the bus fare of the participants to and from the hospital. The problem was solved by getting financial assistance from a workmate.

7.4 RECOMMENDATIONS BASED ON STUDY FINDINGS

Resilience-enhancement is a gradual process which takes place in stages. Strategies of resolving psychological distress should be contextually defined and relevant. The resilience-enhancing strategies should be aligned to the cultural norms of cognition.

Social sense of belonging and connectedness ought to be understood in the context of reciprocity, societal recognition, acknowledgement and encouragement to enhance resilience. Social relationships should be shaped and guided by the indigenous norms of relating to each other, which are essential for resilience enhancing. Recreational activities should be culturally aligned to instil self-identity and belonging. Confidence and hope could be developed during recreational activities.

Religious beliefs and teachings should be exercised with caution to accommodate diversity of resilience-enhancing ideas. Mental health institutions ought to be decentralised in Zimbabwe, and policies aligned to the local concepts and norms of resilience enhancing.

7.4.1 Recommendations for future research

In the light of the foregoing conclusions and findings, future research should consider:

- Investigating the impact of retrenchment on the psychological well-being of children of the retrenched participants.
- Investigating resilience-enhancing strategies for the retrenched participants with profound hearing and speech impairments.
- If religion solely can enhance resilience among the retrenched workers?

- If the migration of retrenched workers in Zimbabwe to neighbouring countries can help them to enhance-resilience?

7.5 SUMMARY

The chapter concludes that the interpersonal connectedness among participants provided a holding environment for the participants. The resilience-enhancement strategies were shaped and guided by, and interpreted in, the context of the participants' cultural orientation of cognition. The post-assessment results illustrated that the CSC model successfully enhanced the resilience of the participants. The participants showed drastic improvement in decision making, maintaining social relationships, controlling emotions, and accepting the diversity of resilience-enhancing strategies. Group tasks were executed confidently with precision. The main aim of the intervention study; to assist the retrenched workers in Harare, Zimbabwe to deal with grief of employment loss, was achieved.

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Annexure A: Ethics certificate



Ethical Clearance for M/D students: Research on human participants

The Ethics Committee of the Department of Psychology at Unisa has evaluated this research proposal for a Higher Degree in Psychology in light of appropriate ethical requirements, with special reference to the requirements of the Code of Conduct for Psychologists of the HPCSA and the Unisa Policy on Research Ethics.

Student Name: Maurice Kwembeya

Student no.: 57647119

Supervisor: Dr. R.M. Dhlomo Sibiyi

Affiliation: External supervisor

Title of project:

Enhancing the resilience of retrenched workers in Harare, Zimbabwe using the Cognitive Social Capital Model

The application was approved by the departmental Ethics Committee on the understanding that –

- Clearance is to be obtained from the hospital from where the participants are to be drawn, and all conditions and procedures regarding access to information for research purposes that may be required by this institution is to be met, including any further clearances that may be required;
- All ethical conditions related to voluntary participation, informed consent, anonymity, confidentiality of the information and the right to withdraw from the research must be explained to participants in a way that will be clearly understood and a signed letter of informed consent will be obtained from each of the participants in the study;
- Patient records will not be consulted or used for research purposes without explicit consent of the patients involved.

Signed:



Date: 14 November 2016

Prof P Kruger

[For the Ethics Committee]

[Department of Psychology, Unisa]

The proposed research may now commence with the proviso that:

- 1) *The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*
- 2) *Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Psychology Department Ethics Review Committee.*
- 3) *An amended application should be submitted if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*
- 4) *The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*

Please note that research where participants are drawn from Unisa staff, students or data bases requires permission from the Senate Research and Innovation Committee (SENRIC) before the research commences.

Annexure B: Permission to conduct research

House Number 5348

Zimta Park

Chikanga 3

Mutare

Zimbabwe

16 November 2016.

The Clinical Director

Parirenyatwa Group of Hospitals

Annex Psychiatric Hospital

P.O. Box CY 198

Causeway, Harare

Zimbabwe.

REFERENCE: REQUESTING FOR PERMISSION TO COLLECT RESEARCH DATA AT PARIRENYATWA ANNEX PSYCHIATRIC HOSPITAL.

