

AN EXPLORATION OF LIFE CRISIS EXPERIENCES OF EMPLOYED AND
UNEMPLOYED EARLY ADULTS IN WINDHOEK, NAMIBIA

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ABSTRACT

The aim of this study was to explore life crises prevalence of both employed and unemployed early adults in Windhoek, Namibia, by comparing differences in life crisis reporting between them. The study also aimed to determine gender differences in life crisis experiences of early adults, if any, and also the areas in which life crisis was most experienced. Guided by a quantitative approach, an Adult Crisis Episode Retrospective Self-Assessment Tool (ACERSAT) was used to collect the data. Snowball sampling and simple random sampling methods were used to select the employed and unemployed participants respectively. A total sample of 186 early adults participated, of which ninety-five (95) were officially employed and ninety-one (91) were unemployed. The data obtained were analysed through SPSS version 25.0 using descriptive statistics such as frequencies and percentages. A Chi-Square test of Independence was also conducted to determine if there was any significant relationship between life crisis reporting, occupation status, and gender. Overall, 82.8% of the sample conceded to experiencing an early adult life crisis. The employed participants reported more life crisis than the unemployed participants by 7.2%. Males reported a greater incidence of life crisis than females by 5.7% and most life crises reported were related to the career and/or family categories. No significant association was found between life crisis, occupation status and gender. The results indicated a prevalence of early adult life crisis experiences, especially amongst employed males. Career and family were the areas surrounding the majority of the reported life crisis. Therefore, it is recommended for secondary and tertiary level life skills education to include developmental psychology to better prepare early adults for prospective life crisis experiences. It is further recommended that future studies should address coping strategies for this group and possible post-crisis growth.

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DEDICATION

I dedicate this thesis to my parents, Petrina Uugwanga and the late Lukas Uugwanga.

My character, values, resilience and hard work is a result of your nurturing.

DECLARATION

I, Selma Ndatimplililwa Uugwanga, hereby declare that this study is my own work and is a true reflection of my research, and that this work, or any part thereof has not been submitted for a degree at any other institution.

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CHAPTER 1

INTRODUCTION

1.1 Introduction

Adulthood is an inevitable phase within the human lifespan that hosts various developments and challenges. It begins from about age 20 and continues until death (Aktu & İlhan, 2017). In developmental psychology, we observe how multiple theorists have divided adulthood into more specific stages based on common life experiences that are related to developmental targets, needs, challenges and accomplishments (Aktu & İlhan, 2017; Robinson, 2015). Adulthood is therefore generally apportioned into early, middle and late adulthood stages. Early adulthood is the initial stage of adulthood following the adolescent stage up until age 40 (Robinson & Wright, 2013). Individuals at the beginning of this stage receive various liberties such as legal consumption of alcohol and the right to vote in the national elections. They are generally entering into tertiary education or starting a career. Middle adulthood is the adulthood stage that follows immediately thereafter up to until age 64 (Aktu & İlhan, 2017). These adults often experience a peak involvement in their careers and families. Sixty-five year olds and above fall within the late adulthood stage which is the concluding stage of life (Aktu & İlhan, 2017). Individuals in this stage often begin to retire from their careers and at times focus even more on their families and other hobbies.

Although there are overall similarities within adulthood life experiences, each stage provides unique characteristics and dilemmas. According to Eric Erikson in Robinson (2015), early adults tend to encounter predicaments pertaining to intimacy and isolation, while middle adulthood encounter predicaments related to generativity

and stagnation. The late adulthood stage experiences challenges related to integrity and despair. Other theorists like Jeffrey Arnett and Daniel Levinson also posit similar observations and theories (Robinson & Wright, 2013). Arnett distinguished the beginning stage of early adulthood (from ages 17 to 22 years which he termed emerging adulthood) characterised by the following five core factors due to social changes that occur in this stage: 1) Identity exploration through internal and external experimentation; 2) A sense of idealistic possibility; 3) A feeling of being in between adolescence and adulthood; 4) Instability in life structure, residence and relationship; 5) A focus on the self (Robinson, 2015, p.6). It has been observed that although these are significant to the emerging adulthood stage, they may also be present throughout the lifespan (Robinson, 2015). Levinson in his theory of individual life structure defines the different seasons within adulthood based on the establishment and reassessment of life structures (Aktu & Ilhan, 2017).

Within each stage of adulthood, Erikson and Levinson pinpoint periods of stability and those of transition (Aktu & Ilhan, 2017; Robinson, 2015). According to Aktu and Ilhan (2017), during the periods of stability there occurs an establishment of life structures including goals, expectations and self-investments. During transition periods however, these life structures are revisited, and when they are not deemed satisfactory, in-congruency of the self may hence develop (Aktu & Ilhan, 2017). It is during these periods of transition where challenges and developments may be most evident in one's adult life. According to Robinson (2015) these periods are observed to be stressful, unstable and containing more turmoil in the various stages of adulthood. Nonetheless, it is agreed that they are deemed necessary for mental health and to gain a stronger sense of equilibrium and resilience in one's life. Forer (1963)

posits that these challenging periods encountered by individuals and groups are mandatory for growth and they cannot be avoided.

1.2 Background of the Study

The field of developmental psychology involves understanding changes across the human life-course, including encountered developments and challenges. Throughout the life-course, certain developmental tasks need to be accomplished for a healthier wellbeing (Robinson, 2008 as cited by Murphy, 2011). Robinson and Smith (2010b) propose that early adults (individuals in their early 20s through to 40 years of age) are challenged with achieving developmental tasks regarding developing and establishing a self-supported life structure relating to their career, financial autonomy and finding a spouse. Erikson (in Murphy, 2011) suggests the value of life crisis experiences as contributing to the achievement of such developmental tasks. A life crisis experience is therefore defined as, “a period of life that is characterized by difficulty, stress and negative emotion, which is in retrospect viewed as a turning point or bifurcation point in the life story” (Robinson & Wright, 2013, p.407). The concept of life crisis also explores the tension of change from one life stage to another, which is often stressful. It may be the result of an inability to cope with current changes in an individual’s life.

The understanding of life crisis is often times interchanged with the understanding of stress, although there are clear distinctions between them. Stress is defined by Yeager and Roberts (2003, p. 4) as “any stimulus, internal state, situation, or event with an observable individual reaction, usually in the form of positively adapting to a new or different situation in one’s environment”. Certain amounts of stress in daily life are healthy and can actually promote efficiency. This kind of stress is recognised as eustress. An increased amount of stress, also referred to as distress, however may

lead to impaired functioning, life crisis and even the onset of mental illnesses (Yeager & Roberts, 2003). Therefore, life crisis is more a result of accumulative stress in one or more areas of life in which an individual fails to cope.

Gerald Caplan's description of life crisis provides a valuable understanding of this concept. Caplan asserts that an individual develops a life crisis when previous coping strategies are threatened and exceeded by a current stressful event or period (Greer, 1980). A recent example would be Merluzzi, Chirico, Serpentini, Yang and Philip's (2019) investigation of the role of coping in the relationship between stressful life events and the quality of life in persons with cancer whereby they concluded that: stressful life events decreased the capability to actively cope with serious illness, and they are often unpredictable and uncontrollable. The individual is therefore unable to address the current stress with those strategies which then leads to a rise in tension within the individual. As a result, the individual either experiences an increase in their coping strategy repertoire and therefore overall growth by adapting, or consequently deteriorates if they are unable to adjust. This is dependent upon the individual's internal and external resources and their appraisal of the stressful event or period (Greer, 1980). Merluzzi et al. (2019) noted that cancer patients had a higher tendency to perceive stressful life events as more severe and disruptive which in end impacted their ability to cope.

The understanding of life crisis experiences encompasses concepts both from stress theories and disaster theories, recognising two forms of crisis, namely, developmental crisis and accidental crisis (Greer, 1980). The developmental crisis is normative in nature, in that all individuals may encounter it within various developmental stages of life, more so within early adulthood. This is because these

individuals are still encountering development in their personality, which is most prominent during adolescence and the transition into early adulthood (Eastham, Coates, & Allodi, 1970; Greer, 1980). On the other hand, accidental crisis is more pathological in nature, in that they are sudden events entailing a significant loss e.g., death or injury of a loved one, war or a natural disaster, and are more encountered within adulthood (Eastham, Coates, & Allodi, 1970; Greer, 1980). In this study, both forms are recognized within the overall understanding of life crisis experiences and its impact on early adulthood.

Daniel Levinson recognizes early adulthood as one of the seasons in the life cycle likely to encounter life crisis experiences (Aktu & Ilhan, 2017). Namibia's most economically active population (employed and unemployed individuals also referred to as the labour force of the country) are part of this group (Namibia Statistics Agency, 2017b). The employed individuals are those who were in paid employment or were self-employed over the preceding seven days, while the unemployed are those who were available for work in the preceding seven days (Namibia Statistics Agency, 2017b, p.25) but had not acquired any work. They are essential to the development of the society and looking out for their holistic wellbeing is crucial in maintaining and improving overall development and growth. Therefore, it is important to understand the extent at which they are impacted by experienced life crisis.

Moreover, this age group faces multiple transition periods such as the early adult-transition and the Age Thirty Transition, which carry high levels of stress and potential for life crisis experiences. These may lead to development, however, they also carry the risk of developing a mental illness, if appropriate coping methods are not engaged and used, as onset of mental illness have been found to be more

prominent in early adulthood (Robinson, 2012 as cited by Robinson, Wright, & Smith, 2013; Robinson & Wright, 2013).

1.3 Statement of the Problem

Life crisis is a fairly new area of research in developmental psychology which explores the tension of change from one life stage to another. The tension of change may also be a result of a sudden life event, such as losing a loved one, and not necessarily a developmental transition, as sudden events may also elicit stressful change that can lead to a life crisis if not well adjusted to. Overall, there has been more of an increase in research pertaining to life crisis experiences of adolescence and mid-life developmental stages than that of early adults (Robinson, Wright, & Smith, 2013; Robinson & Wright, 2013). Nonetheless, it is suggested that early adults are the most susceptible to recognizing recent life events as distressing and tense, and are more likely to report difficulty in adjustment (Robinson & Wright, 2013). In addition, a lack of knowledge in psychological phenomena amongst early adults increases their vulnerability to the stress of life crises which may cause them to become hopeless and passive, entitled and demanding. Psycho education in this regard could normalise life crisis experiences which in end may improve the resilience of early adults.

Moreover, the majority of the latest research is conducted in developed countries, thus one cannot assume the universality of such results to developing countries such as Namibia. Furthermore, within the Namibian context, most life crises reports focus on natural disaster related crises without including developmental crisis (e.g., Hartman, 2018; IRIN, 2016; Maltese, 2016; McCourt & Awases, 2007; Schlechter, 2013). Hence, there is a broad knowledge gap in the occurrence of and the subject of life crisis experiences within early adults in Namibia. Without such insight, one

cannot measure the level at which early adults in the country are aware of such experiences and the level at which they are coping, which leaves them even more vulnerable to developing mental illnesses. The transition to adulthood is concluded to be one of the most vulnerable to mental illness onset in the whole lifespan (Robinson, 2012 as cited by Robinson, Wright, & Smith, 2013). This study is aimed at reducing this knowledge gap by providing data on life crisis experiences of employed and unemployed early adults within Namibia.

