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Worrying in Cato Manor: A Case Study Analysis on the Influence of Context

Samantha Garbus
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Worrying in Cato Manor: A Case Study
Analysis on the Influence of Context

Samantha Garbus

Advisor: Megan Malan

Consent to Use Form (Appendix 4)

Spring 2022

Acknowledgements

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Abstract

The Social Causation theory states that social and economic circumstances cause people to be at a higher risk of mental illness (Lund 2011, p.1). South Africa has high inequality, with racial disparities prevalent in multiple indicators of socioeconomic status. Moreover, mental health in South Africa has often not been prioritized. This project aimed to assess how context impacts relevant aspects of mental health, such as worrying and the mind/body stress-response in Cato Manor. An additional theme of community beliefs on stress emerged from the interviews which is also presented.

For this project, I used a Mixed Methods-Case Study research design. I conducted semi-structured interviews and created questionnaires that I had participants fill out. In the findings section, I present the major themes that arose from the interviews and questionnaires, then go into detail on two case studies that I felt best highlighted how context impacts mental health.

Overall, I found that *Money*, *Unemployment*, and *The Future* are the three most popular worries that participants “think too much about.” Case Study #1 focuses on a context of *Unemployment* and *High Rates of HIV* and Case Study #2 involves a context of *Poverty* and *Zulu Ceremonies*. The participants in both case studies excessively worried about their problems and experienced psychosocial effects that aligned with previous literature. Family was found to be helpful for coping in different ways. Moreover, community perceptions on stress revealed different responses related to history and stigma that explain why stress is not often discussed.

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Explanation of Frequently Used Technical Jargon

1. Mental Health: “a state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life” (American Psychological Association n.d.a)
2. Stress: “the physiological or psychological response to internal or external stressors. Stress involves changes affecting nearly every system of the body, influencing how people feel and behave.” (American Psychological Association n.d.b)
3. “Thinking too much”: another way to describe excessive thinking; used in the questionnaire and interviews; also described as “Cabanga Kakhulu”, “stressed out”, “worrying”
4. Worry: “a state of mental distress or agitation due to concern about an impending or anticipated event, threat, or danger. Difficult to control, persistent and excessive worry is a main symptom of generalized anxiety disorder.” (American Psychological Association n.d.c)

Introduction

South Africa's suicide rate in 2019 was 23.5 suicides per 100K people, making South Africa have the tenth highest national suicide rate (*Suicide Rate By Country* 2022). Moreover, the Global Burden of Disease Study (2016) estimated that mental and substance-use disorders are the leading cause of Years Lost due to Disability (YLD) in South Africa. Mental health problems have become a major issue in South Africa and yet, mental health care has not been prioritized (Docrat, Lund, and Chisholm 2019, p.2). Research has shown that people living in poverty are more likely to have common mental health disorders (Lund 2011, p.1). In order to decide which mental health interventions should be prioritized, research needs to be conducted on the social and economic factors that impact mental health. Community perceptions on mental health must also be considered when creating effective interventions.

Using a Mixed Methods-Case Study design, I examined how context impacts worrying in the township Cato Manor, found in the province Kwa-Zulu Natal, South Africa. In particular, I aimed to understand what problems people in Cato Manor are worried about and how worrying impacts participants physically and emotionally. Worrying is theorized to be a transdiagnostic process that appears across numerous anxiety and depressive disorders. Thus, understanding what people are worried about will help researchers decide the types of public mental health interventions that will be most beneficial. For the ISP, I conducted interviews and created questionnaires that participants filled out on what people commonly worry about and how worry affects their mind and bodies.

Context

A. Location

KwaZulu-Natal is one of South Africa's nine provinces found in the Southeastern portion of the country (Britannica 2020). Under the system of apartheid, the Natal province served as the legal homeland of the country's Zulu people. Various ethnic groups reside in KwaZulu-Natal, with people of Black African descent, who are mostly Zulu, making up more than four-fifths of the population. According to Britannica, "Many of the province's Black citizens have retained

much of their cultural identity through their use of the Zulu language and through a rich heritage of folklore, ceremony, and customs that reflect a diversity of tribal allegiances” (Britannica 2020).

Cato Manor, eThekweni Ward 29, is a township in KwaZulu-Natal and is 5km west of the Durban city centre. In 1920, increased industrialization and urbanization caused Africans to move to Cato Manor and the greater Durban area. As a result, there was a lack of housing and 500 self-built houses called shacks were erected to support the new settlers (*Cato Manor, Durban* n.d.). The new settlers engaged in illegal beer brewing that was a significant part of African tradition and caused problems with the authorities. After 1920, there were various ethnic and racial conflicts in the township, such as the 1949 Race riots and the forced eviction brought by the Group Areas Act (*Cato Manor, Durban* n.d.). Overall, the township has been able to maintain its’ Zulu traditions.

B. Zulu Culture

Many people who participated in the project were Zulu. According to Mhiripiri’s review of the book, *Zulu identities and contemporary Zuluness* (2008), the main thesis was that there is no homogeneous Zulu identity (Mhiripiri 2009, p.225) The review describes that “Zulu identity per se is not universal, but to be true to the empirical realities of lived experiences by both individual and groups, there are, however, Zulu identities” (Mhiripiri 2009, p.225). To elaborate, culture is not homogenous and Zulu culture is expressed and experienced differently based on other aspects of an individual’s identity such as gender, race, class, ethnicity, and age. According to Ntshangase (2021), Zulu communities draw their spirituality from the broader African religion named ancestry. Ntshangase (2021) describes that “Ancestry religion has been a permanent feature of the Zulu people because it brings them closer to the departed members of their families and the connection is revived by spilling blood of an animal and burning incense” (p. 3). The offerings to the ancestors are contextually based mediations between the ancestors and the living Zulu people. The offerings are done to “celebrate significant family achievements, occasions, ceremonials, events such as birth and death and to incorporate the dead into the world of the living dead (Ntshangase 2021, p. 3).

C. Social Problems in South Africa

According to the 2011 South African Census, Ward 29 had a population of 37,622 people. In the absence of survey data, one can assume Ward 29 has a population of around 40,000 in 2022. South Africa faces many problems that are highly prevalent in the Cato Manor community. Two major problems are high rates of poverty and unemployment. The 2011 Census found that 41.3% of people in Ward 29 were employed, which was a little higher than the national unemployment rate at the time. The average household income in Ward 29 was R14600, which was about half of the national average. Moreover, 23.9% of households are informal dwellings which is nearly double the national rate. Moreover, the language most spoken at home in Ward 29 is Isizulu. According to the 2011 Census, 82% of the population spoke Isizulu the most at home, followed by Isixhosa at 8% and English at 5%.

D. Mental Health Care & Awareness

The South African government has acknowledged the importance of mental health care and devised a national policy framework to create reforms on mental health care. As of 2019, there was no budget to support its implementation (Docrat, Lund, and Chisholm 2019, p.2). In fact, there still remain inequities in mental health care between Provinces, districts and among local communities (Docrat, Lund, and Chisholm 2019, p.2). The inequities are due to the fact that the public health sector serves 80-85% of the population and is under extreme pressure to manage long-term care while improving the capacity of acute care services (Docrat, Lund, and Chisholm 2019, p.2). As a result of the public mental health sector being underfunded and overwhelmed, mental health is often put aside. The National Mental Health Policy Framework and Strategic Plan (2013-2020) highlighted the reforms that involve mental health in South Africa. To help people who suffer from substance abuse, the government created the Prevention and Treatment of Substance Abuse Act (2008) and the National Drug Master Plan (2006). As for intellectual disability, the government created the Mental Health Care Act (2002) which provides care and rehab services for mental health care users.