I am requesting for permission to collect research data at Parirenyatwa Annex Psychiatric hospital. I am presently registered with the University of South Africa (UNISA) for a Doctoral degree in Psychology. My thesis is entitled: Enhancing the resilience of retrenched workers in Harare, Zimbabwe using the Cognitive Social Capital Model (CSCM). I intend to conduct pre- and post-intervention assessments, clinical observation, semi-structured interviews and focus group discussions as from the 12th of December 2016. The semi-structured interviews and focus group discussions will be video recorded. I hope it will not be more than two months. All the participants who will be involved in this study will remain anonymous. Participation will be voluntary and participants will be allowed to leave the study at any time if unwilling to continue. Each of the participants in the study will sign a letter of informed consent.

Yours faithfully

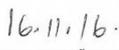
Kwembeya Maurice.



Signature.

Email address:

Student Number: 57647119



Date.

kwembeyam@yahoo.com

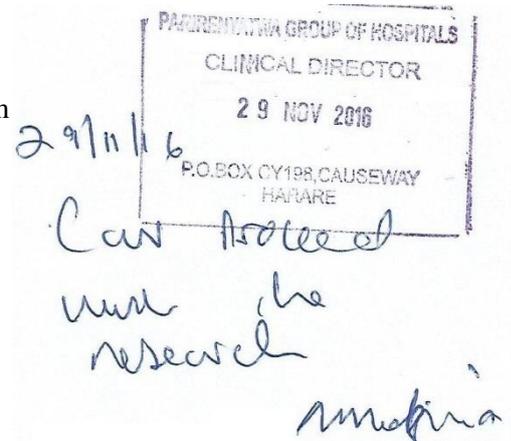
57647119@mylife.unisa.ac.za

Phone number(s): +263779109275 or +263712784109

Promoter: Dr. R.M. Dhlomo Sibiya.

email address: mbalidsibiya@gmail.com

Contact number: +27 829681008



Annexure C: Application for study participants

House Number 5348

Zimta Park

Chikanga 3, Mutare, Zimbabwe

19 November 2016.

Parirenyatwa Group of Hospitals

Annex Psychiatric Hospital

P.O. Box CY 198

Causeway, Harare

Zimbabwe.

REFERENCE: INVITATION TO PARTICIPATE IN THE STUDY AT PARIRENYATWA ANNEX PSYCHIATRIC HOSPITAL.

I am requesting for your participation in the study at Parirenyatwa Annex Psychiatric hospital. I am Maurice Kwembeya (Student No. 57647119) and currently enrolled at the University of South (UNISA), pursuing a doctorate degree in Psychology. My research topic is entitled **Enhancing the resilience of retrenched workers in Harare, Zimbabwe**. Please note your participation in this study is exclusively voluntary and you will be allowed to leave the study at any time if unwilling to continue. I intend to conduct pre- and post-intervention assessments, clinical observation, semi structured interviews and focus group discussions as from the 12th of December 2016. The semi-structured interviews and focus group discussions will be video recorded. I hope the study will not exceed 30 days. All the participants who will be involved in this study will remain anonymous. Each of the participants in the study will sign a letter of informed consent. For any information regarding the study, feel free to contact me on the cell number given below.

Yours faithfully



Kwembeya Maurice

Cell. 0779109275

Annexure D: Participants consent form

I, Maurice Kwembeya (Student No. 57647119) am enrolled at the University of South (UNISA). I am pursuing a doctorate degree in Psychology. My research topic is **Enhancing the resilience of retrenched workers in Harare, Zimbabwe using the Cognitive Social Capital model**. You are sincerely requested to participate in this research study. Please note your involvement in this study is exclusively voluntary and you are allowed to leave the study at any time if unwilling to continue. You are also permitted to withdraw the data you contributed if wishing so. Your personal details and responses will be handled with strict confidentiality. The researcher will provide you with the data findings, if you so wish. The results will be submitted in the form of a PHD thesis, published in the form of scientific papers, book chapters and presented in conferences with your permission and acknowledgement. Thank you for your precious time and cooperation.

Consent declaration

I _____ hereby voluntarily agree to participate in the study entitled **Enhancing the resilience of retrenched workers in Harare, Zimbabwe using the Cognitive Social Capital model**.

Participant signature.

Date.