1.4 Objectives of the Study

The objectives of the study were as follows:

1. To identify and compare life crisis prevalence amongst the employed and unemployed early adults in Windhoek, Namibia.
2. To determine the areas in which most life crises are experienced by both employed and unemployed early adults in Windhoek, Namibia.
3. To explore gender differences, if any, in reporting life crisis experiences amongst both employed and unemployed early adults in Windhoek, Namibia.

1.5 Significance of the Study

Stressful factors relating to unemployment, financial difficulties, relationships and family management within early adulthood and middle adulthood have received significant consideration within the recent media (e.g. Mulama & Nambinga, 2016; Nakaziko, 2014; Namibia Statistics Agency, 2014; Namibia Statistics Agency, 2017a; Nhinomenwa, 2019; Pazvakawambwa, Indongo, & Kazembe, 2013; Robinson & Smith, 2010a; Van der Linde, 2018). However, the relation of such stressful factors to life crises experiences of early adults, have been overlooked within scientific literature in Namibia. Therefore, this particular study aims to obtain

such data, with the prospect of creating awareness through Life Skills (at Secondary school level) and Contemporary Social Issues (CSI) and related courses (at tertiary level) to better create awareness among young adults of possible life crisis experiences of future young adults in Namibia. In addition, it may instigate research focused on coping strategies for the target group.

1.6 Delimitations

The scope of the current study is delimited to participants that acknowledge having experienced or are experiencing an early adult life crisis in Windhoek. Moreover, the study is delimited by the reporting of life crisis experiences within events that are common in early adulthood and have been found to elicit significant stress.

1.7 Definitions of Key Terms

Life Span Development: explores how we change and grow from conception to death (Lumen Learning, n.d.)

Life Course: contains observable characteristics of human development through the beginning to the end of life (Aktu & Ilhan, 2017).

Life Cycle: refers to the development and change in an order in the course of life (Aktu & Ilhan, 2017).

Life Structure: consists of the sum of individual's experienced self-investment (self-representation/individual) and social roles (meaningful relationships with others/social) (Aktu & Ilhan, 2017).

Life Crisis Experience: a period of life that is characterized by difficulty, stress and negative emotion, which is in retrospect viewed as a turning point or bifurcation point in the life story (Robinson & Wright, 2013, p.407).

Early Adulthood: a life span development stage in which individuals are between the ages of 20 and 40 years (Robinson & Smith, 2010b).

Employed: individuals who over the preceding seven days were in paid employment or are self-employed (Namibia Statistics Agency, 2017b, p.25).

Unemployed: individuals who were available for work in the preceding seven days but did not find work (Namibia Statistics Agency, 2017b, p.25).

Economically inactive population: all persons below the age of 15 years of age. In addition, all persons over 15 years of age who are not in employment or who are not available for work since they are full-time learners or students, homemakers (people involved only in unpaid household duties), ill, disabled or on early retirement (Namibia Statistics Agency, 2017b, p.25).

Labour force: comprises all persons of either sex who furnish the supply of labour for the production of economic goods and services as defined by the United Nations systems of national accounts and balances during a specified time-reference period. It therefore consists of all persons of working age who were either employed or unemployed (Namibia Statistics Agency, 2017b, p.25).

1.8 Chapter Summary

The above chapter covered a brief summation on early adulthood development and their life crisis experiences by exploring the background, problem statement, objectives, significance, delimitations and the definition of key terms. Chapter two will be highlighting existing literature on life crises and its relation to lifespan development. Chapter three reveals the methodology employed for this research and chapter four covers a summary of the research findings. Finally, chapter five

documents the discussions of the research inferences, and chapter six will highlight conclusions, recommendations and limitations of the study.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

There is a growing amount of research and theories on life crisis experiences within the different stages of the human lifespan. These studies have looked into the developmental stages and periods where life crisis experiences may frequently occur (Robinson & Wright, 2013). They have further investigated the prevalence thereof, and the nature and process of life crisis experiences.

In this chapter, these studies and theories will be expounded upon, firstly by presenting some of the available literature on the prevalence of reported life crisis experiences, contributing adverse life experiences and the nature of life crisis experiences. Thereafter, some literature on an observed model of life crisis will be provided, as well as early lifespan development theories related to life crises. Finally, the theoretical framework of this study will be highlighted.

2.2 Life Crisis Experiences in Adulthood

The definition of life crisis experiences implicates periods within an adult's life that are observed to be significantly more challenging, unstable and stressful, as a result of changes in that time period (Robinson & Wright, 2013). In Umamaheswar's (2018) study on the life-course perspective on incarcerated women's view on adulthood, it was concluded that: traumatic early experiences and the early engagement in adult roles often resulted in a muddled shift into adulthood. Such a transition can become a precipitant to developing a life crisis.

The content of adult life crisis experiences and stressful life changes were extensively reviewed from literature by Robinson and Wright (2013), and were

found to be associated with career, relationship, family, sexuality and worldview, and health (both physical and mental). These domains are observed to be fundamental within the development of adult life structures, based on classical holistic theories of adult development (Robinson & Wright, 2013).

2.3 Life Crisis Prevalence

To support the above suppositions, multiple prevalence studies on life crisis experiences in adulthood were conducted. Robinson and Wright (2013) state Wethington's analysis of interview data from the MIDUS (Midlife in the United States) which reported that 34% of men and 36% of women over the age of fifty, conceded to a midlife crisis. Furthermore, it was found that the women identified life crisis experiences related more to problems with family and relationships, while the men reported life crises related more to work and career problems. Comparably, Robinson and Wright's (2013) life crisis prevalence study reported crisis experiences of men and women within age categories of 20 to 29, 30 to 39 and 40 to 49. As in Wethington's (as cited by Robinson & Wright, 2013) study, women reported a higher prevalence of crises than men in all age cohorts. Moreover, certain crisis categories were more common amongst one gender than the other. Across all age cohorts and gender, relationship breakup and financial difficulties were the most reported. Correspondingly a study on the current occurrence of a major life crisis conducted in a United Kingdom sample reported that 20% of that sample was definitely experiencing a major life crisis at the time (Robinson, 2018). Additionally, 35% reported that they might be experiencing a major life crisis and 45% reported that they were not experiencing one (Robinson, 2018, p.2). Therefore, according to Robinson (2018) at some point in time majority of adults, or at least some, are in a life crisis.

The above studies yield similar results across different adulthood populations and the two genders being investigated. Nevertheless, they were all conducted within developed countries and lack comparison with developing country samples. Moreover, they have not explored differentiating aspects of these populations, such as occupation status, but have rather provided general prevalence data.

Greenburg, Durning, Cruess, Coen, and Jackson (2010) explored life crisis experiences during medical school at the Uniformed Services University (USU) focusing on its prevalence, causes and consequences. They reported that about one fourth of the USU medical students experienced a major life crisis and most of them found these experiences to have a negative impact on their school performance (Greenburg et al., 2010) - an association between crisis experiences and lower annual grades, (Grade Point Average or GPA) at graduation was documented. Life crisis effects were also found to progress over time. Most of the individuals reporting a major life crisis were often older, married or divorced at matriculation, and had children (Greenburg et al., 2010, p. 87). In addition, Greenburg et al. (2010) also reported that program directors rated poorly in overall performance, graduates who reported a major life crisis rather than graduates who did not report experiencing a life crisis. Preceding reports on the development of cynicism, loss of empathy and compassion as a result of stress and anxiety during medical school, were found to be coherent with the above findings (Greenburg et al., 2010). Nevertheless, 86% of USU graduates who experienced a major life crisis describe receiving support from the University during these times.

Despite reporting on the prevalence of medical students' life crisis experiences, Greenburg et al. (2010) could not determine the onset for this sample. Furthermore, their investigation does not specify the timing in which the reported crisis was

encountered, such as which specific age groups were affected (Greenburg et al., 2010, p.91). Therefore, some distinguishing factors may have been overlooked. Additionally, though the response rate of the study was exceptional, Greenburg et al. (2010) acknowledged the understatement of minorities within respondents, which may have compromised the generalizability of these results. Furthermore, similar to the other prevalence reports, this study focused on a sample from a developed country. Its focus on medical students within a military university may not be generalizable to other universities even within the same area (Greenburg et al., 2010).

Reynolds and Turner (2008) investigated major life events in relation to personal meaning, resolution and mental health significance. Their results denoted higher levels of life crisis experiences amongst socially disadvantaged populations. Moreover, life crisis experiences varied significantly across age, gender, ethnicity, education and disability status. They further reported that encountering many lifetime major events does not necessarily equate to reporting a crisis – some men reported more exposure to major life events, but a lesser degree of life crisis from worse events (Reynolds & Turner, 2008, p. 230). Nonetheless, Reynolds and Turner (2008) recommend further verification of the methodology used to characterise experiences of life crises of this study.

Ovenstone's (2007) article on midlife crisis recognises the prevalence of midlife crisis experiences within western societies more than tribal societies during transitions. This has been concluded to be a result of insufficient social support within western societies. However, Ovenstone's (2007) findings are based on a narrow definition of social support; mainly acknowledging the rites of passage practices of tribal societies as a form of social support, which may overlook other

forms that are used in western societies, such as group counselling. Hence, the notion that life crisis prevalence in western societies is attributed to insufficient social support may require further validation.

2.3.1 Life crisis experiences among the employed and unemployed groups

Robinson's (2018) mixed methods case study on Quarter-Life crisis during the post-university transition reported two life crisis episodes in early adulthood, resulting from failures to find work and staying in a job despite having a difficult boss. Despite other adverse life experiences encountered (namely, relationship break up) by the case study sample during the research, their two reported life crisis episodes were attributed to unemployment and difficulties within employment respectively.

The above indicates that employed and unemployed populations may experience multiple adverse experiences external to those related to their work or lack thereof. This may increase their vulnerability to experiencing a life crisis. Nonetheless, more quantitative data is required for these populations, across other observed transition periods.

Frasquilho, Matos, Santos, Gaspar, and Almeida (2016) suggested that unemployment increases the risk of developing a mental illness. It was further noted by Jahoda (as cited in Frasilho et al., 2016) that unemployment was often related to feeling hopeless, apathy, lack of interest in daily activities, disorientation within time and an overall deterioration of an individual's life. Furthermore, Economou, Souliotis, Peppou, Agapidaki, Tzavara, and Stefanis (2017) in their study of major depression in Cyprus amid financial crisis reported a prevalence of depression due to difficulties in paying household bills (40.9%), clothing (38.9%) and the supermarket (37.1%). Additionally, they reported the following to be risk factors for major

depression: female gender, divorced/widowed family status, low educational attainment, unemployment and financial hardship.

The above substantiates the impact that unemployment and the stressors thereof can have on one's mental wellbeing. This in itself may contribute to the development of a life crisis and the ability to cope thereof.

On the other hand, Sprang and Secret (1999) conducted a study on the occupational functioning of employees that have experienced or are experiencing a life crisis. A high occurrence of personal crisis was found among employees and 20 to 39% of them acknowledged some level of job disruption as a result: 36.2% of participants reported an increase in absenteeism, 13.5% reported a surge in tardiness, 32.1% reported a decline in productivity during a crisis, 25% encountered an increase in minor mistakes and 22.2% experienced less patients with co-workers. Moreover, 1.1%, 26.9% and then 19% of these employees reported more serious errors, a decrease in job morale and lower job satisfaction respectively, after experiencing a life crisis. Also, employees had reported that the most distressing life crisis experience for them was the death of a loved one (Sprang & Secret, 1999).