Though mental health care has not been prioritized, the topic of mental health is not unknown in South Africa. In 2001, the South African Department of Education introduced a mandatory Life Orientation (LO) class for students from Grade 1 to Grade 12. According to Protogerou (2012), "Life orientation encourages healthy lifestyles by promoting general health

and wellbeing, but also targets drug use, sexuality, and socio-emotive skills development” (p. 257). This may have helped increase awareness on mental health and illnesses, however, it has been noted that LO teachers implement the curriculum in a “personalized and unsystematic fashion” and that few schools actually prioritize LO (Protogerou, Flisher & Morojele 2012, p. 257). Moreover, there is little research on how much quality time Life Orientation classes spend on mental health and stress management, though it has been found that life orientation classes around the world often reflect the main priorities and concerns of the respective countries (Nasheeda et al. 2019, p. 374). Therefore, in South Africa LO classes may focus more on HIV and AIDS prevention and substance abuse.

Literature Review

A. *Literature on Worrying*

Past researchers have described the process, functions, and consequences of worrying. Borkovec et al. (1983) describes the process of worrying as an “attempt to engage in mental problem-solving on an issue whose outcome is uncertain but contains the possibility of one or more negative outcomes” (p. 10). Thus, when people worry it is involuntary and it is about a future potential threat. Watkins (2008) describes worry as a form of repetitive thought (RT) and explains how it can result in both constructive and unconstructive outcomes depending on the way it is carried out. When worrying is controlled, objective, and brief, it can help an individual become aware of and prepare for potential threats. However, worrying that is unconstructive can lead to worse outcomes such as increased negative emotion, weakened cognitive function, and disrupted physiological processes (p. 164) Watkins (2008) reviews the literature on the unconstructive consequences of RT and found that RT is implicated in increasing an individual’s vulnerability to depression, anxiety, and problems in physical health (166).

The findings on RT being associated with depression and anxiety have led to the formation of the *Transdiagnostic Hypothesis*, which proposes that the repetitive negative thinking featured over a range of mental disorders is characterized by the same process, though it is applied differently depending on the specific-disorder content (Ehring & Watkins, 2009). McEvoy (2013) tested the Transdiagnostic Hypothesis by measuring worry, rumination, anxiety and depression on a large clinical sample with a known anxiety disorder or depression. The Penn

State Worry Questionnaire (PSWQ) was used in the study to measure pathological worry. According to McEvoy (2013), “With respect to worry, the transdiagnostic hypothesis was supported, with no significant differences across all four diagnostic groups” (317). To elaborate, the study found that worry was a common feature across Generalized Anxiety Disorder (GAD), Panic Disorder (PD), Social Anxiety Disorder (SAD), and Depression. Thus, it appears that worry, though not a mental illness on its own, is associated with larger mental health disorders and needs to be considered when addressing mental health and well-being.

B. The Effect of SES on Worrying

Past research has found an association between high levels of poverty in low-middle income countries and common mental disorders (Lund 2011, p.1). *Social Causation* is one of the theories that has been created to explain the association. The Social Causation theory proposes that challenging social and economic conditions cause people to be at a higher risk for mental illness. According to Harriman et al. (2022), “South Africa is one of the most unequal societies in the world, as racial disparities exist in housing, healthcare access, health, and multiple indicators of socioeconomic status (SES), all of which can contribute to an increased risk of poor mental health” (p.844). Some of the socio-contextual factors that can shape population mental health risks include exposure to chronic and acute stressors linked to living and working conditions (Harriman et al. 2022, p.844). In a study conducted by Harriman et al. (2022), the researchers found that Africans had higher psychological distress than any other racial group and reported the highest prevalence of traumatic events and at least one stressor (p. 851). The final model found that “stress related to hunger, interpersonal conflict, neighborhood-level crime and alcohol abuse were significantly associated with psychological distress, and explained the gap in psychological distress between Africans and Whites” (p.852). Thus, it was a combination of stressors that explained higher rates of psychological distress.

Moreover, it has been found that unemployment and being in debt are found to have psychological effects. According to deprivation perspectives, unemployment results in a significant deterioration of mental health. The main theory from this perspective contends that “unemployment deprives people of the latent functions of work in their lives: time structure, social contact and participation, status and identity, as well as shared experiences outside the

family” (Antoniou & Dalla 2016, p. 329; Jahoda, 1982). In regards to debt, research has found that “Debt, and the worry associated with debt, is associated with a range of mental health problems, such as elevated symptoms of depression and anxiety... anger, suicide ideation, and a variety of physical health problems” (Drentea & Reynolds 2015, p.19). Drentea & Reynolds (2014) found that debt is more associated with mental health than economic hardship and believes this could be because “being a debtor implies obligation and dependence, an asymmetric relationship, and relational power asymmetry undermines mental health” (p.29). Other theories to explain the degradation in mental health due to debt involve understanding the personal meaning that the individual has about the debt (Drentea & Reynolds 2015, p.19) and whether the person has fears of never being able to pay off the debt (Drentea & Reynolds 2012, p. 673) Overall, excessive worry about various factors in one life can take a toll on one’s mental health and result in stress responses.

C. How Worrying Affects The Body and Mind

When worries and anxiety become excessive, individuals are likely to trigger a stress response (*How Worrying Affects The Body*, 2020). According to Webmd (2020), “When you feel threatened, a chemical reaction occurs in your body that allows you to act in a way to prevent injury” (n.p.). This stress response is called a “fight-or-flight” response and it can cause you to have physical, emotional, cognitive, and behavioral effects. The emotional symptoms include becoming easily agitated, feeling bad about yourself, and avoiding others. The physical symptoms include low energy, headaches, upset stomach, chest pain, and insomnia. The cognitive symptoms include constant worrying, forgetfulness, and being pessimistic. The behavioral symptoms include changes in appetite, more use of alcohol and drugs, and more avoiding responsibilities. Overall, excessive worrying can trigger a stress response which can have an effect on an individual’s entire existence.

D. Community Beliefs on Worry & Stress

It is important to investigate community beliefs of worry and stress because community attitudes have been found to impact help-seeking behavior (Hugo et al. 2003, p. 716). Problematic community attitudes on worry and stress can lead people to not seek help due to fear

of stigmatization. According to Andersson et al. (2013), “Stigma and misconceptions about the cause and severity of mental illness are common barriers especially in poor resource settings where local culture and religion have a profound impact on people’s lives” (p. 440). As previously stated, worry is not a mental illness but it is a common feature found in many mental disorders. There is not much research on perceptions of worry and stress itself, but rather perceptions on mental illness.

Studies have shown that people in South Africa believe stress causes mental illness. Sorsdahl et al. (2010) conducted a study to assess mental health literacy on a sample of people living with HIV/AIDS (PLWHA) in South Africa. The study presented vignettes on four mental illnesses: Depression, schizophrenia, panic disorder, and substance abuse. The survey had participants report what they thought were the causes of the mental illness. According to Sorsdahl et al. (2010), “Psychiatric disorders were viewed as stress-related 70-91% of the time” and “respondents held negative views towards people with psychiatric disorders” (p.1418). Overall, the study showed that the understanding of the psychobiological nature of mental illness in PLWHA in South Africa is limited. A more recent study was conducted that had participants indicate the causes of Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD), and Schizophrenia (Madlala, Joubert, & Masenge 2022). Madlala, Joubert, & Masenge (2022) found “most participants indicated that stress was the cause for MDD and GAD, whilst indicating that biological and psychological causes are relevant to the clinical picture indicative of schizophrenia symptoms” (p.1). Overall, research on conceptions of stress have found that people believe stress to be a cause of some mental illnesses.