Annexure E: Interview guide for retrenched workers

My name is Maurice Kwembeya, a Doctoral student with the University of South Africa (UNISA). My student number: 57647119. I am currently working on my thesis. The title for my thesis is: Enhancing the resilience of retrenched workers in Harare, Zimbabwe using the Cognitive Social Capital Model.

The aim of this intervention study is to enhance the resilience of retrenched workers in Harare, Zimbabwe. This semi structured interview will take approximately 50 minutes of your time.

Your responses and views are important as they form the basis for this study. I kindly request you to give your honest opinions. Your participation is greatly appreciated.

N.B. The interviews were conducted within a time frame of 21 days from December 2017 to January 2018. The researcher would meet the participants on the agreed set dates and time.

Resilience needs assessment for retrenched workers.

1. What are the cognitive and social needs of the retrenched workers to enhance resilience?

Pre-intervention perception of resilience level.

2. What is your self-perceived introspection of initial level of cognitive and social strengths after losing employment?
3. What are the signs and symptoms of psychological distress experienced by the retrenched workers?
4. What do you think is the importance of knowing these signs and symptoms?

CSC model intervention to enhance resilience-social capital resources.

5. To what extent does trustworthiness and reciprocity among the group members contribute to resilience?
6. What emotional support do you get from family members after losing employment?
7. How can you dispel the contextual cultural misconceptions on mental health challenges to enhance resilience?
8. How does the existing culturally aligned interpersonal relationships and social connectedness assist to enhance resilience?

Evaluation of the strengths and weakness of the CSC model.

9. What are the self- perceived strengths and weakness of the cognitive social capital resources on resilience enhancing?

Strategies for maintaining resilience.

10. How can you politely express emotions and accept criticism to maintain resilience?
12. How does self- perceived introspection of cognitive and spiritual belief systems help to maintain resilience?

THANK YOU for sparing your time during this interview.

Annexure F: Focus group discussion guide for retrenched workers

The researcher is a PhD student in Psychology with the University of South Africa (UNISA) who is carrying out a research on Enhancing the resilience of retrenched workers in Harare, Zimbabwe using the Cognitive Social Capital Model. You are kindly requested to respond to the following questions. Any information you provide shall be treated confidentially and it shall not be used for any other purpose besides this study. You are requested to respond to each item as honestly as possible.

NB. May we also agree on some norms that will guide how we are going to work as a group?

1. What are the cognitive and social needs of the retrenched workers for enhancing resilience?
2. What is your social strengths after losing employment? Can you explain how you felt after being retrenched?
3. What are the signs and symptoms of psychological distress experienced by the retrenched workers? What do you think is the importance of knowing these signs and symptoms?
4. To what extent does trustworthiness and reciprocity among the group members contribute to enhance resilience?
5. What emotional support do you get from family members after losing employment?
6. How can you remove contextual cultural misconceptions on mental health challenges to enhance resilience?
7. How does the existing culturally aligned interpersonal relationships and social connectedness assist to enhance resilience?
8. What are the self- perceived strengths and weakness of the cognitive social capital resources on enhancing resilience?
9. How do you politely express emotions and accept criticism to maintain resilience?
10. How does self-perceived introspection of cognitive and spiritual belief systems help to enhance resilience?

THANK YOU for sparing your time during this discussion.

Annexure G: Resilience scale for adults (RSA)

Description

The RSA-scale consists of 43 items used to assess the presence of protective factors either within or in the environment. It covered five dimensions namely ‘personal competence’ (12 items), ‘social competence’ (10 items), ‘family coherence’ (8 items) ‘social support’ (7 items), and ‘personal structure’ (6 items). The responses of the participants were analysed using the RSA five dimensions namely ‘personal competence’, ‘social competence’, ‘family coherence’, ‘social support’ and ‘personal structure.

RSA showing the distribution and loading of items in the five dimensions.

Note: Table 5.2 shows a crude English translation of the Norwegian original version.

INSTRUCTIONS.

Read the following items given on the table below and score by selecting one of the five given dimensions.