Sprang and Secret (1999) further concurred that distressing life events tend to cause a bio-psychosocial impact of life crisis that disintegrates the stability of an individual. This causes significant implications on the occupational functioning of employees. Sprang and Secret (1999) describe three stages of crisis encountered by employees: Initially, when an individual enters a crisis, they experience a sense of helplessness and perspective disorientation as they attempt to make sense of the event that elicited the life crisis. Employees in this stage are often disoriented, withdrawn, confused and they tend to be introspective. In an attempt to alleviate the overwhelming emotional

response to the life crisis, often times individuals become emotionally constricted. Secondly, individuals are intrinsically challenged with processing stimuli, examining reality, problem solving, formulating and assessing post-crisis outcomes. At this stage the reality of the event is better acknowledged and there occurs more emotional release than before. Due to the increase in tension, Sprang and Secret (1999) state that adjustment is often complicated resulting in disorganized activity (such as acting out, regressive behaviour, absenteeism and somatisation) rather than appropriate problem solving activity. All this is directed in an attempt to avoid reality or any other persons that may remind the individual of the existing crisis. Finally, more appropriate coping skills occur and allow the individual to itemize the elements of the life crisis, which in end result in the establishment of new cognitive models that may improve coping of future crises.

Sprang and Secret (1999) further went on to describe the practice of healthy crisis resolution. They concluded that there are three primary tasks that need to be completed in order to have accomplished healthy crisis resolution. Firstly, an individual should obtain a more objective and truthful reflection of the life crisis experience through awareness brought forth by information seeking behaviour. Thereafter, it is important to become more emotionally aware in an attempt to regulate overwhelming affect, and also to communicate with others in this regard and avoid unintended projections (Sprang & Secret, 1999). This will ameliorate any unnecessary inclination of life crisis impact on the life of the individuals. Finally, the individual should make use of available interpersonal and institutional resources.

Sprang and Secret (1999) went on to say that the way in which organizations and employers respond to an employee in a life crisis, has significant repercussions on their workplace stability, productivity, and the employee's attempt in healthy crisis

resolution. Employees in their study reported that emotional support from their workplace would have been helpful in improving post-crisis situation. Sprang and Secret (1999) highlighted Employee Assistance Programs (EAP) in many organizations that aim to provide support and assistance to employees in a life crisis. However, it has been found that many employees in a life crisis are only referred once their personal life crisis adversely impacts their productivity at work and the work environment. In other words, there is often absenteeism and other significant behavioural change before any support or assistance is warranted for the employee. Therefore, the attempts of EAP's are more curative in nature than preventative.

Interestingly, it has been noted by Smith (2018) that there has been an increasing demand for spas and wellness centres especially among women (more than men) of the age 45 years on average. It is further noted that women and men have differing life conditions (biologically and psychologically) especially in their midlife (Smith, 2018). It is important to note that this population is most often submerged within their career and also face multiple roles and are hence at a higher risk of experiencing a life crisis. Thus it is justifiable as to why they tend to engage in wellness treatments. This then may be an important consideration for employers to include within EAP's as a matter of prevention.

2.3.2 The general life and economic situation in Namibia

The overall wellbeing of a country carries a direct impact on the wellbeing of its citizens. Namibia is classified as a higher middle income country but with increasing gross inequality (BTI 2018: Namibia Country Report, 2018). According to BTI 2018: Namibia Country Report (2018), inequality has significant influence on social and economic development. It has been documented that almost two-thirds of the

Namibian population lives within circumstances resembling multidimensional poverty, and the efforts made in reducing poverty have not shown much progress (BTI 2018: Namibia Country Report, 2018). In addition, despite the country having a large population of young people that could contribute to economic growth, there remains insufficient job prospects and opportunities (Mulama & Nambinga, 2016). In terms of welfare, the country's public health care system and civil services (such as public schools) have become insufficient and of inadequate quality (BTI 2018: Namibia Country Report, 2018). Quality services are privatized and are not affordable or accessible to most Namibians, especially those within rural areas. These factors may cause citizens to experience multiple stressors as they affect their wellbeing. Additionally, as there currently lacks psychological knowledge within school curriculums, many young people may be more vulnerable to developing a life crisis as they are unable to cope. Limited wellness programmes are once again only available to those who can afford them, leaving the majority of the country at a disadvantage and increased stress levels. Therefore, Namibia remains vulnerable to life crisis experiences.

2.4 Life Crisis and Adverse Life Experiences

Multiple studies have indicated that adverse life experiences are often times the underlying factor of a life crisis. White, McMorris, Weiss, and Lunsky (2011) mention research that indicates chronic stress as a precipitant to crisis. Their study was on the experience of life crises in families of individuals with Autism spectrum disorder (ASD) across the lifespan. White et al. (2011) noted that various studies have suggested that families of persons with ASD encounter multiple stressors which make them more vulnerable to experiencing a life crisis. Patterson (cited in White et al. 2011) denoted that life crises may result due to poor family adjustment which

arises when the demands of stressors (such as behavioural challenges) outweigh a parent's abilities to cope. Moreover, it has further been suggested that each development stage may have distinctive stressors despite overall behavioural changes in the lifespan (White et al., 2011) which may distinguish one life crisis experience from another. It is clear from the above that it is not only adverse life experiences specifically related to the intrapersonal nature of an individual that may precipitate a life crisis, but also adverse life events that occur within the valued interpersonal relationships of an individual.

There exists a trifling amount of research on life crisis experiences of families of persons with ASD, although there is a significant awareness of them (White et al., 2011). Furthermore, White et al. (2011) mentions that none of the completed studies were conducted qualitatively. Therefore, there is scant literature on unique life crisis experiences in this regard.

Comparably, Hill, Turiano, and Burrow (2016) suggested an association between early life adversity and lower levels of perceived purpose in adulthood. An accumulation of adverse life experiences overtime may in themselves lead to a life crisis; however, they may also decrease the sense of purpose in adulthood, which can also precipitate a life crisis experience (Hill et al., 2016). Dembińska's (2013) study is indicative of how adverse health experiences may lead to a life crisis, as well as diminish a sense of purpose in adulthood. Moreover, it highlights the existence of multiple adverse life experiences which are interconnected and only increase the effects they have on individuals.

Additionally, Greenburg et al.'s (2010, p.87) study reported the following as causes of a major life crisis experience as reported by medical students: domestic partner

(spouse or significant other) relationship stressors; death of family members other than parents, children, or spouses; illness or death of a parent; personal medical and psychiatric illnesses, and financial problems. These stressors are external to those unique to medical school students, who were the population of Greenburg et al.'s (2010) study.

2.5 The Nature of Life Crisis Experience

Gullslett, Kim, Anderson, and Borg (2016) investigated the subjective experiences of mental health crises. All interviewed participants encountered a mental health crisis for several years. Their findings indicated the complex and multifaceted nature of a mental crisis, consisting of an existential dimension and a contextual dimension. In addition, themes of “feeling out of control”, “emotional darkness”, and “loneliness and seeking togetherness” were observed within their experiences.

Comparably, Dembińska's (2013) research on the psychological costs of life crises in Polish women treated for infertility supports the multifaceted nature of crisis mentioned above. His findings indicated a multidimensional nature of infertility crisis described as situational crisis, health crisis, family crisis and existential crisis – all of which fit into the contextual or existential facets respectively and the observed key domains of adult life structures.

While both studies indicate a similar nature of life crisis experiences, they differed in their approach. Gullslett et al. (2016) employed a qualitative approach, while Dembińska (2013) utilized a mixed methods approach.

Despite the adverse nature that life crisis experiences tend to suggest, it has also been discovered to bring about positive turning points, for example, fulfilling a dream or having a child (Wethington, Kessler, & Pixley, 2004 as cited by Robinson & Wright,

2013). Life crisis experiences possess the potential for growth which may be overlooked in more steady life periods (Robinson, 2018). Forer (1963) stated that few individuals would attempt to change themselves (perhaps for the better) if there failed to exist life crisis experiences. Moreover, he further stated that enduring life crisis successfully may lead to developing new ways of coping with future needs and challenges (Forer, 1963). Additionally, Hölte, Mc Gee, and Thomas (2018) reported that moderate amounts of early life adversity were associated to higher degrees of individual quality of life (i.e. successful aging).

Significant turning points were reported in early adulthood more than in the midlife period (Robinson & Wright, 2013). In terms of gender differences, women frequently reported more turning points related to relationship, while men reported more turning points related to work (Robinson & Wright, 2013).. These findings are similar to the gender differences observed above in reporting life crises.

Nevertheless, there remains very limited research on the nature of life crisis experiences as well as their potential negative and positive outcomes. Therefore, investigating these elements may be an area of interest in the future for researchers.

2.6 The Process through an experienced Life Crisis

Robinson and Smith (2010b) investigated the experiences and processes that characterize life crisis episodes occurring between the ages of 25 and 40. Their investigation concluded a four phase pattern:

- *Locked in*: a pre-crisis description of an externally controlled identity and being stuck in a domestic and/or vocational role that is no longer wanted but is maintained out of passivity or obligation.

- *Separation / Time-out*: the peak of the crisis which is characterised by an emotional separation from that role and/or relationship and by a confused and undefined identity.
- *Exploration*: an experimental search through new intrinsically motivated activities and alternative self-conceptions.
- *Rebuilding*: a new commitment to a life structure in which identity, life roles, and social contexts are in equilibrium, and an enhanced sense of consent and control.

(Robinson & Smith, 2010b, p170; Robinson, Wright, & Smith, 2013, p.30)

Additionally, Robinson, Wright, and Smith (2013) also documented four levels of analysis in conjunction with the four phases:

- *Person in environment*: considers the systematic changes in physical locations, relationships and work commitments.
- *Identity*: focuses on changes in a person's subjective sense of personhood.
- *Motivation*: focuses on how a person describes their orientation toward goals, values and action.
- *Affect-cognition*: describes the dominant affective and ruminative quality of a particular stage

(Robinson, Wright, & Smith, 2013, p.30)

Despite the findings concluding the above model, the researchers have recommended the need for further validation with other demographics and samples (Robinson & Smith, 2010b, p.170), as well as using multiple forms of data collection (Robinson, Wright, & Smith 2013). They further recommended a longitudinal study of life crisis

to account for the observed changes within the identity, motivation and affect levels of analysis (Robinson, Wright, & Smith 2013).

2.7 Lifespan Development Theories and Life Crisis

Some of the earlier studies exploring life crises within the lifespan development were conducted by developmental theorists, namely Caplan, Erikson, Levinson and Arnett (Robinson & Smith, 2010b). Caplan's theory recognised differences of developmental life crisis and accidental crisis in adulthood; in that the former is more conventional and necessary in the lifespan, while the latter is more aberrant (Robinson & Smith, 2010b). These observations gave rise to the studies conducted by the rest of the aforementioned theorists.

Erikson, Levinson and Arnett recognise life crisis occurrences at multiple transition stages within adulthood (Robinson & Wright, 2013). They further observed life crisis experiences at the beginning stages of early adulthood (between ages 17 to 22 or until 25, which was identified by Arnett as emerging adulthood and by Levinson as the early-adult transition) because of the challenges encountered in transitioning from adolescence to adulthood (Robinson & Wright, 2013). In recent literature, the crisis experienced during emerging adulthood has been defined as Quarter-life Crisis (Robinson, 2018). According to Robinson (2018) Quarter-life Crisis tend to transpire when an individual is attempting to transition out of emerging adulthood and are in the processing of changing from an unstable life structure to a more settled and rooted one.