Methodologies

A. Research Design

For this ISP, I conducted a Mixed Methods-Case Study (MM-CS) design to understand how context affects worrying in Cato Manor. In a MM-CS design, “researchers employ a parent mixed methods study that includes a nested case study for the qualitative component” (Guetterman & Fetters 2018, p. 901). According to Yin (2014), “The intent of a case study is to conduct an analysis and develop an in-depth understanding of a phenomenon (i.e., the case) within a real-world context” (p.18) While mixed-methods research “combines qualitative and

quantitative research in a study... through the collection, analysis, and integration of qualitative and quantitative data” (Creswell 2015, p.3). Case studies using qualitative methods can provide complex and rich detail, however when paired up with quantitative methods, the study can enable a researcher to “address broader or more complicated research questions” (Yin 2014, p.67). In my ISP, I interviewed residents of Cato Manor and created and gave out a questionnaire on my research topic.

B. Sampling Procedure

In regard to data collection, I used convenience and snowball sampling. I had SIT staff member and previous member of the Cato Manor community, Thando Mhlongo, recruit participants for the survey and interviews. Thando called people who she knew from the community who spoke English and asked if they were interested to participate in the project. She also called people who had participated in ISPs for SIT in the past. Interviews were conducted in various houses in Cato Manor. There were times when we interviewed participants who were not originally recruited but were in the house and were interested in participating in the study. For two of the interviews, my classmate who was also conducting an ISP recruited her previous host family to take part in the project. There were times when snowball sampling occurred, like when previous participants of the study found other people for us to interview. Thus, the sampling design was not representative, though we did aim to get a variety of ages and an equal amount of Males and Females. In total, we interviewed 19 people and got 30 people to fill out the surveys. All participants who were interviewed filled out a survey. Thando passed an additional 11 surveys out to people in the community. There were times when participants needed help reading the questionnaires. In these cases when I was present, I helped answer questions.

C. Limitations in Sampling Procedure

As previously stated, I used convenience and snowball sampling which makes the sample non representative. There were times where I interviewed groups of people who were living in the same house. This may have resulted in similar responses from the participants. I also had Thando recruit participants who could speak and read English, which excluded participants in Cato Manor who spoke mainly IsiZulu. Moreover, each participant was compensated R50 for completing an interview and R20 for a survey. Some participants knew about the compensation

while others did not. The compensation could have caused participants to respond differently to responses. Two interviews were people from my friend's host family who I had known and spent time with while staying in Cato Manor. This relationship could have impacted my participant's interview responses. It could have made them feel more or less comfortable when discussing the topic.

D. Data Collection

Before an interview took place, the participant filled out the questionnaire. I think this questionnaire helped prime the participants on what the interview was going to be like. At the top of the questionnaire I put the title, "Questionnaire on Cabanga Kakhulu (thinking too much, stressed out, worrying)." Cabanga Kakhulu is a isizulu translation for "thinking too much." I did this because in the pilot study, where I conducted two interviews and gave out two surveys, the respondents were unclear on whether "thinking too much" related to stress and worrying. At the top of the questionnaire, I also included the sentence "Remember to be true to yourself" because during the pilot study one male participant said that to himself after reading the first question. I included this hoping that it would encourage participants to give honest responses.

For the interviews, I adopted an interview guide that was described in Hertog et al. (2016). Hertog et al. (2016) conducted semi-structured interviews to explore the contextual meaning behind the idiom, "thinking a lot" that is used to describe the "common experience of reflecting on personal and interpersonal problems" by the Khwe of South Africa (p. 383). According to Hertog et al. (2016), "the main focus of the interview concerned the content of 'thinking a lot', the use of the concept in social interactions, and key characteristics of explanatory models (EM): (Klienman, Eisenberg, and Good 1978): symptoms, timeline and duration, causal explanations, consequences, and coping strategies" (p.389). In addition to these topics, the researchers also asked respondents if they ever experienced excessive thinking and if they could reflect on the experience (Hertog et al. 2016, p.389). From this description, I created an interview guide that can be found in the Appendix 1 of this paper and conducted semi-structured interviews.

During interviews, I asked the questions out of order but made sure I asked all of them that were on my list, plus any additional questions that arose during the interview. I also added some of my own questions as the interview process went on. For example, I began to ask

participants what they thought of the question on the questionnaire that asked if thinking too much had to do with the ancestors or witchcraft. I found that participants interpreted the question in different ways and decided to leave it out of analysis as no pattern emerged. The interviews ranged from 15-57 minutes. I conducted 19 interviews in total but only used 18. I did not use one of the interviews because the participant was filling out the survey in the room where I was having a discussion about my findings and I believed that could have affected her responses. I audio recorded the interviews after gaining consent to do so.

For the questionnaire, I created most of the questions, modified some of the questions from the interview guide that was modeled after Hertog et al. (2016), and rephrased some questions from existing questionnaires on worrying and hopelessness. From the pilot study, one male participant said that *Alcohol* should be one of the answers for question #15 which asked what helps the participant to stop thinking too much. For the questions that were taken from previous questionnaires, I modified them slightly. For example, a question from the Kessler Psychological Distress Scale (K10) was: *In the past 4 weeks, about how often did you feel hopeless?* (Kessler 2003). I changed this question to: *In the past 2 weeks, how often did you feel hopeless, or that life will not get better?* I chose to do this because I felt that a 2-week time frame would be easier to recall and that some participants would have wanted a more practical elaboration on hopelessness. The questionnaire can be found in Appendix 2.

E. Participants

A total of 30 participants filled out the questionnaire. The average age of participants was 34 years old. There were 11 males and 19 females who filled out the questionnaire. For the highest level of education, there were 4 people with the highest level of education being below Grade 12, 22 people with the highest level of education being grade 12, and 3 people with the highest level being beyond grade 12.

Figure One

Age Group	Number of Female Participants	Number of Male Participants
<20	3	2
20-30	4	6
31-40	4	1
41-50	4	2
51-60	3	0
61-70	1	0

F. Limitation in Data Collection

Though I tried to remain neutral during the research process, I brought a certain bias to the interviews. When participants opened up to me about issues that are often kept personal, I encouraged them with affirmation and assurances. While this may have affected the objectivity of the process, I judged that this would counter stigma that normally shuts down honest personal communication. I assert that the personal affirmation of the researcher in this case leads to more valid data. In addition, my position as a 20-year-old female may have made it easier for other females, especially younger women, to talk to me. Though, my position as a white American could have made some participants less willing to share information. Moreover, I think that some people may not have wanted to share things that really bother them due to pride, not feeling comfortable, or not trusting me. Some participants may have said that they are only worried about money and did not want to reveal any other personal worries. Furthermore, I am a double major in Psychology and Global Studies. My background in taking religions classes and personal interest made me more keen to ask questions about spirituality and how it relates to stress.

Moreover, there were more females than males who filled out the survey. Each age group had different amounts of people, with the highest number of participants being in the 20-30 age range. This makes the results more biased towards females and to people in the 20-30 age range.

G. Data Analysis

Three themes emerged early in the process of data collection. Since I had a short amount of time to complete the project, I decided not to transcribe the whole of every interview and concentrated on issues associated with money, unemployment, and the future. The choice of these issues was backed up by their emergence as major themes in the survey as well. I then chose two case studies that I felt best reflected my research question. I nearly transcribed the entire interviews that I used for Case Studies #1 and 2 in order to understand the context and effects of worrying. I also transcribed perceptions of stress and mental health in several interviews because I found the variety of responses fascinating. As for the questionnaire data, I inserted the data onto an excel spreadsheet, made graphs of certain themes, and then included them in my paper. For the literature search, I used Google Scholar and searched key terms such as “South Africa”, “Unemployment”, “Debt”, “Hope”, “Mental Health”, “Family Support”, “Zulu Ceremonies”, etc.