Items		Scores					
		1.Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Neither					
			1	2	3	4	5
1	I believe in my own abilities	1					
2	Believing in myself helps me to overcome difficult times	2					
3	I know that I succeed if I carry on	3					
4	I know how to reach my goals	4					

5	No matter what happens I always find a solution	5					
6	I am comfortable together with other persons	6					
7	My future feels promising	7					
8	I know that I can solve my personal problems	8					
9	I am pleased with myself	9					
10	I have realistic plans for the future	10					
11	I completely trust my judgements and decisions	11					
12	At hard times I know that better times will come	12					
13	I am good at getting in touch with new people	13					
14	I easily establish new friendships	14					
15	It is easy for me to think of good conversational topics	15					
16	I easily adjust to new social milieus	16					
17	It is easy for me to make other people laugh	17					
18	I enjoy being with other people	18					
19	I know how to start a conversation	19					
20	I easily laugh	20					
21	It is important for me to be flexible in social circumstances	21					
22	I experience good relations with both women and men	22					
23	There are strong bonds in my family	23					
24	I enjoy being with	24					

	my family						
25	In our family we are loyal towards each other	25					
26	In my family we enjoy finding common activities	26					
27	Even at difficult times my family keeps a positive outlook on the future	27					
28	In my family we have a common understanding of what's important about me	28					
29	There are few conflicts in my family	29					
30	I have some close friends/family members who really care about me	30					
31	I have some friends/family members who back me up	31					
32	I always have someone who can help me when needed	32					
33	I have some close friends/family members who are good at encouraging me	33					
34	I am quickly notified if some family members get into crisis	34					
35	I can discuss personal matters with friends/family members	35					
36	I have some close friends/family members who value my abilities	36					

37	I regularly keep in touch with my family	37					
38	There are strong bonds between my friends	38					
39	Rules and regular routines make my daily life easier	39					
40	I keep up my daily routines even at difficult times	40					
41	I prefer to plan my actions	41					
42	I work best when I reach for a goal	42					
43	I am good at organizing my time	43					

Annexure H: Pre-intervention assessment

There were a total number of 50 participants listed below in the pre-intervention assessment. An aggregate of 50 participants gave responses on each of the five RSA dimensions namely 'personal competence', 'social competence', 'family coherence', 'social support' and 'personal structure. The ticks were used to represent the responses of the participants on each of the five RSA dimensions questionnaire items.

- | | | | |
|-----|----------|-----|------------|
| 1. | Donold | 26. | Spiwe |
| 2. | Shamu | 27. | Doubt |
| 3. | Kim | 28. | Saul |
| 4. | Shupikai | 29. | Blessing |
| 5. | Geofry | 30. | Hugh |
| 6. | Dennis | 31. | Romio |
| 7. | Shorai | 32. | Zuze |
| 8. | Mitchel | 33. | Farikai |
| 9. | Fungai | 34. | Ropafadzo |
| 10. | Thomas | 35. | Rudolf |
| 11. | Essau | 36. | Sindisiwe |
| 12. | Emelda | 37. | Julius |
| 13. | Theo | 38. | Batanai |
| 14. | Kolwani | 39. | Dianna |
| 15. | Phillip | 40. | Glad |
| 16. | Tafadzwa | 41. | Chipo |
| 17. | Timothy | 42. | Ephraim |
| 18. | Gelly | 43. | Portia |
| 19. | Edwin | 44. | Ruponeso |
| 20. | Joyce | 45. | Malvern |
| 21. | Ranga | 46. | Paradzai |
| 22. | Bernam | 47. | Thinkmore |
| 23. | Langton | 48. | Ellen |
| 24. | Nelson | 49. | Alfred |
| 25. | Gondo | 50. | Kudakwashe |

RESILIENCE SCALE FOR ADULTS (RSA)

INSTRUCTIONS.

Read the following RSA questionnaire items given in the table below and show your response by ticking on provided columns corresponding to the questionnaire items.

RSA showing pre-intervention assessment

Items		Scores					
		1.Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Neither					
			1	2	3	4	5
1	I believe in my own abilities	1	✓ ✓	✓ ✓	✓✓✓✓✓✓✓✓ ✓✓✓	✓	✓
2	Believing in myself helps me to overcome difficult times	2			✓✓✓ ✓✓		
3	I know that I succeed if I carry on	3			✓		✓
4	I know how to reach my goals	4			✓✓		
5	No matter what happens I always find a solution	5			✓	✓ ✓	
6	I am comfortable together with other persons	6			✓		
7	My future feels promising	7			✓✓ ✓		
8	I know that I can solve my personal problems	8			✓✓✓	✓	
9	I am pleased with myself	9			✓✓		
10	I have realistic plans for the future	10			✓✓✓✓	✓	
11	I completely trust my judgements and decisions	11			✓	✓✓	
12	At hard times I know that better times will come	12			✓✓	✓	