According to Arnett, the challenges encountered during the aforementioned emerging adulthood stage are characterised by instability in relationships, identity, social networks and living arrangements as well as an increased susceptibility to

mental illness (Robinson & Wright, 2013). These features however, have not included challenges related to career, employment and studies, which have also been found to contribute to life crisis experiences by Frاسquilho et al. (2016) and Robinson (2018).

Erikson's stage theory of psychosocial development recognises dialectic at each stage of development (Robinson, 2015). In early adulthood, there is an observed dialectic of intimacy versus isolation; for middle adulthood, it is generativity versus stagnation; and for late adulthood it is integrity versus despair. These dialectics were predominant in the assigned stages, and they were also all observed as mindful concerns throughout adult life (Erikson, Erikson, & Kivnick, 1986 as cited by Robinson, 2015). For improved mental health in adulthood, Erikson proposed a dialectic balance between the above mentioned opposites (Robinson, 2015). Therefore, periods of life crisis are necessary within lifespan development, and enduring through these distressing times may enhance internal equilibrium (Robinson, 2015).

Though Erikson's stage theory remains essential in understanding lifespan development and life crisis, it requires further updating in relation to the current and future adulthood generations (Robinson, 2015). According to Robinson (2015, p.3) this is necessary due to the significant changes in social norms regarding marriage, divorce, cohabitation, parenting and sexuality which have changed the normal course of development. Additionally, Arnett's emerging adulthood theory also contributes fundamental knowledge about the earlier stages of adulthood, yet it neglects examining the whole developmental stage of early adulthood as it has only focused on the transition into it.

Table 1: Lifespan development theorists and their significant contributions to the understanding of life crisis

Theorist	Significant Theoretical Contribution
Gerald Caplan	Recognised differences between developmental life crisis and accidental crisis – gave rise to the studies of other theorists below.
Erik Erikson	Established dialectic at each stage of life span psychosocial development inclusive of possible life crisis precipitants.
Jeffrey Arnett	Recognised the emerging adulthood stage highly susceptible to experiencing a life crisis and to mental illness onset.
Daniel Levinson	Established the life structure theory recognising periods of transition (where life crisis most often occurs) and stability that are necessary in achieving developmental tasks.

2.8 Theoretical Framework

Daniel Levinson’s life structure theory describes five periods within early adulthood development, which include two building periods and three transitional periods (Aktu & Ilhan, 2017). Building periods involve the task of constructing a life structure, while transition periods facilitate the task of changes to these life structures (Aktu & Ilhan, 2017). Therefore, the five periods are: Early Adult Transition (age 17 to 22); introduction into Life Structure for Early Adulthood (age 22 to 28); the Age Thirty Transition (age 28 to 33); Ending the Life Structure of Early Adulthood (age 33 to 40), and the Mid-Age Transition (age 40 to 45). Additionally, Levinson’s

theory identifies psycho-social domains in early adulthood in which developmental tasks are to be achieved: development of self, emotional development, marriage and family life, social relationships, professional life, and career organisation (Aktu & Ilhan, 2017).

Aside from the life crisis experiences observed in the Early Adult Transition related to the domains mentioned above, Levinson further suggested life crisis experiences within the Age Thirty Transition (between ages 28 and 33) (Robinson & Wright, 2013) because of structural changes that may be taking place in a person's life (Aktu & Ilhan, 2017). These structural changes are characterised by the reassessment of prior lifestyles and structures and the level at which they are deemed satisfactory or distressing (Robinson & Wright, 2013). Furthermore, Levinson further implies life crisis experiences within the Mid-Age Transition (between ages 40 and 45), also as a result of structural changes. These changes however, are caused by the confrontation between one's young and old self (Robinson & Wright, 2013). They are often characterised by visible changes in lifestyle and structure, but also changes and challenges to one's identity and affect (Robinson & Wright, 2013). Robinson, Demetre, and Litman (2016) found a positive correlation between life crisis experiences and curiosity of the self, and then a negative correlation between life crisis experiences and authenticity. Moreover, Robbins and Wilner (cited in Rossi & Mebert, 2011, p. 141) describe a variation in one's identity and concept of self, resulting from persistent challenges in life.

Levinson's life structure theory identifies psychological, social and work characteristics that are specific to an individual during transition periods (Aktu & Ilhan, 2017). His theory recognises multiple transition periods in early adulthood in which life crisis experiences are more likely to occur (Aktu & Ilhan, 2017). More so,

his theory acknowledges the interdependence of both social and intra-personal factors in analysing adult development and life crisis (Robinson & Smith, 2010b). In comparison to other theorists, Levinson's theory of life structure is suspected to be evident in both individual focused and collective societies (Aktu & Ilhan, 2017). Hence his theory was used as the theoretical framework for this study.

2.9 Chapter Summary

The above chapter has shed some light into existing literature on life crisis experiences, while mentioning some of the existing knowledge gaps that have sparked interest for this study. The researcher hopes to contribute to the above literature, by dedicating specific attention on the life crisis experiences of employed and unemployed early adults, and to add on to the literature that is relatable to a developing country sample.

CHAPTER 3

RESEARCH METHODS

3.1 Introduction

In this chapter, the elected research design for this study will be described, as well as the chosen population and sample group. Additionally, the instrument used and the procedure undertaken will be discussed in detail. Lastly, the measures of data analyses that were applied to this study and ethical considerations will also be outlined.

3.2 Research Design

Quantitative inquiries provide a statistical representation of phenomena and their characteristics, from which researchers can verify or refute theoretical perspectives, explore documented experiences of phenomena and make predictions (McLeod, 2019). Furthermore, it provides descriptions of the occurrences of phenomena (McLeod, 2019). Since the objectives of this study involve the identification of life crisis experiences and an exploration of their significant features among the sample, a quantitative approach was employed; more specifically, a descriptive cross-sectional survey research design.

Survey research designs are reasonably easier to administer and they allow for a comprehensive range of data to be collected at a point in time (DeFranzo, 2011). They can be conducted through various modes (online, mobile or hardcopy) and allow for collecting data from a large number of participants (DeFranzo, 2011). In addition, DeFranzo (2011) mentions that surveys allow for multiple questions on a particular subject, providing greater flexibility in data analysis. Nevertheless, surveys do present with some limitations, such as participants answering inaccurately in

order to appear more favourable. In addition, poorly structured questions and an unrepresentative sample size limits generalizability and may affect the interpretation of results (DeFranzo, 2011).

3.3 Population

The target population for this study were male and female employed (full time and part-time) and unemployed early and middle-aged adults ranging between the ages of 20 to 50 years, residing in Windhoek. Although participants aged 41-50 are not recognised as early adults (but rather middle adults), their participation provides retrospective feedback, which may be more objective. Occupation status was provided by the participants in accordance with the provided Namibia Statistics Agency (2017b) employment and unemployment definitions:

“Employed - individuals who over the preceding seven days were in paid employment or are self-employed; Unemployed - individuals who were available for work in the preceding seven days, but did not receive work.”

Homemakers and full-time students within this age group were not included in the study because they are defined as economically inactive rather than employed or unemployed (Namibia Statistics Agency, 2017b).

3.4 Sample

A total sample of 186 participants were selected for this study through two sampling methods, namely, snowball sampling for the employed participants and simple random sampling for the unemployed participants. Ninety-five participants were employed males and females from various organizations, companies, and non-governmental organisations (NGOs such as churches) in Windhoek, selected through snowball sampling. Initially participants from this sample were selected conveniently

by the researcher and thereafter were requested to recommend other individuals meeting the basic criteria. This technique has presented a more diverse and broader sample representation. Nevertheless, snowball sampling limits the fair chance of participation in this overall sample. The other ninety-one participants were unemployed males and females drawn through simple random sampling from the unemployed registry at the Ministry of Labour, Industrial Relations and Employment Creation. This method allowed for an equal chance of participation amongst this sample. For both groups, participants were qualified to participate by meeting the following criteria:

- a) Between the ages of 20 to 50 years;
- b) Officially employed or unemployed according to the provided definitions and,
- c) Currently residing in Windhoek, Namibia.

3.5 Research Instruments

This study utilised a self-reporting questionnaire, the Adult Crisis Episode Retrospective Self-Assessment Tool (ACERSAT), to identify and report life crisis experiences of the participants. Biographical data were collected through the questionnaire such as age, gender, education level or qualification, and occupation status (employed fulltime, part-time or unemployed). The ACERSAT provided data on 1) the occurrence and timing of crisis or lack thereof, 2) the events within crisis episodes (Robinson & Wright, 2013).

To determine the occurrence and timing of a life crisis, participants were provided with a simple definition of a life crisis:

“A crisis episode is any period in an adult life that is noticeably more difficult, stressful and unstable than normal, and is an important turning point in your life, due to changes that occur in that time period. Crisis episodes typically last for one to two years, but may be shorter or longer.”

Thereafter, participants were posed with a question: “Have you experienced any times of crisis in your adult life?” which they were to answer ‘Yes’ or ‘No’ in reference to the provided definition. Respondents who answered ‘No’ would conclude their participation in the study immediately thereafter; whereas respondents who answered ‘Yes’ would then continue on with the questionnaire. Participants who responded ‘Yes’ proceeded to the following section where they were required to select the age group in which they had experienced a life crisis. Age bands of ten years were presented, ranging from 20 to 30 years and 31 to 40 years, and participants were allowed to select one or both, depending on the age group(s) in which they recalled having experienced a crisis. Thereafter, they were referred to the crisis event option section, which was only to be completed under the age group(s) they had selected earlier.

For each age group of reported crises, participants were provided with 23 crisis event options presented within these domains – Career, Relationship, Family, Sexuality & worldview, and Health (Robinson & Wright, 2013). These crisis event options were developed by Robinson & Wright (2013) on the basis of an extensive review of literature on the contents of adult life crisis and types of stressful life transitions. They aimed to hypothetically involve challenging and adverse events within the aforementioned domains. In conducting a pre-test, it was recognized that life crises surrounding adverse experiences during studies were missing and needed to be included. Hence, two of the similar career domain crisis event options were merged

(‘Resigning from a job’ and ‘being fired from a job’), in order to add a study-related crisis event option (‘Difficulties in your studies e.g. failing or disliking field of study’) without increasing the total number of crisis event options provided. Participants were then instructed as follows:

“Please indicate which of the following were present during the episodes that occurred at some point between the ages of 20-30 / 31-40. (Select as many or as few of the following as are relevant)”.

The development of the ACERSAT was informed by retrospective assessment techniques used in psychiatric epidemiology, such as the Adult Psychiatric Morbidity Survey (McMarnus & Bebbington, 2009, as cited by Robinson & Wright, 2013, p. 409). It is a structured questionnaire utilised to obtain autobiographical memories, and the data it elicits corresponds with theories about the lifespan and autobiographical memory (Robinson & Wright, 2013). Converse and Presser (cited in Pretesting and Pilot Testing, 2016) state that pretesting is essential in establishing whether a selected survey is indeed a valid and reliable research tool within social sciences. Hence a pilot study of the ACERSAT was conducted for this reason, and to make it more compatible to the African context. Aside from its use in England, the ACERSAT has been requested by researchers in the Philippines, Germany and Brazil.