H. Limitations in Data Analysis

There are some limits in data analysis. I chose only the themes that appeared to be most common, however this left out other themes that should be explored in future studies. Moreover, the two case studies I picked were both women who were close in age, making my case study analysis have a gender and age bias. I primarily used Google Scholar for the literature search and not many other search engines. I was also not able to access some papers that could have been helpful to my project online.

Ethics

This study was approved by an SIT local review board. The Ethical Clearance forms can be found in Appendix 5. Human subjects policies and ethical research guidelines were adhered to and thoroughly discussed throughout every step of the research process. Appropriate consideration was given to informed consent, anonymity, and confidentiality of research participants.

Thando recruited participants and briefly informed them on the topic of my project and on how they were going to fill out a questionnaire and participate in an interview. Once I met with the participants, I re-explained the data collection process, explained the consent form, and

then gave them the consent form to sign. I made sure I got verbal consent before they signed the sheet. The Consent Form for Participants can be found in Appendix 3. I told the participants that they did not need to answer all the questions and that they could still receive compensation if they wished to pass on questions or end the session early. I also asked if I could record the interview before I began and only recorded if consent was given. I made sure we were in a private place to talk, as the topic of worrying and stress is personal experience and can cause some people to get emotional.

During the interviews, I paid attention to body language and facial expression and if I ever saw participants getting uncomfortable, I would begin to ask different questions that related to another theme. I made sure to avoid asking deeply personal questions that could make a person upset or relive a past experience. At the end of every interview I asked the participants how they were feeling. If it appeared they were upset, I mentioned that SIT could provide compensation for counseling sessions.

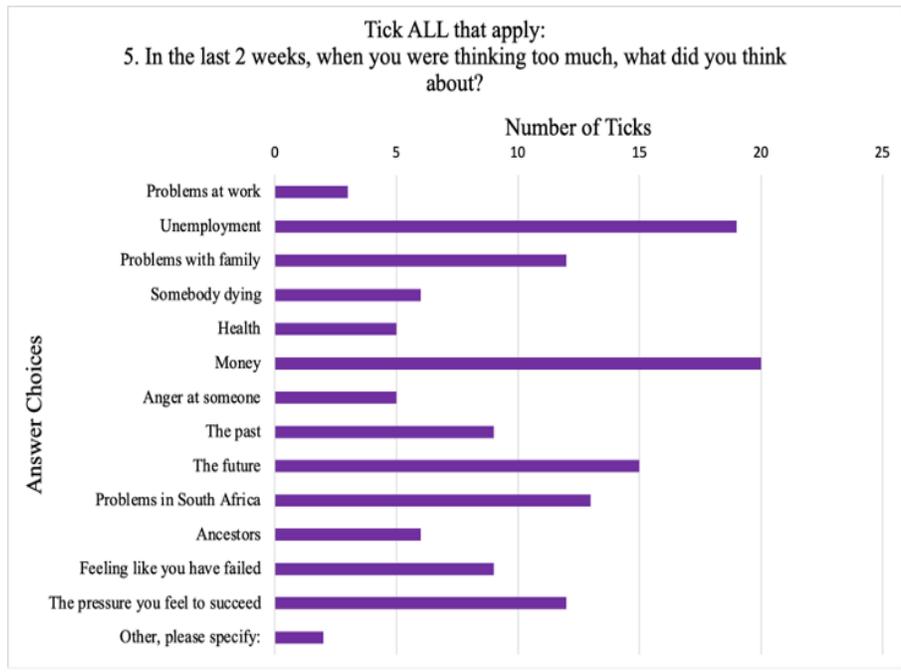
As for data analysis, I made sure to not include any names or any other identifying elements of the participants to protect their identities. I changed the names in the case studies to protect their identities. It is also important to note that the findings from this paper are not generalizable for all of Cato manor or all Zulu individuals.

Findings

A. Common Worries Participants Have

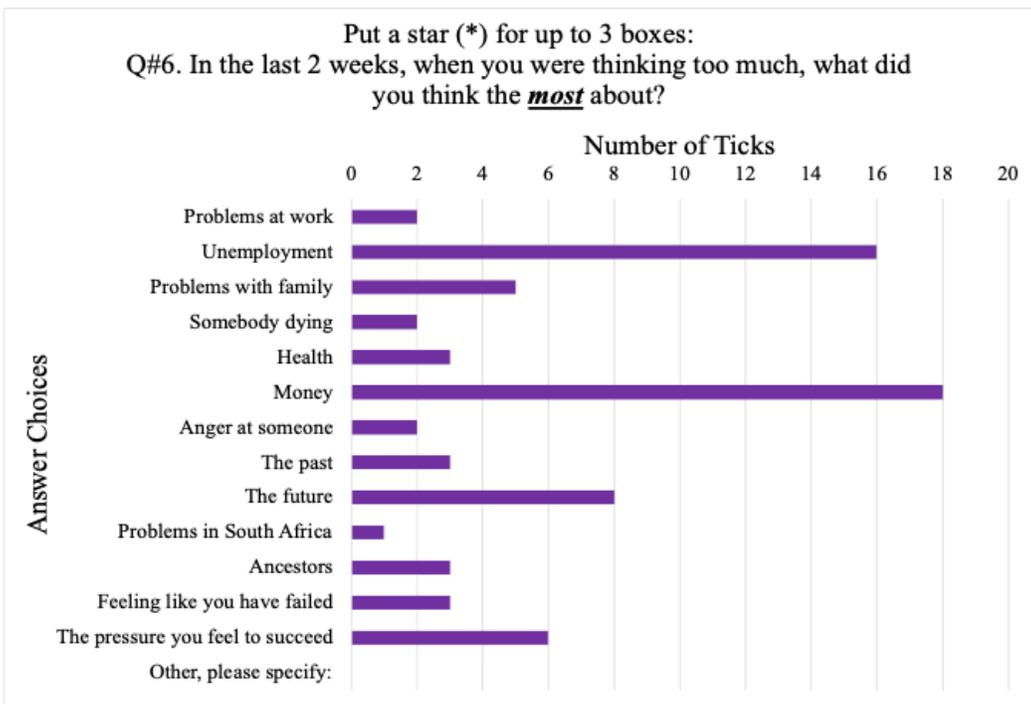
The questionnaire found three themes to be the most common concerns that the participants had: Money, Unemployment, and The Future.

Figure Two



When the participants were asked what they were thinking the most about in the past two weeks, *Money* and *Unemployment* had the highest number of ticks, while *The Future* was the third highest even though it had less ticks.

Figure Three



Before analyzing the questionnaire data, I had gone through the interviews and found the same themes to be the most popular as well. Though there were other themes that came up such as social comparison and problems at work, I chose to focus on the three that were brought up by participants the most.

i. Money

Paying for bills and debts

Participant 5, a 66-year-old female, explained how money is the only thing that stresses her out. When asked how often she stresses out, she explained she only gets stressed out when she owes people money.

If I owe money to somebody or I do sometimes just you know overuse Baba's credit card. It stresses me because now I must think (whispers) 'by the end of the month I must pay his credit card.' That stresses me out... It stresses even though I know that I owe you, and I know I will repay you, but still it stresses me out, I don't know why. (Participant 5 2022, April 11).