13	I am good at getting in touch with new people	13	✓✓		✓✓✓	✓✓✓	✓
14	I easily establish new friendships	14		✓	✓✓	✓✓	
15	It is easy for me to think of good conversational topics	15			✓✓✓	✓	
16	I easily adjust to new social milieus	16	✓		✓	✓✓	
17	It is easy for me to make other people laugh	17			✓	✓	
18	I enjoy being with other people	18	✓		✓✓✓✓✓	✓✓✓	
19	I know how to start a conversation	19			✓	✓	
20	I easily laugh	20			✓✓	✓	
21	It is important for me to be flexible in social circumstances	21			✓	✓✓	
22	I experience good relations with both women and men	22	✓✓		✓✓✓✓✓	✓	✓
23	There are strong bonds in my family	23	✓		✓✓	✓✓	
24	I enjoy being with my family	24		✓✓	✓✓✓	✓	✓
25	In our family we are loyal towards each other	25			✓✓✓✓	✓✓	
26	In my family we enjoy finding common activities	26	✓	✓	✓✓✓✓		✓
27	Even at difficult times my family keeps a positive outlook on the future	27		✓	✓✓✓	✓✓	✓
28	In my family we have a common understanding of what's important about me	28	✓	✓	✓✓✓✓✓	✓	
29	There are few conflicts in my family	29			✓✓	✓	

30	I have some close friends/family members who really care about me	30		✓✓	✓✓✓✓		✓
31	I have some friends/family members who back me up	31	✓		✓✓✓✓✓✓✓✓	✓✓	
32	I always have someone who can help me when needed	32		✓	✓✓✓✓		
33	I have some close friends/family members who are good at encouraging me	33	✓		✓✓✓✓✓✓✓✓	✓✓✓	
34	I am quickly notified if some family members get into crisis	34			✓✓✓✓		✓
35	I can discuss personal matters with friends/family members	35		✓	✓✓✓✓✓✓✓✓		
36	I have some close friends/family members who value my abilities	36			✓✓✓✓✓	✓✓	✓
37	I regularly keep in touch with my family	37			✓✓✓		
38	There are strong bonds between my friends	38		✓	✓✓✓✓✓✓✓✓	✓✓	✓
39	Rules and regular routines make my daily life easier	39			✓✓✓✓✓✓	✓	
40	I keep up my daily routines even at difficult times	40	✓		✓✓✓✓✓	✓	
41	I prefer to plan my actions	41			✓✓✓✓✓✓✓✓		✓
42	I work best when I reach for a goal	42		✓	✓✓✓✓		
43	I am good at organizing my time	43			✓✓✓✓✓✓✓✓✓✓	✓✓	

Annexure I: Post-intervention assessment

There were a total number of 50 participants listed below in the post-intervention assessment. An aggregate of 50 participants gave responses on each of the five RSA dimensions namely 'personal competence', 'social competence', 'family coherence', 'social support' and 'personal structure. The ticks were used to represent the responses of the participants on each of the five RSA dimensions questionnaire items.

- | | |
|--------------|----------------|
| 1. Donold | 26. Spiwe |
| 2. Shamu | 27. Doubt |
| 3. Kim | 28. Saul |
| 4. Shupikai | 29. Blessing |
| 5. Geofry | 30. Hugh |
| 6. Dennis | 31. Romio |
| 7. Shorai | 32. Zuze |
| 8. Mitchel | 33. Farikai |
| 9. Fungai | 34. Ropafadzo |
| 10. Thomas | 35. Rudolf |
| 11. Essau | 36. Sindisiwe |
| 12. Emelda | 37. Julius |
| 13. Theo | 38. Batanai |
| 14. Kolwani | 39. Dianna |
| 15. Phillip | 40. Glad |
| 16. Tafadzwa | 41. Chipo |
| 17. Timothy | 42. Ephraim |
| 18. Gelly | 43. Portia |
| 19. Edwin | 44. Ruponeso |
| 20. Joyce | 45. Malvern |
| 21. Ranga | 46. Paradzai |
| 22. Bernam | 47. Thinkmore |
| 23. Langton | 48. Ellen |
| 24. Nelson | 49. Alfred |
| 25. Gondo | 50. Kudakwashe |

INSTRUCTIONS.