3.6 Procedure

3.6.1 Employed participants

After receiving ethical clearance from the University of Namibia’s Research and Ethics Committee, the researcher conveniently selected several known employees from various companies and contacted them telephonically. The purpose of the study

was then explained and interested individuals were also provided the online link via WhatsApp messenger or email which directed them to the consent form containing their rights as participants, and further details regarding the study and the researcher. Upon providing consent by using their email address “in lieu” of signing physically, these individuals were granted access to the ACERSAT to complete. After completion, these individuals were requested to recommend other employed individuals from the same or indeed other companies or NGO’s, meeting the basic criteria of the study. The recommended employees were then telephonically contacted by the researcher and the same procedure used with previous participants was then repeated with them.

3.6.2 Unemployed participants

Upon obtaining ethical clearance from the University of Namibia’s Research and Ethics Committee, the researcher sought permission from the Executive Director of the Ministry of Labour, Industrial Relations and Employment Creation through presenting them with a letter of request to receive access to their registry of unemployed persons. Upon approval, access was granted by an employment officer, who provided the researcher with a list of currently registered unemployed individuals meeting the basic criteria of the study (between the ages of 20 to 50 years, unemployed, and residing in Windhoek). The researcher was then able to randomly select a sample from that list and make contact. Selected individuals were telephonically contacted and the researcher explained the study and its purpose as well as answered any questions these individuals had at that time. Once they showed interest, these individuals were provided an online link via WhatsApp messenger or email, which directed them to the consent form containing their rights as participants and further details regarding the study and the researcher. Upon providing consent by

signing “in lieu” of signing physically, these individuals were granted access to the ACERSAT to complete.

Some employed and unemployed individuals who did not have access to neither WhatsApp messenger and email were met in person by the researcher and provided a hardcopy of the ACERSAT. Upon completing the questionnaire, all participants were acknowledged and thanked for their contributions.

3.7 Data Analysis

The data obtained were analysed through the Statistical Package for the Social Sciences (SPSS), Version 25.0. This version of SPSS is the latest (at the time when the data was analysed) and provides valid and reliable results for the data collected. The classification of participants was done using the following demographics: age, gender, level of education and occupation status. As this was an explorative study, descriptive statistics such as frequencies and percentages were used in SPSS to elicit results. Furthermore, a Chi-Square test of Independence was used to determine possible relationships between variables.

3.8 Ethics

Prior to commencing with the study, the researcher acquired ethical clearance from the University of Namibia’s Research and Ethics Committee and prioritised adhering to the specified regulations in the research. Subsequently, permission was requested from and granted by the Ministry of Labour, Industrial Relations and Employment Creation to access their registry of unemployed persons in Windhoek for an unemployed sample. All information provided by the Ministry of Labour, Industrial Relations and Employment Creation was strictly used for the purposes of this study and was kept confidential. All participants were informed about the nature and

purpose of the study. They were further notified that their participation was entirely voluntary and unpaid. Interested participants were provided a link to the consent form hosted online. Participants were required to provide consent by signing with their email address “in lieu” of a physical signature before they could access the questionnaire. It was also explained to participants that they were able to withdraw their consent even after completing the questionnaire by simply selecting the “Edit your Response” option after submission, which would return them to the consent form where they could then select the “Revoke Consent” option. Alternatively, if participants had not yet submitted their survey, they could simply exit the page, and any of their completed information would not be received. In addition, participants’ identity was not disclosed at any time during or after the research and any other identifiable information was excluded from the final results – numbers were used instead of participant names. Participants were further notified of the potential risks involved in participation. Debriefing was made available telephonically and or in person where possible for each participant, however none of them utilised it. The data collected is currently stored in a secure environment and will be destroyed after three years.

3.9 Chapter Summary

This chapter highlighted the procedures that were undertaken in conducting this study. It further described the chosen research design and how it served in achieving the objectives of the study. The target population and methods of sampling were specified and the details of the instrument used were provided, including the basis from which it was developed. In conclusion, the system of data analysis used was provided in detail, as well as the ethical contemplations that the researcher employed during the study.

CHAPTER 4

RESULTS

4.1 Introduction

This chapter provides the statistical findings acquired from the quantitative research approach described previously in an attempt to meet the objectives of this study. These results were obtained and interpreted from data analysis conducted through SPSS version 25.0.

Table 2 describes the characteristics of the sample that was obtained. One hundred and eighty-six individuals participated in the study, of which 91 were males and 95 were females.

4.2 Sample Description

Table 2: Demographics on the characteristics of participants (n=186)

Demographics	Frequency	Percentage
Participants Age		
20-30	132	71.0
31-40	41	22.0
41-50	13	7.0
Total	186	100.0
Gender		
Male	91	48.9
Female	95	51.1
Total	186	100.0
Education Level/ Qualification		
Grade 0-12	40	21.5
Undergraduate	127	68.3
Postgraduate	12	6.5
Total	179	96.2

Not Selected	7	3.8
Total	186	100.0
Occupation Status		
Employed	95	51.1
Unemployed	91	48.9
Total	186	100.0

Most individuals that were sampled were between the ages of 20 to 30 years old constituting 71.0% of the total sample, followed by individuals within ages 31 to 40 years old (22.0% of the sample) and then 41 to 50 years old (7.0% of the sample) respectively. The majority of the sample (68.3%) had obtained at least an undergraduate education qualification. From the total sample, 51.1% were employed while the remaining 48.9% were unemployed.

4.3 Prevalence of Early Adult Life Crisis Experiences among the Employed and Unemployed Participants

The first objective of this study was to identify and compare life crisis prevalence of employed and unemployed early adults in Windhoek. The findings showed that 154 (82.8%) participants responded “Yes” to experiencing a life crisis within early adulthood, while the remaining 32 participants (17.2%) selected “No”. Additionally, it was found that the employed participants reported more life crises (86.3%) than the unemployed (79.1%) within the total sample as shown in Figure 1.

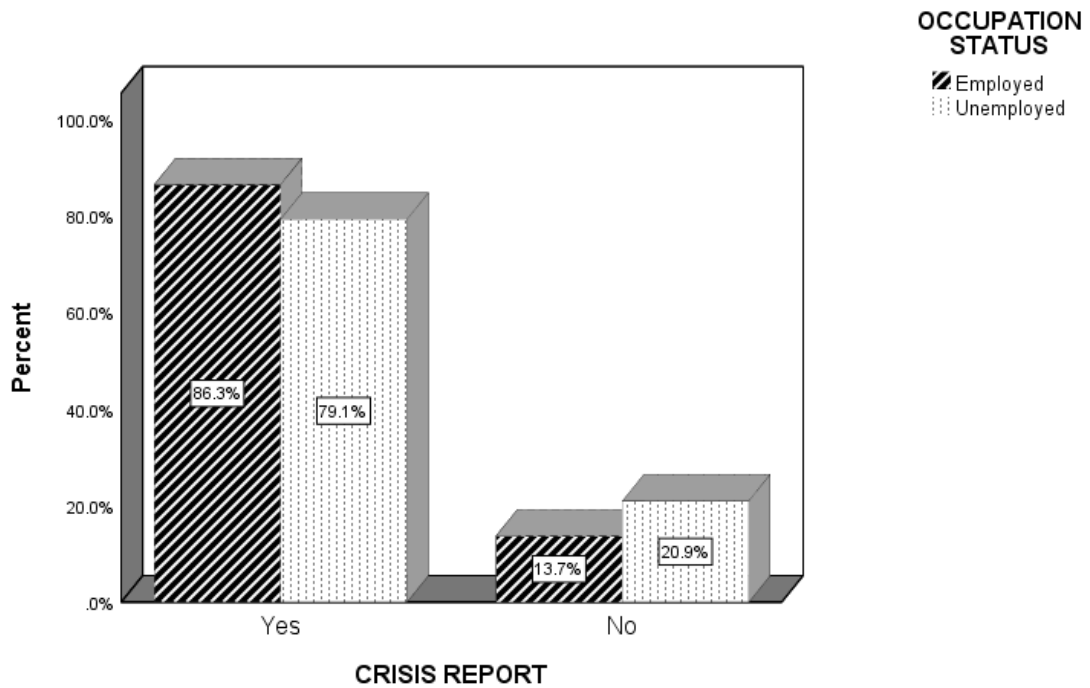


Figure 1: Life Crisis reporting of employed and unemployed participants

Furthermore, within the two early adulthood age groups (20 to 30 years and 31 to 40 years) in which life crises was to be reported by participants, more crises were experienced during the ages of 20 to 30 years (80.5%) than the 31 to 40 years (11.0%). Only 7% of participants indicated experiencing a life crisis within both age groups.

4.4 Crisis Categories in which Life Crisis is most experienced by Early Adults

The second objective of the study was to determine the areas in which employed and unemployed early adults in Windhoek experienced the most life crisis. Table 3 indicates that Career and Family categories were the most reported areas of life crisis occurrence, with 79.0% and 57.5% respectively, followed by the Health category (36.7%).

Table 3: Life Crisis category report of total sample

Crisis Categories	Frequency	Percentage
Career	147	79.0
Relationship	56	30.1
Family	107	57.5
Sexuality and Worldview	30	16.1
Health	70	36.7

Additionally, the employed participants reported more crises in the Career category (81.1%) than the unemployed participants as shown by Table 4. The unemployed participants of this study rated all the categories besides ‘Career’ higher than the employed participants.

Table 4: Employed and unemployed participant’s crisis category report

Crisis Categories	Employed %	Unemployed %
Career	81.1	76.9
Relationship	27.4	33.0
Family	56.8	58.2
Sexuality and Worldview	14.7	17.6
Health	36.8	38.5

Markedly within the Career category, the employed participants reported most life crisis related to feeling trapped in a job they didn’t want to be in anymore (73.6%), while the unemployed reported most life crisis due to unemployment (59.6%). Regarding Family, the employed participants reported more life crisis due to

difficulties with child's behaviour (60.0%), while the unemployed reported more life crisis due to the death of a loved one (55.0%)

Table 5: Employed and unemployed participant's crisis event report

Categories	Crisis Events	Employed %	Unemployed %
Career	Feeling trapped in job	73.6	26.4
	High level of stress in job	73.1	26.9
	Resigning/Being fired from a job	43.8	56.3
	Difficulties in your studies	47.8	52.2
	Unemployment	40.8	59.6
	Change of career	60.0	40.0
	Debt/financial difficulties	46.6	53.4
Relationship	Locked in a relationship	47.8	52.2
	Being in an abusive relationship	64.3	35.7
	Divorce/relationship break up	46.9	53.1
Family	Death of a person close to you	45.0	55.0
	Birth of a child	45.5	54.5
	Difficulties with child's behaviour	60.0	40.0
	Family conflict/dispute	59.6	40.4
Sexuality and Worldview	Confusion over sexual preference	40.0	60.0
	Coming out: making sexual preference known to loved ones	66.7	33.3
	Uncertainty/confusion in your own beliefs	47.8	52.2
Health	Alcohol/substance abuse/addiction	53.3	46.7
	Physical illness/injury to yourself	60.9	39.1
	Physical illness/injury to a loved one	57.1	42.9
	Caring for an ill/disabled loved one	54.2	45.8
	Being diagnosed with a mental illness	33.3	66.7
	A loved one being diagnosed with a mental illness	38.9	61.1

4.5 Gender Differences in reporting Early Adult Life Crisis Experiences of Employed and Unemployed Participants

The third objective of the study was to explore gender differences in reporting life crisis experiences of employed and unemployed early adults in Windhoek. Generally

speaking, it was found that males reported greater life crisis (85.7%) than females (80.0%) as shown in Figure 2.