Besides money, the participant explained that she does not stress out too often since she is retired, old, and relaxing. She explained how younger ages are more stressed out due to unemployment, but she only gets stressed out if she is in debt.

Participant 2, a 29-year-old female, described how money is a big stressor in her life. During the interview the participant explained:

Money can cause a lot of stress especially for me. I love money. Like coming from poverty, money is everything to me. Money's my happiness, so when I'm unemployed, when I can't put food on the table, that stresses me. What I'm gonna eat tomorrow stresses me. Whether I'm gonna have money next month stresses me. And it's less about

my well-being. I hardly think of health, I promise you. I never think of health (Participant 2 2022, April 5).

In addition to money, the participant explained how she thinks too much about where she wishes to be in life and how not so long before the interview she was on the verge of going into a depression because her life wasn't what she imagined it to be.

Paying for Zulu Ceremonies

Participant 13, a 22-year-old female, explained how she was worried about getting the money to pay for two Zulu ceremonies. When asked what stresses her out about the ceremonies and if she could explain what they are for she replied,

Like in Zulu culture, if you have lost a baby while you haven't gave birth to it, like there's a ceremony that you must do or you must practice for that baby to be in a safer place like showing that you care about that baby, like giving it a name while it's not here. So that's the ceremony that I'm worried about that I want to do. And there's a ceremony that I have to do it's called "utwasa" like practicing to be a traditional healer. So those are the problems that I always think about. But they need money so that's what's stressing me (Participant 13 2022, April 15).

Participant 13 explained that she was also stressing out about why the ancestors chose her to be a traditional healer. Stress about becoming a traditional healer will not be elaborated on further, however it does pose an area for further research.

Participant 12, a 37-year-old female, discussed how she had to pay for a Zulu ceremony which ended up putting her into debt for months (Participant 12 2022, April 15). Her story will be discussed in Case Study #2.

ii. Unemployment

Participants explained how being unemployed made them “think too much” because they did not have an income and compared themselves to their employed friends.

Participant 10, a 36-year-old male, explained that he thinks too much because he is not working:

Interviewer: Okay and so then what types of things do you normally think too much about?

Respondent: Job, I'm not working. Yeah it's my age that I'm not working. I never ever worked in my life. So that thing, it stress me out a lot because I'm thinking about where do I find money to buy clothes, cosmetics, yet I don't have child but to put the food on the table, where do I get that money? And yeah a lot of things (Participant 10 2022, April 13).

The participant went on to explain how he sees people in his age group and who are younger than him who are driving their own cars because they are working. The lack of income at his age are things that he often thinks too much about.

Participant 16, a 26-year-old male, had been unemployed for almost three years. During the interview, I asked him to give an estimate of how often he thinks too.

Interviewer: Like how often? A few times a week? A few times a month?

Respondent: Maybe I can say a few time a month. Because right now I'm unemployed. Uh I'm not doing any, I'm not doing anything related to education. Um I'm unemployed. I'm just staying at home. I've been looking for jobs... I've got a lot of fears. I have a son... so I need to support him, things like that so yeah (Participant 16 2022, April 18).

Participant 11, a 45-year-old female, explained how she “thinks too much” about being unemployed and the alternative ways she can get employment (Participant 11 2022, April 13). Her story is discussed in Case Study #1.

iii. The Future and Moving Forward

Participant 8, a 29-year-old female, explained how she thinks too much about moving herself forward in life. She described how it is common for people to get paid just enough money to cover their expenses up until the next paycheck, making it more challenging for people to move their lives forward. After being asked what types of things make her think too much, the participant responded:

I think about, I'm not where I want to be in life. I think about 'how am I gonna get where I want to be in life with the cards that I've been dealt with?' Um making the most of my current situation so making the most of my little pay check. How can I still cover my bills but still move myself forward at the same time? Not just pay debts, pay for necessities and that's it. I need to do something to keep moving forward even if it's like little steps forward it's like, that's imperative for my mental health (Participant 8 2022, April 13).

Participant 7, a 22-year-old female, explained that school is her biggest stressor because her performance in school is tied to her future.

School mostly, more than any other thing. It's usually just school that gets me stressed out. Because the more I think of school, the more I think of how things are gonna play out in the future and it's all just centered on school (Participant 7 2022, April 13).

Participant 6, a 19-year-old male, had failed high school and had been unemployed up until just before the interview. He mentioned how one of the things he finds himself thinking too much about is his future. During the interview when asked if there are other things that sometimes stress him out, the participant responded:

Yeah my future. I wanna be a doctor sometimes, you know sportsman all that. But if things doesn't go well now, what is it gonna be like in the future. So I must choose the

right way you know and do better choices in order for me to succeed cause I don't want my childrens to go through the same situation I've been through. I want them a better life and something like that (Participant 6 2022, April 11).

B. Case Studies

The following case studies were chosen because they best reflect how context affects the types of worries people have. Moreover, the Case Studies go into depth on how worrying can have physical and emotional/behavioral consequences and how the family can be helpful for coping. Each case study also ends with the things participants tell themselves that helps them stay hopeful. Case Study #1 is on unemployment while Case Study #2 focusing on paying back debts for Zulu ceremonies. Each case study is divided into Cause & Content, Consequences and Role of the Family. The names in the case study were changed to protect the identities of the participants.

i. Case Study #1: Unemployment

a. Cause & Content

Khalistan is a 45-year-old female participant who has been unemployed for 5 years. She often thinks too much about being unemployed and the alternative ways she can get out of unemployment. She described how thinking too much affects her body and how her family is very supportive.

When asked if she ever finds herself thinking too much, Khalistan responded:

Yeah, I do think. I'm not working. So I'm always thinking that 'maybe if I can play lotto, I'll get some money. Must I sleep with that guy so that I can get a job?' Eish you see, that's all I think about. And that thing give you headache cause you don't know if you are in or out. You'd rather go and drink (Participant 11 2022, April 13).

When asked, *What are the common things that you think people are thinking too much about or are stressed out about here?*, Khalistan answered *Job opportunity* (Participant 11 2022, April 13). She said that the government failed them. Since the government failed its citizens, she explained the alternative ways that people have been looking for jobs. During the interviews Khalistan explained how some jobs will hire a worker if the worker agrees to pay them money in the beginning or if the worker sleeps with the boss.

If you know somebody, you must do something. You'd rather sleep with the boss or you go home... And it's the truth... If you don't pay, you can't have a job. How can I, I'm looking for a job and you tell me I must pay you 5000? Where am I going to get that 5000? Cause I have to get the job first before I pay you. Why must I pay you? You're getting my pay. You want my money (Participant 11 2022, April 13).

Sleeping with the boss in exchange for employment can be more stressful under the context of high HIV rates in South Africa and when some men are persistent about not using a condom. When asked if there are any other things that people commonly think too much about, Khalistan responded:

If you don't have money, what are you thinking about? Money's the... it's everything. Cause I'm sitting here, I don't have money. When are we going to eat? And if you can come and say you have a job, and you want to give me job but I have to sleep with you first and you've got HIV and don't have a condom, what am I going to think? I'm going to think about that thing all of my life. The rest of my life I'm going to think about that thing. I can even, I can have a job, but I will think about that thing, that thing will make me drink and is putting me in depression (Participant 11 2022, April 13).

When Khalistan said “that thing”, she was referring to the act of having sex with the boss without a condom. She explained how the person seeking a job does not know if the boss has HIV or how many girls the boss slept with beforehand. Thus, the alternative ways of finding a job by sleeping with the boss causes more stress, especially in the context of HIV being so prevalent in South Africa and men demanding women to not use a condom.

b. Consequences

When asked how thinking too much affects her body, Khalistan explained:

Can't sleep the whole night, the whole day, thinking about the same thing. There's no income coming. You'll think about that the whole day and you'd rather stay in bed, than waking up. It's hard to wake up in the house and then find that there's nothing in the house to eat (Participant 11 2022, April 13).