Read the following RSA questionnaire items given in the table below and show your response by ticking on provided columns corresponding to the questionnaire items.

Resilience Scale for Adults post-intervention evaluation

Items		Scores					
		1.Strongly agree 2. Agree 3. Disagree 4. Strongly disagree 5. Neither					
			1	2	3	4	5
1	I believe in my own abilities	1	✓✓✓✓✓	✓✓✓	✓	✓	
2	Believing in myself helps me to overcome difficult times	2	✓✓	✓			
3	I know that I succeed if I carry on	3	✓	✓✓✓✓			✓
4	I know how to reach my goals	4	✓✓✓				
5	No matter what happens I always find a solution	5	✓✓	✓	✓		
6	I am comfortable together with other persons	6	✓✓	✓			
7	My future feels promising	7	✓✓	✓✓			
8	I know that I can solve my personal problems	8	✓✓	✓			
9	I am pleased with myself	9	✓	✓✓✓			
10	I have realistic plans for the future	10	✓✓	✓✓			
11	I completely trust my judgements and decisions	11	✓	✓✓			
12	At hard times I know that better times will come	12	✓✓	✓			

13	I am good at getting in touch with new people	13	✓✓✓✓	✓✓✓		✓	✓
14	I easily establish new friendships	14	✓	✓✓✓✓			
15	It is easy for me to think of good conversational topics	15	✓✓	✓			
16	I easily adjust to new social milieus	16	✓✓✓	✓✓✓			
17	It is easy for me to make other people laugh	17	✓	✓✓	✓		
18	I enjoy being with other people	18	✓✓	✓			
19	I know how to start a conversation	19	✓	✓✓✓			
20	I easily laugh	20	✓✓✓	✓✓			
21	It is important for me to be flexible in social circumstances	21	✓	✓✓✓		✓	
22	I experience good relations with both women and men	22	✓✓	✓✓✓	✓		
23	There are strong bonds in my family	23	✓✓✓✓	✓✓✓✓✓			✓
24	I enjoy being with my family	24	✓✓	✓✓			
25	In our family we are loyal towards each other	25	✓✓✓	✓✓✓	✓		
26	In my family we enjoy finding common activities	26	✓	✓✓✓			
27	Even at difficult times my family keeps a positive outlook on the future	27	✓✓✓	✓✓			
28	In my family we have a common understanding of what's important about me	28	✓	✓✓✓			
29	There are few conflicts in my family	29	✓✓	✓✓✓			✓

30	I have some close friends/family members who really care about me	30	✓✓✓✓	✓✓✓✓✓	✓		
31	I have some friends/family members who back me up	31	✓✓✓✓	✓✓✓✓✓✓✓	✓		✓
32	I always have someone who can help me when needed	32	✓	✓✓✓			
33	I have some close friends/family members who are good at encouraging me	33	✓✓✓	✓✓✓✓		✓	
34	I am quickly notified if some family members get into crisis	34	✓✓	✓			
35	I can discuss personal matters with friends/family members	35	✓✓✓	✓✓✓✓✓	✓		✓
36	I have some close friends/family members who value my abilities	36	✓✓	✓✓✓			
37	I regularly keep in touch with my family	37	✓✓✓✓	✓✓		✓	
38	There are strong bonds between my friends	38	✓✓✓✓	✓✓✓✓✓✓✓✓		✓	
39	Rules and regular routines make my daily life easier	39	✓	✓✓✓✓			✓
40	I keep up my daily routines even at difficult times	40	✓✓	✓✓✓	✓		
41	I prefer to plan my actions	41	✓✓✓	✓✓✓✓✓	✓	✓	
42	I work best when I reach for a goal	42	✓✓	✓✓✓✓	✓		
43	I am good at organizing my time	43	✓✓✓	✓✓✓✓✓	✓		✓

Annexure J: Victoria Mental Health Foundation (2002) Questionnaire (VMHFQ).