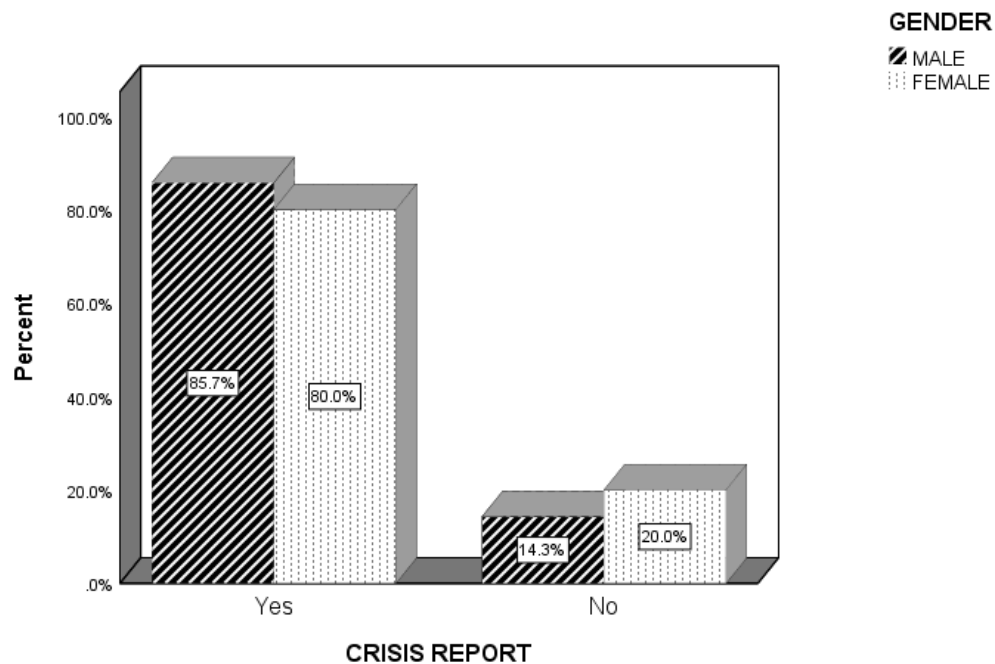


Figure 2: Life Crisis reporting across genders of the total sample

Females reported more life crisis related to Family (57.9%) and Sexuality and Worldview (17.9%) than males. In all other crisis categories (Career, Relationship and Health), males still report more life crisis experiences.

Table 6: Life Crisis category reporting across genders

Crisis Categories	Males %	Females %
Career	80.2	77.9
Relationship	31.9	28.4
Family	57.1	57.9
Sexuality and Worldview	14.3	17.9
Health	41.8	33.7

Moreover, within Career, males reported the most life crises related to changes in career (70.0%), while females reported most life crises due to experiencing high levels of stress and pressure in the job (57.7%). Regarding Family, males reported more life crisis due to the death of a loved one (56.7%), whilst females reported life crisis due to difficulties with child's behaviour (80.0%) to a greater extent.

Table 7: Life Crisis event reporting across genders

Categories	Crisis Events	Males %	Females %
Career	Feeling trapped in job	43.4	56.6
	High level of stress in job	42.3	57.7
	Resigning/Being fired from a job	56.3	43.8
	Difficulties in your studies	47.8	52.2
	Unemployment	53.2	46.8
	Change of career	70.0	30.0
	Debt/financial difficulties	47.9	52.1
Relationship	Locked in a relationship	56.5	43.5
	Being in an abusive relationship	50.0	50.0
	Divorce/relationship break up	50.0	50.0
Family	Death of a person close to you	56.7	43.3
	Birth of a child	31.8	68.2
	Difficulties with child's behaviour	20.0	80.0
	Family conflict/dispute	46.2	53.8
Sexuality and Worldview	Confusion over sexual preference	80.0	20.0
	Coming out: making sexual preference known to loved ones	66.7	33.3
	Uncertainty/confusion in your own beliefs	34.8	65.2
Health	Alcohol/substance abuse/addiction	73.3	26.7
	Physical illness/injury to yourself	43.5	56.5
	Physical illness/injury to a loved one	64.3	35.7
	Caring for an ill/disabled loved one	58.3	41.7
	Being diagnosed with a mental illness	66.7	33.3
	A loved one being diagnosed with a mental illness	55.6	44.4

In observing gender differences of crisis reporting within the employed participants, females reported more life crisis in Career (51.9%) and Family (53.7%) categories than the males as indicated in Table 8. Males reported more crisis instances within the Relationship and Health categories, and both genders reported equally on Sexuality and Worldview.

Table 8: Life crisis category reporting across genders among employed and unemployed participants

Categories	Career	Relationship	Family	Sexuality and Worldview	Health
	%	%	%	%	%
EMPLOYED					
Males	48.1	53.8	46.3	50.0	57.1
Females	51.9	46.2	53.7	50.0	42.9
UNEMPLOYED					
Males	51.4	50.0	50.9	37.5	51.4
Females	48.6	50.0	49.1	62.5	48.6

On the whole, amongst the unemployed participants, males reported more life crises related to Career (51.4%), Family (50.9%) and Health (51.4%). Females reported more life crises within Sexuality and Worldview (61.7%) and equally with males on Relationship.

4.6 Test of association

A Chi-Square test of Independence was also conducted to determine if there was any significant association between life crisis reporting and gender, and life crisis reporting and occupation status.

Table 9: Test of association between life crisis & gender and life crisis & occupation status

	Chi-Square Value	df	P-Value
Crisis & Gender	1.065	1	.302
Crisis & Occupation Status	1.689	1	.194

Conclusively, there was no significant association found between life crisis reporting and gender (chi-square = 1.065, df = 1, p =.302). On life crisis reporting and occupation status, there was also no significant association found (chi-square = 1.689, df = 1, p =.194). The Chi-square test of Independence could not be done for life crisis reporting and education level because there was one cell which had expected counts less than 5, hence violating the rule for this test.

4.7 Chapter Summary

The report above displays the results that were obtained from the current study. The following chapter will present considerations that can be made from these results in comparison with some previous similar studies.

CHAPTER 5

DISCUSSIONS

5.1 Introduction

This section provides an evaluation of the results provided in the previous chapter within the context of existing literature. Early adulthood life crisis experiences lack significant research especially within developing countries; however existing research provides valuable insight and understanding into the phenomena. Therefore, this chapter aims to compare and elucidate on the current findings and the possible basis thereof.

5.2 Early Adult Life Crisis Prevalence

Life crisis is a fairly novel area of research within developmental psychology and it is found to occur mostly during transitional periods as identified by Daniel Levinson (Aktu & Ilhan, 2017). According to Levinson, in early adulthood there exists the early Adulthood Transition (17 to 22 years); the Age Thirty Transition (28 to 33years); and the Ending of Life Structure of Early Adulthood (33-40 years) in which life crisis experiences are likely to transpire. Research conducted by Robinson and Wright (2013) as well as Wethington (as cited by Robinson & Wright, 2013) reported an overall prevalence of early adult life crisis between the ages 20 to 30, 31 to 40 and other age cohorts. The current study provides similar results in that 82.8% of the sampled early adulthood population in Windhoek conceded to experiencing a life crisis indicating a prevalence of this phenomenon. Therefore, it may be deduced that early adult life crisis experiences are generally common although the nature in which they are reported may vary across different populations in the world.

5.3 Life Crisis Experiences of Employed and Unemployed Early Adults

The current study focused on the differences between employed and unemployed early adults and their life crisis experiences because they represent the labour force of the country. This population is most relied upon economically. It was uncovered that employed participants reported a higher prevalence of early adult life crisis occurrence than the unemployed participants by 7.2%. These results are similar to those described by Sprang and Secret (1999) where they reported a high occurrence of personal crisis among employees that were sampled.

There is scant literature on the differences in occupation status in reporting life crisis; however, the documented life crises in Robinson's (2018) case study were attributed to both employment and unemployment challenges such as staying in a job despite a difficult boss and failure to find work. More so, Sprang and Secret's (1999) study elucidates on the impact of personal crisis, perhaps unrelated to career and work, that has significant implications on their work productivity and overall occupational functioning.

Although the employed participants in the current study accounted for slightly more of the total sample than the unemployed by 2.2%, the higher prevalence reported seems better attributed to the challenges that they experience. The employed population is often times depended upon heavily by the economically inactive population of the country (children under 15 years and adults 65 years and older, students and homemakers) as well as the unemployed individuals within the labour force (Namibia Statistics Agency, 2019, p.28). In Namibia, this dependency ratio is quite significant because the 15 year and younger population is growing, thereby increasing the financial dependency on the employed populations (Namibia Statistics Agency, 2019, p.29). Moreover, the unemployment rate is also increasing within the

labour force of Namibia which further elevates the dependency upon the employed population (Namibia Statistics Agency, 2019, p. 60). Furthermore, the employed population are faced with career related stressors such as work pressure, difficult bosses and/ or co-workers, and challenging working environments. Therefore, it is understandable as to why life crisis experiences may be more reported amongst them than the unemployed population.

As previously stated, Levinson's theory identifies psycho-social domains in early adulthood in which developmental tasks are to be achieved: development of self, emotional development, marriage and family life, social relationships, professional life, and career organisation (Aktu & Ilhan, 2017). Aside from the previously discussed external pressure experienced by employed individuals, they may also experience intrinsic tension within these psycho-social domains in an attempt to complete developmental tasks. This further may contribute to more reports of life crisis experiences.

5.4 Areas of experienced Life Crisis in Early Adulthood

Additionally, the current study wanted to explore the areas in which life crisis experiences were commonly reported. Robinson and Wright's (2013) study indicated that most life crisis reports by their sample were related to Career and Relationship. Similarly, the current study found that most reports of life crises of the total sample were within the Career category (79.0%), closely followed by the Family category (57.5%). Erikson and Levinson described that early adults are faced with diverse challenges related to developing and establishing a self-supported life structure relating to career, financial autonomy and finding a spouse (Robinson & Smith, 2010b). The current study provides similar results with the greatest life crisis

experiences being reported in the categories contributing to a self-supported life structure.

Such developmental tasks may induce distress if early adults are unable to cope with the related challenges which may then result in a life crisis. Furthermore, the employed participants of the current study reported more life crises related to Career than the unemployed participants by 4.2%. These participants mostly indicated “*feeling trapped in a job that you don’t want to be in anymore*” as the event within the Career category that contributed the greatest to their life crisis experience. This finding seems supportive of the existential dimension of life crises mentioned by Gullsett, Kim, Anderson, and Borg (2016) and also the contemplation of prior life structures established. Although there is growth of career counselling in Namibia, many people tend to select jobs that offer good salaries, instead of those that may be personally fulfilling. This is often influenced by financial pressure from family members.

On the other hand, these results differed from Sprang and Secret’s (1999) study in this regard as they found that most employees attributed their most distressing crisis event to “*the death of a loved one.*”

Within the unemployed participants, life crisis reporting in the career category was also higher than the other categories, especially due to “*unemployment*”. This statistic recognizes the impact of unemployment on the wellbeing of early adults, as it challenges their ability to develop and establish their self-supported life structure.

5.5 Gender Differences in reporting Life Crisis Experiences in Early Adulthood

The current study was further interested in exploring gender differences in reporting life crisis experiences of employed and unemployed early adults. Robinson and

Wright (2013) identified females as reporting a higher prevalence than males across all age cohorts that they examined. The current study however yielded different results in that males reported an above all higher prevalence of early adult life crisis experience than females by 5.7%. This was interesting to note considering that the latter studies were conducted within developed country populations (United Kingdom and United States of America) and the current study within a developing country (Namibia). The gender variation in comparison of prevalence observed may be ascribed to cultural dynamics and norms concerning gender roles within Namibia. As much as Namibia is perceived to be developing in gender equality, most households are still headed up by men (Legal Assistance Centre, 2017, p.5). Therefore, they may report more life crises as observed.