When asked how thinking too much affects the way she feels, she explained:

You want to stay alone. Like when you are sitting with people who are working, you feel small. It's like they giving you hands out. You feel small. Even if you're friends said 'let's go out.' You know when you are going to go out you're going to drink and get drunk and come back home and get some sleep and then tomorrow you don't want to wake up (Participant 11 2022, April 13).

When asked how thinking too much affects the way she acts, Khalistan repeated how she does not want to be with people and described how she is sometimes quieter when she goes out with friends. During the interview she described:

Yes, they talk about what happened at work and you just keep quiet. Nothing to say. You're just waiting for them to say whatever they want to say and you just listen. And sometimes you're not listening you're just looking at them like... and then you feel someone saying 'hey' and then 'oh' (Participant 11 2022, April 13).

During her interview, she also went into detail on how drug and alcohol abuse are connected to unemployment. Khalistan described how when young girls finish school and don't have a job, they sleep with older men just to get money and end up drinking too much because they are not working. She also described how when people are unemployed and can't provide for their

family, they think the best thing to do is to use drugs. Khalistan explained the healthier strategies that she uses to cope such as going to the gym and one of her last points was:

I won't be an alcoholic just because I have problems (Participant 11 2022, April 13).

c. Role of the Family

During the interview, Khalistan explained how she is able to talk about her stress with her family members. She described how her family is, in fact, too supportive.

Interviewer: And that's good that you have a family that is supportive. Do you find that's like helpful?

Respondent: Yeah it does help cause most of the time they don't want me to be alone. They don't want me to be alone cause they don't know what am I thinking. What am I going to do alone? They can find me hang there (Participant 11 2022, April 13).

Khalistan's family is concerned that she will commit suicide and makes sure that she is not alone.¹

ii. Case Study #2: Paying Back Debts from Zulu ceremonies

a. Cause & Content

Mbali is a 37-year-old female participant who had been in debt for months because she had to borrow money in order to pay for the expenses of a Zulu ceremony. She explained that she had been thinking too much about paying the debts.

¹ At the end of every interview, I asked the participant if they were doing okay because the topic is personal and can cause people to become upset. After interviews that were more emotional and/or that brought up suicide such as this interview, I asked the participant if they wished to receive counseling and explained that SIT can compensate for counseling sessions. For Case Study #1, the participant responded that she did not need counseling sessions and was doing okay at the time.

When asked what she had been thinking too much about, Mbali responded:

Due to December time, we had a ceremony that put me to debt. Up until now I was struggling to get out of that debt. So that was making me thinking too much and I couldn't even pay my son's school fees because I was struggling to pay those people off... That was making me thinking too much (Participant 12 2022, April 15).

Mbali explained how normally if she is stressed about something, she is able to make her self feel better by talking to other people. However, this time was different because talking to people would not help her pay back the debt. During the interview, she described that the ceremony was Umemulo. According to the Mbali, Umemulo is a growing ceremony for when you are coming of age. She explained how it is usually supposed to be for a teenager, but sometimes people have to do it when they are older.

Interviewer: So was it for a teenager?

Respondent: Yes, it's usually supposed to be for a teenager but sometimes when for us, our culture demanded to do it even if you are older, even if you have a child. But before it was like, before you get a child. It is just to know the people that she is grown, she is ready to get married (Participant 12 2022, April 15).

Mbali described the various expenses of the ceremony that her and her sister had to pay. During the interview, she described the expenses:

We had to slaughter two goats, two cows, and we had to prepare some food, grocery things. And it wasn't even here...So just to get the cost of traveling and everything (Participant 12 2022, April 15).

Mbali explained how she had to borrow money to pay for the ceremony and it took her a little more than three months to pay back the people she owed money to.

b. Consequences

During the interview, Mbali explained the way the stress of paying her debts was affecting her body. She was not able to sleep and her headaches were getting worse. According to the participant:

I couldn't even sleep at that time. I have imigrane headaches so um I think I've had it for three years now. So it was getting worse when I was thinking too much. I felt bad but I couldn't help it to think about it. Because I know that when it comes to the end of the month, I have to pay people (Participant 12 2022, April 15).

When asked how the recent stress was affecting the way she acted, Mbali explained

I didn't want to talk to people. I didn't want to talk to people... when you come to my house, 15 minutes was enough when you here. I couldn't handle more than 15 minutes. I didn't want anyone. It's like my world was like shutting down so I didn't want anyone. Like I said, ...when my son went to school I couldn't even go out. I was sleeping here. Out back around 5:00 o'clock with my son and I come back and sit here. Yeah, I couldn't even eat, I couldn't sleep (Participant 12 2022, April 15).

When asked how the recent stress affected the way she felt, Mbali explained how she felt like she had failed her son because she was struggling to pay his school fees and was unable to give him a treat after he did well in school. During the interview she described,

I feel like I'm a failure. I'm a failure, especially when I couldn't pay my son school fees. I feel like I failed my son. It's the first time I'm failing him. I couldn't even buy him-- he knows that I gave him a treat every end of the month or whenever he passed his spelling test I gave him a treat, but I couldn't afford at that time. I feel a failure like I don't want to be his mom and 'cause I couldn't do the things that I always promise him to do (Participant 12 2022, April 15).

Mbali explained how she would just spend time writing down all of her debts and thinking about how she would pay them off. She also explained how being unable to pay her son's school fees was stressful.

c. Role of the Family

During the interview, Mbali explained how her son was her source of hope:

*I wanted to be alone but what brought me uh that smile, that hope, was my son...
Sometimes I feel like I want to kill myself. I will tell you that. Sometimes I feel like I want to kill myself, but when I see my son, hey, just give me another hope (Participant 12 2022, April 15).*

She explained that she promised herself that she would never fail her son. Overall, it appears that her son gave her a sense of purpose.²

Analysis of Case Studies

As it was previously stated, the process of worrying is described as an “attempt to engage in mental problem-solving on an issue whose outcome is uncertain but contains the possibility of one or more negative outcomes” (Borkovec et al. 1983, p. 10) In the two Case Studies, money was the main concern but the context was different. Case study #1 focused on Khalistan, a participant who was worried about being unemployed. Case study #2 showcased Mbali, a participant who was recently worried about paying back a debt that she had from a Zulu ceremony. In both case studies, the participants found that stress made them more antisocial and made them have trouble sleeping. They also both mentioned suicide and how family was found to be a helpful strategy for coping. Moreover, their worries were found to have physical and emotional effects.

² Since this interview brought up suicide, I asked if the participant wished to receive counseling and explained that SIT can compensate for counseling sessions. For Case Study #2, the participant responded that she did not need counseling sessions and was doing much better.

A. Analysis of Case Study #1

i. Context of Unemployment and High HIV Prevalence

In Case Study #1, Khalistan mentioned other factors associated with unemployment that are specific to South Africa's context. In South Africa, bosses tell potential workers to pay them or to sleep with them in exchange for a job. In this case, Khalistan explained that she "thinks too much" about not having an income and about what would happen if she slept with the boss for a job. She tries to mentally problem-solve by considering the other ways of getting employment, which makes her have more concerns, like increasing her risk of getting HIV.