Description

The Victoria Mental Health Foundation (2002) Questionnaire (VMHFQ) consists of 12 items. The questionnaire seeks to assess the psychological distress related to loss of employment. The Cronbach's alpha coefficient was used to measure the reliability of VMHFQ. The VMHFQ has a reliability of >0.70 and the validity was done using confirmatory factor analysis (Merino, Canut, Casas & Ortiz, 2017).

THE VICTORIA MENTAL HEALTH FOUNDATION (2002) QUESTIONNAIRE

1. Have you ever lost or left a job?
Yes No

2. If your answer is yes on question one above, did you experience psychological distress?
Yes No

3. If your answer is yes on question two above, may you kindly explain mental health problems you experienced after employment loss.
.....
.....

4. Do you think that your mental health problem has been worsened by employment loss?
Yes No

5. For how long have you been experiencing the mental health problems?
Two weeks more than a month Six months More than a year

6. What was your main job or profession?
.....

7. After retrenchment, did you think that you would be better off dead or wish you were dead?
Yes No

8. Have you been seeking help to redress the mental health problems?
Yes No

9. Do you have hopes of recovering from the distress?
Yes No

10. Do you hope to get another employment?
Yes No
11. Do you think you received the psycho-social support you needed after retrenchment?
Yes No
12. If your answer on question ten above is yes, what support did you get?

Annexure K: Autobiographical Questionnaire

My name is Maurice Kwembeya, a Doctoral student with the University of South Africa (UNISA). My student number: 57647119. I am currently working on my thesis. The title for my thesis is: **Enhancing the resilience of retrenched workers in Harare, Zimbabwe using the Cognitive Social Capital Model**. You will have the right to choose not to participate or to withdraw your participation at any point in this study. Your participation in this study is strictly voluntary. To protect the identity of the participants, pseudo names will be used during the study. All the responses will be treated the same and you are encouraged to freely express them.

You are kindly requested to provide the following autobiographical information:

- First name.....
- Surname.....
- Age
- Sex.....
- Address.....
- Marital Status.....
- Religion.....
- Mother tongue.....
- Number of dependents.....
- Educational level.....
- Previous occupation designation.....
- Previous occupational experience.....

Annexure L: AHPCZ Practising Certificate



AHPCZ

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ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

Number 10, West Wing, Strathaven Plaza Strathaven, P.O. Box A14 Avondale, Harare, Tel: +263 04-303027, +263 771 056 413
E-mail: admin@ahpcz.co.zw, Website: www.ahpcz.co.zw

**Health Professions Act
(Chapter 27:19)**

PRACTISING CERTIFICATE

This is to certify that **Maurice Kwembeya**

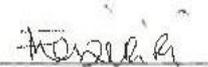
Registration Number **A/PSY0419**

Is authorised to practise as a/an **Clinical Psychologist**

Condition/s
Nil

This certificate expires on
31 December 2019

DATE: 29 APRIL 2019

REGISTRAR 

Annexure M: Editor Certificate



SOL PLAAATJE
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30 May 2019

TO WHOM IT MAY CONCERN

I hereby confirm that I have proof read and edited the following PhD thesis, using Windows ‘Tracking’ System to reflect my comments and suggested corrections for the author(s) to action:

- **Author Name:** MAURICE KWEMBEYA
- **Title:** Enhancing the resilience of retrenched workers in Harare, Zimbabwe, using the cognitive social capital model
- **Date:** 30 May 2019

Although the greatest care was taken in the editing of this document, the final responsibility for the product rests with the author.

Sincerely

A handwritten signature in black ink, appearing to be 'J. S. P.', written in a cursive style.

30.05.2019

SIGNATURE

DATE

Annexure N: Report on adjustments made following the examiners' previous recommendations

Reference: Examiners' recommendations

Name of candidate: Kwembeya Maurice

Student Number : 57647119

Title of Doctoral Thesis: Enhancing the resilience of retrenched workers in Harare, Zimbabwe, using the cognitive social capital model.