Additionally, within the Career and Family categories, most males attributed their life crisis to a “*change of career*” and “*death of a person close to you*” respectively, which once again points to the existential and contextual dimensions of crisis, perhaps more evidently amongst males. On the other hand, females attributed crises in Career and Family to “*high levels of stress and pressure in the job*” and “*difficulties with child’s behaviour*” respectively, which brings out the dual roles that working women tend to encounter.

5.6 Employed and Unemployed Gender Differences in Life Crisis Experiences

Within the employed participants, females reported more crises related to Career (51.9%) and Family (48.1%) than the males. This may be attributed to the dual responsibilities that these women tend to juggle: working full time or part-time whilst bearing the responsibility of looking after their family and the home. This observation may be more prevalent in single-parent homes. Therefore, they are more likely to experience pressure in both regards which may then translate into a life

crisis. On the other hand, within the unemployed participants the opposite was true: Males reported more crises related to Career and Family than females. Perhaps this may be due to the expectation in the Namibian society that men should provide for the household which then creates pressure on unemployed men. This once again may be more prevalent in single-parent homes. The inability to achieve these expectations may cause distress possibly resulting in changes in one's identity and concept of self as described by Robbins and Wilner (cite in Rossi & Merbet, 2011, p. 6) and in end a life crisis.

Finally, the current study wanted to explore if there were any significant relationships between life crisis experiences and gender, and also being employed or unemployed. However, though an association seemed present, it was not found to be significant through Chi-Square test of Independence analysis. This may however be influenced by the sample size.

5.7 Chapter Summary

It is clear that multiple inferences can be made from the results of this study. Also, some prior statistics and theoretical propositions that were made could also be supported. Albeit, the discussions above bring forth limitations of this study which will be discussed in the following chapter together with future recommendations and the conclusions generated.

CHAPTER 6

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

6.1 Introduction

This chapter provides an overview and conclusions regarding the life crisis experiences of employed and unemployed early adults. It further communicates recommendations that may improve these experiences in the future and also prospective research considerations. Lastly, it illuminates on the shortcomings of this study and possible delimitations.

6.2 Conclusions

The objective of this study was to explore the life crisis experiences of early adults in Windhoek, Namibia with a specific focus on the differences between employed and unemployed early adults. Gender differences in reporting these experiences were also investigated, including possible associations. The Adult Crisis Episode Retrospective Self-Assessment Tool (ACERSAT) was used to collect data on the events that contributed to the life crisis experiences of the participants. It was therefore observed that life crisis experiences were generally common across early adulthood, more so reported by the employed group than the unemployed. This was mainly attributed to the economic dependency that this group encounters from the economically inactive population and unemployed adults of the country. Additionally, it was observed that most reported life crisis experiences were related to Career and Family challenges encountered. This was accredited to the developmental challenge that early adults face in attempting to establish a self-supported life structure involving financial autonomy, finding a spouse and starting a family. Lastly, it was found that males reported an overall higher prevalence of life crisis experiences than females in this

population, which may possibly be influenced by gender roles and expectations of men within the African context. Therefore, though there is limited literature on life crisis experiences, it is clear from the above results and other research (e.g., Robinson, 2018; Robinson & Wright, 2013) that this phenomenon is real and carries a significant impact on an individual and at a community level.

6.3 Recommendations

It is evident that life crisis experiences may impair the bio-psychosocial functioning of early adults, employed and unemployed, if they are unable to cope with the related challenges, thereby contributing to the early onset of mental illness across this population as evidenced by Forer (1963). Therefore, this study proposes the following recommendations to guard against this and to rather improve their mental wellbeing.

6.3.1 Education and Awareness

Education and awareness are the starting point of enhancing mental wellbeing in the society. Currently, there is no developmental psychology education within the Namibian secondary school system to address challenges that may be experienced in the various stages of adulthood that form part of their development. Adolescents enter adulthood with a certain expectation which is often times deterred by developmental challenges that they encounter. Some may therefore become overwhelmed and begin questioning their identity and purpose in life. For this reason, it is recommended that developmental psychology subject matter should be incorporated into secondary level life skills education, especially regarding lifespan development and the associated challenges, to better prepare adolescence for when they are to transition into adulthood.

Additionally, it is recommended that developmental psychology should also be included in the first year curricular of university within the Contemporary Social Issues (CSI) module (or related module at other institutions). Tertiary education should not only involve acquiring skills related to prospective careers, but should also involve creating awareness and developing skills to address the issues of adult life that are often inevitable.

6.3.2 Support Systems

The study has illuminated the unique life crisis experiences of employed and unemployed early adults. It has further provided probable contributing factors such as the dependency ratio between the employed and unemployed, and challenges in establishing a self-supported life structure. It is therefore recommended that more wellness programs, similar to the Employment Assistance Program (EAP) discussed by Sprang & Secret (1999), should be created within companies to help the employed individuals cope with these experiences. These should however be developed in a way that is more preventative than curative as previously identified by Sprang & Secret (1999), to reduce the negative impact of life crisis on the individual and their work environment and productivity. One way to achieve this is by implementing psycho education on life crisis experiences within the continuous development requirement of companies or any other existing employment programs. Healthy crisis resolutions could also be included in this subject matter as part of preparatory measures. This way, all employees would be required to be informed in this regard. Van der Kolk and DiGiulio (as cited in Sprang & Secret, 1999, p.30) stated that:

“A supportive workplace environment can be an effective means of providing the context and structure necessary for successful adaptation”

The current study emphasized the vulnerability of early adults (especially those entering into early adulthood) to experiencing significant distress during life crisis and developing a mental illness. Therefore, it is also recommended that companies, employment agencies and ministries place a particular focus on this group when it comes to the implementations of any intervention suggested above.

Not to mention, these should also be established within employment agencies and the Ministry of Labour, Industrial Relations and Employment Creation in Namibia, to assist the unemployed population through any life crisis experiences, especially as a result of unemployment, while they continue to seek for work. This would not only be helpful in current life crisis experiences, but it would also prepare them to better cope with life crisis when they become employed. In this way, they may avoid the negative impact of life crisis on their work environment and productivity once employed. A healthy mind improves resilience and increases productivity which would in turn benefit any employer.

As it has been revealed that males also indicated higher prevalence in experiencing life crises, it is important to normalise and advocate for the utilisation of psychological services available in the community for both genders especially in Namibia. Currently, females are utilising these services more than men and there seems to be an associated stigma in this regard.

6.3.3 Future Studies

The coping mechanisms of early adults with life crisis experiences are currently unknown. Therefore, it is recommended that future research be carried out in this regard. This will aid in developing beneficial coping strategies which can once again be taught at secondary and tertiary education level.

Previous studies (Robinson and Wright, 2013) have illuminated on the positive post-crisis growth of life crisis experiences. It may be beneficial for future studies to also examine this growth across the employed and unemployed population to determine if there is any beneficial variation.

In addition, it may also be insightful for future studies to evaluate existing wellness programs in Namibian-based organization and to determine how awareness of life crisis experiences may be optimal to these programs.

6.4 Limitations

The current study encountered the following limitations:

- The sample size obtained was not optimal to generalise the findings to the global early adulthood population. However, it could provide useful inferences into experiences especially within a developing country.
- This study did not report life crisis experiences specific to the early adult transition periods as identified by Daniel Levinson e.g. Quarter Life Crisis during the early adult transition and then the Age Thirty Transition. It rather provided an overall reporting of life crisis experiences within early adulthood.
- The study utilised a retrospective autobiographical memory survey which has been found to be subjective and prone to memory bias (Pasupathi, 2001 as cited by Robinson & Wright, 2013). Subjectivity in reporting may have been further elevated for participants that were encountering a life crisis when they completed the questionnaire. Nonetheless, the specified crisis event options offered in the questionnaire may have aided in recalling experienced crises more accurately, and limited subjectivity.

- The crisis event options utilized in this study may have left out culturally exclusive events which may also induce life crisis experiences such as rites of passage rituals and expectations.
- Moreover, the recency of life crisis occurrence and emotional state at the time of completing the survey may have influenced participant's recall.

6.5 Chapter Summary

The present study has provided important findings regarding the life crisis experiences of employed and unemployed early adults, from which future recommendations could be made. These recommendations may assist in preparation before encountering a life crisis and are not only beneficial at an individual level but also at a societal level. Moreover, they may stimulate future research into coping that may enhance healthier experiences, which will result in growth rather than the development of mental illnesses. Therefore, although there are clear limitations to this study, it has still been able to elicit beneficial contributions to the phenomena of life crisis experience.

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Appendix 1: Ethical Clearance Certificate



ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: FHSS /511/2019

Date: 5 November, 2019

This Ethical Clearance Certificate is issued by the University of Namibia Research Ethics Committee (UREC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the Faculty/Centre/Campus Research & Publications Committee sitting with the Postgraduate Studies Committee.

Title of Project: An Exploration Of Life Crisis Experiences Of Employed And Unemployed Early Adults In Windhoek, Namibia

Student: SELMA N. UUGWANGA

Student Number: 201303979

Supervisor(s) *Dr. P. Dhaka*


Faculty: Faculty of Humanities and Social Sciences

Take note of the following:

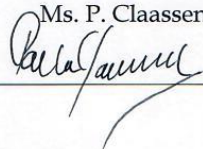
- (a) Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the HREC. An application to make amendments may be necessary.
- (b) Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the HREC.
- (c) The Principal Researcher must report issues of ethical compliance to the HREC (through the Chairperson of the Faculty/Centre/Campus Research & Publications Committee) at the end of the Project or as may be requested by HREC.
- (d) The HREC retains the right to:
 - (i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,
 - (ii) Request for an ethical compliance report at any point during the course of the research.

HREC wishes you the best in your research.

Dr. E de Villiers: HREC Chairperson



Ms. P. Claassen: HREC Secretary



Appendix 2: Research Permission Letter

CENTRE FOR POSTGRADUATE STUDIES

University of Namibia, Private Bag 13301, Windhoek, Namibia
340 Mandume Ndemufayo Avenue, Pioneers Park
☎ +264 61 206 3275/4662; Fax +264 61 206 3290; URL: <http://www.unam.edu.na>



RESEARCH PERMISSION LETTER

8 October 2019

Student Name: Selma, N. Uugwanga

Student Number: 201303979

Program: MASTERS OF ARTS (CLINICAL PSYCHOLOGY)

Approved Research Title: AN EXPLORATION OF LIFE CRISIS EXPERIENCES OF EMPLOYED AND UNEMPLOYED EARLY ADULTS IN WINDHOEK, NAMIBIA

TO WHOM IT MAY CONCERN:

I hereby confirm that the above mentioned student is registered at the University of Namibia for the programme indicated. The proposed study met all the requirements as stipulated in the University guidelines and has been approved by the relevant committees.

Permission is hereby granted to carry out the research as described in the approved proposal.