Khalistan was thinking too much about the alternative ways of getting employment, such as sleeping with the boss, and the associated risk of getting HIV. Sextortion is when "sex, rather than money, is the currency of a bribe" (*Sextortion*). Hlongwane (2017) describes how sextortion is widespread due to poverty and unemployment. According to Hlongwane (2017), "the high rate of poverty among women exposes them to a precarious situation where they can be easily subjected to sexual exploitation in exchange for jobs and promotion" (Hendra 2013; Hlongwane 2017, p. 10). Furthermore, Hlongwane (2017) cited how "about 84% of the victims of sextortion were found to be women, especially as job applicants or promotion seekers" (Anderson 2013, Hlongwane 2017, p. 10). The participant explained how if she were to sleep with the boss, she may be forced to engage in unprotected sex. This would increase her risk of HIV. HIV is widely prevalent in South Africa. As of June 2021, 14% of the population in South Africa was living with HIV (Statistics South Africa). Austin et al (2017) explained how condoms are less likely to be used in transactional relationships because "young women may fear that the man will be deterred from having sex and providing economic security if he is asked to use a condom" (p.349). Overall, Khalistan's worries can be understood in the context of unemployment and a high HIV prevalence.

ii. Psychosocial Effects of Unemployment

Moreover, Khalistan's experience of unemployment aligns with the existing literature. Oluwayemisi et al (2019) found that people who were unemployed were unable to buy basic essentials which "takes a real toll on their mental well-being because their standard of living is on a lower level compared to their employed peers" (p. 45). These negative feelings made them

want to stay away from social activities (p.45). This finding aligned with the participant in Case study #1 because Mbali explained how she wants to be alone and feels small when she is sitting with people who are working. De Witte, Rothmann, & Jackson (2012) administered the Experiences of Unemployment Questionnaire to unemployed people in the North West Province. The study found that unemployment was “described as very unpleasant and it was associated with boredom, loneliness, uncertainty about the future, concerns about financial matters, emptiness and conflict” (p. 235). Overall, being unemployed has been found to worsen mental health.

B. Analysis of Case Study #2

i. Context of Poverty and Zulu Ceremonies

In Case Study #2, Mbali described how being in debt affected her whole existence. As previously stated, Zulu people in Cato Manor have retained their cultural traditions over time. The traditions of sacrificing animals to commemorate certain milestones in a person’s life are important but can be difficult to carry out under a context of poverty. Mbali explained how she would spend time writing down all of her debts that she owed from the Umemulo ceremony and thinking about how she would pay them off.

There has not been much research on the affordability of the Umemulo ceremony, however there has been some research on ilobolo (bridewealth). Hunter (2007) described how when unemployment rose in the mid-1970s, “men’s inability to secure ilobolo (bridewealth) or act as dependable ‘providers’ became additional brakes on marriage” (p.695). In other words, high unemployment was connected to not being able to afford Zulu traditions. Though this source is from 2007, unemployment is still a major issue in South Africa. Moreover, Posel & Rudwick (2014) described that the “current ‘standard’ ilobolo amount of 11 cattle in KwaZulu-Natal that ironically was set as a maximum payment by the 1869 colonial administration (either in livestock, a negotiated value in cash, or a combination of both) poses a financial challenge to many Zulu men today” (p. 283). Ntshangase (2021) mentioned how globalization has caused the ilobolo, or bridesprice, to become commercialized and some families charge larger amounts of money (p.2). Overall, the affordability and stress involved in paying for Zulu ceremonies is an area of research that should be considered further.

ii. Psychosocial Effects of Debt

Being in debt caused Mbali to excessively worry, causing her to have a stress response and suffer from emotional, physical, behavioral, and cognitive symptoms. Mbali explained that being in debt caused her to have worse headaches and be unable to sleep. She also did not want to talk to people and it felt like her world was shutting down. Her self-concept was eroded because she felt like a failure for not being able to pay her son's school fees. The findings align with previous literature on the psychosocial impact of being in debt. Drentea & Reynolds (2012) found that indebtedness is associated with more symptoms of depression, anxiety, and anger (p.673). Meltzer et al (2013), "Those in debt were nearly four times as likely to have phobic disorders...three times more likely to have panic disorder...and more than twice as likely to have OCD... depressive disorder... and generalized anxiety disorder" (p.110).

The impact of being in debt on Mbali's mental health can be understood by examining the personal meaning she held on being in debt. According to Drentea & Reynolds (2015), "For some, debt may unequivocally signify an undesirable monetary obligation that adds worry to their lives or erodes self-concept" (p.19). Meanwhile Dwyer, McCloud, & Hodson (2011) found that "both education and credit-card debt increase mastery and self-esteem" for younger people who experienced "debt as an investment in the future" (p.727). In Case study #2, Mbali's debts eroded her self-concept. She felt like a failure because she was not able to pay for her son's school fees. As a result, she worried excessively and suffered for months until it was paid back.

C. Role of Family in Coping

Both participants explained different ways in which their families helped them during stressful times of their lives. Khalistan's family made sure she was never alone and Mbali explained how she regained hope when she saw her son. According to Lee & Goldstein (2016) "The stress-buffering model asserts that social support functions as a buffer to mitigate the pathogenic effects of stress on individual well-being" (p.570). There are various ways in which family can help buffer against stress. For instance, Ensel & Lin (1991) proposed that social support may safeguard individuals against distress by promoting "positive affect, material resources, and/or a recognition of self-worth" (Lee & Goldstein 2016, p. 570) Moreover, the perception of social support may help people avoid feelings of loneliness (Lee & Goldstein 2016,

p. 570). Though the role of the family did not have to do with my research question, I believe it is an area that can be researched further.

There has been some research on the effect that family can have on an unemployed individual. Oluwayemisi et al (2019) found that unemployed youth in the study relied on family support to cope with unemployment and “the care and support given by families and friends kept them motivated” (p.55). Moreover, Huffman et al (2015), found that the psychological latent benefits of working, such as time structure, social contact, sense of community, status, and enforced activity, did not necessarily need to come from the work domain (p.79). Rather in the study, Huffman et al (2015) found that the latent benefits were able to come from family support which helped unemployed individuals cope with unemployment (p.79). Overall, the findings on social support helping individuals cope with unemployment aligned with previous literature.

Brief Overview of Community Perceptions of Stress

Throughout the interviews, I had many interesting conversations about the way people in the community think about stress, mental health and psychologists. Respondents brought up various theories for why people in the community do not discuss stress or do not believe black people could get stressed. It seemed the many people related their understanding of why stress is not discussed often to history and stigma.

Participant 9, a 52-year-old female, explained how people are talking about stress more now than in the past. She explained how in the past, people believed that stress was a “Whiteman’s sickness,” similar to skin cancer (Participant 9 2022, April 13). During the interview, the participant explained:

Yes they will tell you that it’s a Whiteman’s sickness you know. It’s the same as skin cancer. They think that a black person will never have that, you know. And yet, we all can (Participant 9 2022, April 13).

During the interview, I asked why people thought that stress was not for black people and the participant made an analogy to sunscreen. She explained how in the past, black people could not

afford sunscreen and they ended up believing that black people did not need it. Similar to sunscreen, people began to believe that black people did not have any stress because they were not the bosses at work.

Well it's because—well when they see a white person wearing, what do you call this uhh, sunscreen and everything... I think it's because it's the money that we didn't have by the time for a black person to see a black person wearing uh sunscreen to protect themselves for when they go to the beach. So now they think 'oh it's because they will peel.' There's that mentality, they think 'ah that's a white man's thing, not for us.' Even the stress also. Why they associate it with the white people? Because they are bosses most of the time, you know. So they worry about the work and everything. For us, we are just servants and we don't care (Participant 9 2022, April 13).