The following adjustments were made following recommendations made by the examiners. The adjustments were as follows:

Chapter 1: Introduction

Following the recommendations made by the examiners, the theoretical framework section was removed and replaced by an outline of the research methodology in section 1.6. An in depth discussion of the theoretical framework is given in chapter 3. In accordance with the examiners' recommendations, a brief outline of chapter organisation for the study was added on section 1.7

Chapter 2 Literature survey

In consideration of the examiners' recommendations, literature survey was presented in chapter 2 instead of having it in chapter 3. The chapter is divided into sections namely the history of the cognitive social capital, historical perspectives of resilience, psychological distress experienced by retrenched workers, conceptual perspective of cognitive social capital model and resilience-enhancing. Resilience enhancing structures and the research evidence of cognitive social capital model completes sections of chapter 2. Related literature on specific given subtopics was covered.

Chapter 3 Theoretical framework

Having implemented the examiners' recommendations, chapter 3 provided the theoretical framework instead of the literature survey. The theoretical framework consists of the Thriving theory of resilience and the Ecological Model. Adjustments in wording were done on respective theoretical precepts as was recommended by the examiners.

Chapter 4 Research methodology

Having taking into consideration the examiners' recommendations on research methodology, the student made the following adjustments:

4.1 The research design

The concurrent triangulation mixed method convergence design was used instead of the initially used qualitative design. The design used both the quantitative and qualitative research methods. A diagrammatic representation of the concurrent triangulation mixed method convergence design was illustrated on fig 3 page 52.

4.2 The sampling method

The sampling technique was derived from the concurrent triangulation mixed method convergence design. As for the qualitative design, the Maximum Variation Sampling method was used and the convenient sampling technique was used for the quantitative component. Firstly, all the fifty participants who volunteered to participate were asked to complete the Victoria Mental Health Foundation (2002) Questionnaire. A copy of the questionnaire is attached on annexure J. The questionnaire elicits direct responses from the participants on resilience deficit attributable to employment loss. The duration of the distress and how it adversely affected their wellbeing was availed through the use of Victoria Mental Health Foundation (2002) Questionnaire. The sampling method technique is explained on section 4.3.1 on page 54.

4.3 The data collection technique.

Following the examiners' recommendations, the data collection tools were informed by the research design. Both the quantitative and qualitative tools were used to collect data. The quantitative data was collected during the pre and post intervention phases using the RSA questions items and clinical observation. The semi structured interviews and focus group discussions were used as qualitative data collection tools. The specific time frames were presented for each of the data collection tools so that the study is replicable.

4.4 Data analysis methods

In respect of the examiners' recommendations, the data collection tools were amended as shown on section 4.8 pages 66-68. The concurrent triangulation mixed method convergence

design employed both the quantitative and qualitative techniques of data analysis. The data analysis procedures were done starting with the quantitative methods followed by the qualitative techniques for the sake of logic flow of the procedures.

4.5 Ethical considerations

The researcher is registered by the Allied Health Practitioners Council of Zimbabwe as a Clinical Psychologist. The registration number is A/PSY 0419 and an attachment of practising certificate is on annexure L. Ethical considerations namely informed consent, participants' protection, Confidentiality, Voluntary participation and withdrawal from research were made.

Chapter 5 Data analysis and presentation

Findings from both the quantitative and qualitative designs were presented concurrently. For the purpose of coherent and consistence flow of findings, the researcher initially presented the quantitative results followed by the qualitative findings. As for the quantitative approach, tables showing the biographical data of the participants, pre-intervention, post-intervention clinical observation and paired t-test for the pre and post intervention assessment were illustrated. Tables for the qualitative design showing themes, categories and subcategories were also presented. The corroboration, integration and complementation of the research findings were done on section 5.5 starting from pages 132-139.

Chapter 6 Discussion

The discussion in this chapter was based on the data collected, analysed and integrated. A theoretically driven discussion on the research findings was given. Some subtopics were formulated to have a smooth flow of the discussion.

Chapter 7 Conclusion and recommendations

The inferences were drawn from each of the four objectives of the study. The objectives were as follows:

- To identify the mental health needs of retrenched workers.
- To employ a contextually relevant Cognitive Social Capital model in assisting the retrenched workers in Harare, Zimbabwe to deal with grief of employment loss.
- To evaluate the strengths and weaknesses of the Cognitive-Social Capital model and make related adjustments.
- To strengthen and utilise the existing culturally aligned interpersonal relationships in enhancing resilience.

Conclusion

The student highly appreciated the constructive recommendations made by the respective examiners. Appropriate adjustments guided by the given recommendations were made. This helped to improve the quality of the study in all the respective areas.