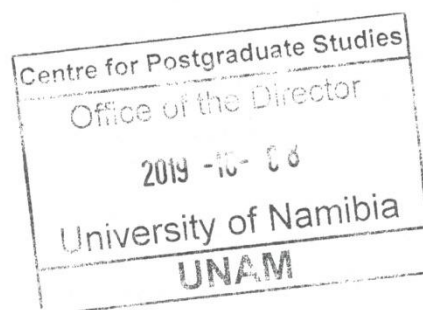
A handwritten signature in black ink, appearing to read 'Marius Hedimbi', is written over a horizontal line.

Prof. Marius Hedimbi

Director: Centre for Post-Graduate

Tel: +26461 206 3275

Email: directorpgs@unam.na



Appendix 3: Approval Letter from the Ministry of Labour, Industrial Relations and Employment Creation



REPUBLIC OF NAMIBIA

MINISTRY OF LABOUR, INDUSTRIAL RELATIONS AND EMPLOYMENT CREATION

Tel.: (061) 206 6111

Fax: (061) 212 323

Enquiries: A. Ngeama

E-mail: Arnold.Ngeama@mol.gov.na

Our Ref: Your Ref.:

Private Bag 19005

32 Mercedes Street

Khomasdal

WINDHOEK

28 October 2019

Ms Selma N. UUGWANGA
P O Box 8662
Bachbrecht
WINDHOEK

Dear Ms. Uugwanga

RE: REQUEST FOR PERMISSION TO CARRY OUT RESEARCH IN THE MINISTRY OF LABOUR, INDUSTRIAL RELATIONS & EMPLOYMENT CREATION.

1. This is to acknowledge receipt of your letter of eighth instant on the above request.
2. This is therefore to inform you that permission has been granted for you to carry Research at this Ministry on *"An exploration of life crisis experiences of employed and unemployed early adults in Windhoek, Namibia"*.
3. For further information and arrangement, please consult the Chief Employment Officer, Mr Arnold Ngeama at Labour Market Services Directorate.
5. Finally, it is important that you carry this letter when contacting this Ministry in person.

Hope you will find the information needed helpful in your research.

Yours sincerely,

HENREKASSEN
ACTING EXECUTIVE DIRECTOR

REPUBLIC OF NAMIBIA
PERMANENT SECRETARY

All official correspondence must be addressed to the Executive Director

Appendix 4: Participant Information Leaflet and Consent Form

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM



CONSENT TO PARTICIPATE IN RESEARCH

UNIVERSITY OF NAMIBIA

AN EXPLORATION OF LIFE CRISIS EXPERIENCES OF EMPLOYED AND UNEMPLOYED EARLY
ADULTS IN WINDHOEK, NAMIBIA

REFERENCE NUMBER:

PRINCIPAL INVESTIGATOR: Selma Uugwanga (MA in Clinical Psychology)

SUPERVISOR: Dr. Poonam Dhaka

ADDRESS: University of Namibia
Private Bag 13301
Windhoek, Namibia

CONTACT NUMBER: 081 402 8353

Dear Participant,

You are asked to participate in a research study conducted by Ms. Selma N. Uugwanga, from the Psychology Department at the University of Namibia. Results from this study will be contributed to thesis research. You were randomly selected as a possible participant in this study because you are between the ages of 20-40 years, and are officially employed/unemployed.

Please ask the researcher any questions about any part of this research project that you do not fully understand. It is very important that you are fully satisfied, that you clearly understand what this research entails and how you could be involved. Also, your

participation is entirely voluntary and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever.

This study has been approved by the **UNAM Research Ethics Committee** and will be conducted according to the ethical guidelines and principles of the International Declaration of Helsinki (2008), The Belmont Report (1974) and the International Ethical Guidelines for Biomedical Research involving Human Subjects (2002). The proposed study underwent ethical review by the University of Namibia Department and Faculty Postgraduate Studies Committees and the UNAM Research Ethics Committee.

PURPOSE OF THE STUDY

The purpose of this study is to identify and explore life crisis experiences [past or present] of employed and unemployed early adults in Windhoek. We hope that such information may create awareness on the normality of crisis experiences in early adulthood. This may improve crisis experiences and coping in the future.

PROCEDURES

All participants meeting the basic criteria of the study are selected at random. Selected participants will be informed about the study and they may decide whether or not to participate.

If you volunteer to participate in this study, you would be asked to do the following: Complete a questionnaire through which you would identify if you have experienced a life crisis through a provided definition. If you have experienced a life crisis, you would move to the next section of the questionnaire on which you would mark off the various areas that you experienced that crisis from a provided list.

The questionnaire will take about 3 to 5 minutes to complete.

POTENTIAL RISKS AND DISCOMFORTS

Participating in this study may evoke emotion, due to its personal and sensitive nature. However, if you experience emotional distress or discomfort, debriefing will be offered by the principal researcher and further recommendations will be made if necessary.

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

Most of the studies that have been conducted on life crisis experiences have taken place in developed countries, while developing countries such as Namibia have received less focus. A study of this nature has not been conducted in Namibia, and it is possible that the knowledge obtained from this study may assist in improving coping of future similar experiences. Furthermore, the findings of this study may create greater public awareness that may be useful for Life Skills and Contemporary Social Issues (CSI) courses, in preparing young adults for adulthood.

There will be no direct benefit to you for your participation in this study. However, we hope that the information obtained from this study may give you better understanding of what you are or may have experienced.

PAYMENT FOR PARTICIPATION

You will not be paid to participate in this study; participation is wholly voluntary and no reimbursement will be forthcoming.

CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained in that participant's names are not needed for this study. Only the researcher and her supervisor will have access to the information obtained during the study. All the collected data will be kept secure in a locked cabinet in the researcher's office and it will be appropriately destroyed and discarded after a period of three years.

No confidential or identifying information will be used in the event that results from the study are published. Results from the study will be used to generate descriptions only.

PARTICIPATION AND WITHDRAWAL

You may withdraw from this research project at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study.

IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact the Principal

Investigator: Ms. Selma N. Uugwanga on 081 402 8353 or Supervisor: Dr Poonam Dhaka on +264 61 206 3800.

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

.....
..... **SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE**

By signing below, I, _____ agree to take part in a research study entitled: AN EXPLORATION OF LIFE CRISIS EXPERIENCES OF EMPLOYED AND UNEMPLOYED EARLY ADULTS IN WINDHOEK, NAMIBIA

I declare that:

- The information above was described to me in a language that I understand.
- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is voluntary and I have not been pressurized to take part.
- I may choose to leave the study at any time and will not be penalized or prejudiced in any way.

Signed at (*place*) _____ on (*date*) _____ 2019.

Signature of participant: _____

SIGNATURE OF INVESTIGATOR

I Selma N. Uugwanga declare that:

- I explained the information in this document to _____ I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above.

Signed at **Windhoek** on _____ 2019.

Signature of Investigator:



Adult Life Crisis Retrospective Questionnaire

By Oliver C. Robinson & Gordon R.T. Wright (2013)

Biographical Details

Participant's Age: _____

Participant's Gender: _____

Education Level/Qualification: _____

Participant's occupation status [***Employed fulltime/part time or
unemployed]: _____

For this study, **employed occupation status refers to individuals who over the preceding seven days were in paid employment or are self-employed.*

*****Unemployed status** refers to individuals who were available for work in the preceding seven days. (NSA, 2017b, p.25)*

Crisis in Your Adult Life – PART A

This questionnaire requires you to recall events from your past. It is important that you try to remember as accurately as possible. We want you to recall whether you have experienced any times in your adult life that you look back on and think of as **a time of crisis**.

What qualifies as a crisis? “A crisis episode is any period in adult life that is noticeably more **difficult, stressful and unstable** than normal, and is an important **turning point** in your life, due to changes that occur in that time period. Crisis episodes typically last for one to two years, but may be shorter or longer.”

Q: Based on the above definition, have you experienced any times of crisis in your adult life?

Please check the statement that applies to you below.

Yes - I have experienced one or more crisis episodes in my adult life.

No - I have not experienced any crisis episodes in my adult life.

IF YES, please continue Below:

Please indicate the age range(s) during which your crisis episode(s) occurred. You can select more than one if you had more than one crisis. Select as many or as few as are relevant to your life.

NB: You will be asked to select applicable details about these episodes on the following pages of the questionnaire.

The crisis episode(s) that I experienced occurred between the ages of...

A) 20-30

B) 31-40

Complete the following pages **ONLY** in the age ranges that you have selected above.

A) Crisis episode between the ages of 20 and 30: Details

Please indicate which of the following were present during the episode that occurred at some point between the ages of 20 and 30 (***select as many or as few of the following as are relevant***):

CAREER	Feeling trapped in a job you didn't want to be in any more	
	Experiencing a high level of stress and pressure in your job	
	Resigning from a job / Being fired from a job	
	Difficulties in your studies e.g. failing or disliking field of study	
	An unwanted period of unemployment	
	A change of career	
	Debt or financial difficulties	
RELATIONSHIP	Being locked into in a relationship that you no longer wanted to be in	
	Being in an abusive relationship	
	Divorce or relationship break-up	
FAMILY	Death of a person close to you	
	The birth of a child	
	Difficulties with your child's behaviour	
	Family conflict or dispute	
SEXUALITY & WORLDVIEW	Confusion over sexual preference	
	Coming out': Making sexual preference known to friends and family	
	Uncertainty or confusion in your own beliefs or worldview	
HEALTH	Alcohol/substance abuse or addiction	
	Physical illness or injury to yourself	
	Physical illness or injury to someone close to you	
	Caring for an ill or disabled loved one	
	Being diagnosed with a mental illness	
	A person close to you being diagnosed with mental illness	
OTHER CRISIS EXPERIENCES:	PLEASE SPECIFY & BRIEFLY DESCRIBE:	

B) Crisis episode between the ages of 31 and 40: Details

Please indicate which of the following were present during the episode that occurred at some point between the ages of 31 and 40 (*select as many or as few of the following as are relevant*):

CAREER	Feeling trapped in a job you didn't want to be in any more	
	Experiencing a high level of stress and pressure in your job	
	Resigning from a job / Being fired from a job	
	Difficulties in your studies e.g. failing or disliking field of study	
	An unwanted period of unemployment	
	A change of career	
	Debt or financial difficulties	
RELATIONSHIP	Being locked into in a relationship that you no longer wanted to be in	
	Being in an abusive relationship	
	Divorce or relationship break-up	
FAMILY	Death of a person close to you	
	The birth of a child	
	Difficulties with your child's behaviour	
	Family conflict or dispute	
SEXUALITY & WORLDVIEW	Confusion over sexual preference	
	Coming out': Making sexual preference known to friends and family	
	Uncertainty or confusion in your own beliefs or worldview	
HEALTH	Alcohol/substance abuse or addiction	
	Physical illness or injury to yourself	
	Physical illness or injury to someone close to you	
	Caring for an ill or disabled loved one	
	Being diagnosed with a mental illness	
	A person close to you being diagnosed with mental illness	
OTHER CRISIS EXPERIENCES:	PLEASE SPECIFY & BRIEFLY DESCRIBE:	

THANK YOU FOR PARTICIPATING IN THIS RESEARCH 😊

Appendix 6: SI Thesis Plagiarism Report

AN EXPLORATION OF LIFE CRISIS EXPERIENCES OF EMPLOYED AND UNEMPLOYED EARLY ADULTS IN WINDHOEK, NAMIBIA

ORIGINALITY REPORT

9%

SIMILARITY INDEX

7%

INTERNET SOURCES

2%

PUBLICATIONS

4%

STUDENT PAPERS

MATCH ALL SOURCES (ONLY SELECTED SOURCE PRINTED)

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