In other words, Participant 9 believed that black people did not believe they could get stressed because stress was a “white man’s thing.” (Participant 9 2022, April 13).

Participant 18, a 29-year-old male, discussed how he only talks to his priest when he is stressed out because his family does not talk about stress. During the interview he explained:

We grew up with our side, not talking about things with stress. So in our culture we believe that stress is not something that's common. It's just that you're having your own problems. Sort your problem out and then go with it. You know, it's not stress. 'Well what are you stressed about? You're too young to be stressed.' Even you find people having anxieties or depression and especially in our culture, 'What is that?' They don't want to learn that 'hey, there's something called depression. There's something when people are stressed. They are stressed out because of certain situation that weighing on them.' So which becomes so hard for me to even talk about it, and especially at home (Participant 18 2022, April 15).

During the interview, I asked the participant if he heard the myth that black people believed stress was only for white people and he responded that he had heard that a lot. As a follow up

question, I asked him why that is and he gave a different theory. This participant believes that the idea of black people not being allowed to feel stressed comes from the history of the forefathers being “hardheaded” and not feeling the need to tell people “secrets” (Participant 18 2022, April 15). He explained that counseling is not recommended for people. During the interview, the participant explained:

You know so you should deal with your own situation. Cause now if you're going to counseling or if you get all in your emotions, you become too emotional, you're not black enough, you know, men don't cry. They just deal with it and move on and spearhead and go on (Participant 18 2022, April 15).

The participant went on to explain how people sometimes get depressed because they have no one to talk to and how not being able to talk to anyone can lead a person to kill themselves.

Another participant brought up a theory on why stress is not discussed in the community often. Participant 8, a 29-year-old female explained how for black people there is no time to be in your head because black people focus more on survival. During the interview she explained:

So you find yourself, beating yourself up for not being okay instead of just um looking at the real problems but we as um, we call it “indlamiamo” basically the black community here. Um we sort of run away from problems. We never deal with problems and it's um, it's a survival thing. We have to eat, we have to keep moving, there's no time to think about your problems. Um if you don't work, you can't get paid, you can't put your children through school, you can't eat, so you can't live, so you die. We come from that standpoint where you spend too much time in your head, you're gonna get sick and die. You're not gonna be able to move. You're not gonna be able to eat. You're not gonna be able to work (Participant 8 2022, April 13).

The participant went on to explain how there is a need for black people to make the transition from surviving to living and the only way to do that is to start dealing with problems.

Participant 7, a 22-year-old female, explained how people do not really talk about stress because people think it is normal to be overly stressed out and do not see it as something that needs to be discussed. When asked if there is ever a point where it is not okay to be stressed out, the participant responded:

When it's affecting your whole entire existence. You can't do anything. When it leads to depression, we literally say that or any sort of mental illness. Then it becomes a problem. That's the only time when people are aware of how bad it is to be stressed out and actually having a way to cope with stress before it's too bad (Participant 7 2022, April 13).

Though there were people who stated that stress is not discussed often, there were some people who said that people talk about stress. Participant 13, a 22-year-old female, explained that people in her area talk about stress because they believe that people should not hold things inside. During the interview, she explained:

I think ehh, around my area people like they talk about it like say if they see that you're not okay they'll be like 'What's wrong? Talk about it. You need to talk because if you don't talk and you're holding things inside you, like the bubbles gonna pass so you need to be open, talk about it, so you can let it go (Participant 13 2022, April 15).

Thus, it appears that some people talk about stress and see the importance in discussing problems with others

Brief Analysis of Community Perceptions of Stress

Aside from the findings that showed how people believe stress causes mental illness (Sorsdahl et al. 2010, Madlala, Joubert, & Masenge 2022), there is limited research on community perceptions of stress. Though not asked directly about the relationship between stress

and mental illness, Participant 18 and Participant 7 mentioned a connection between stress and depression.

Participant 18 also mentioned the societal expectation that “men don’t cry” and how men are supposed to be “hardheaded” like the forefathers (Participant 18 2022, April 15). This finding aligned with the findings in Masemola, Moodley, & Shirinde (2022). According to Masemola, Moodley, & Shirinde (2022), the barriers of help-seeking behavior for Black South African men with depression were “fear of being seen as weak by the society (social stigma), fear of expressing their feelings, gender norms and stereotypes, and lack of trust in others” (p.11). Moreover, some participants in Masemola, Moodley, & Shirinde (2022) explained that men “are not expected to cry and they need to toughen up to validate themselves as men” (p.12). Overall, it appears that mental health stigma, especially for men, plays a role in community perceptions of stress in the sample.

Overall, the findings from the interviews show that people have different theories for why stress is not discussed often. Participant 9 explained that it was believed that black people didn’t get stressed because stress was a “white man’s thing”, and black people were not the bosses at work (Participant 9 2022, April 13). Participant 18 suggested that there was an expectation that black men needed to be hardheaded like the forefathers and not get emotional (Participant 18 2022, April 15). Participant 8 suggested that the black community could not spend time stressing because they had to focus on surviving (Participant 8 2022, April 13). These findings emerged from the interviews and could be expanded on in further research. The stigma and community attitudes are important to understand because they affect help-seeking behavior.

Conclusion

This research project set out to understand how context impacts worrying. Overall, the project found that in Cato Manor most people are worried about *Money*, *Unemployment*, and the *Future and Moving Forward*. The Case Studies highlight contexts with different social and economic conditions that caused excessive worrying. Case Study #1 involved a context of unemployment and high HIV prevalence, and Case Study #2 involved a context of poverty and Zulu traditions. The findings on the negative psychosocial effects of being unemployed and in debt aligned with the previous literature. Both case studies showed how family helped the participants cope in different ways.

Overall, this study can contribute to the field of public mental health. Though none of the participants were assessed for mental illness, it appeared that unemployment and being in debt has caused the participants to worry excessively and has impacted them emotionally and physically. This supports the Social Causation theory which suggests that challenging social and economic circumstances cause people to be at a higher risk of mental illness. This project also presented community perceptions on stress that shows that history and stigma are a part of the conceptualization of stress. This can be helpful for researchers who want to understand and improve help-seeking behavior in communities similar to Cato Manor.

The study also gives a narrative to the social problems that affect the country. Rather than presenting unemployment rates, this study shows how being unemployed affects a person's whole existence and how there are alternative ways people think about seeking employment that are often not discussed. As for being in debt, this study highlights other ways that people can fall into debt, such as paying for Zulu ceremonies. Recommendations for future study include investigating the affordability of Zulu ceremonies and community perceptions on stress.

Recommendations for Further Study

There are various ways one can expand on the findings in this study.

- Why can't people afford Zulu ceremonies? How do people feel about this?
 - Is the cattle more expensive? Is there more unemployment and poverty? Are there more requirements for the ceremonies?
- What are community perceptions on worrying and stress?
 - Are they changing over time? How?
- Do people talk about stress? Is there a stigma associated with being stressed out?
- What do people in Cato Manor think about Psychologists?
- How hopeful are people in communities in South Africa about the future? Does hopelessness vary by context?
- Do people use spirituality to cope with life problems? How?

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Appendices

Appendix I- Interview Questions

1. What did you think of the questions in the survey? Did any questions make you think hard?
2. What are the common things that people “think too much” about?
3. Do you think you can tell if someone is “thinking too much”?
4. Do you ever find yourself “thinking too much?”
 - a. How often? Everyday? A few times a week? A few times a month?
 - b. For how long do you find yourself “thinking too much”?
5. When do you think you started to “think too much?”
 - a. Did you think too much when you were younger? Is this new for you?
6. What types of things do you normally “think too much” about?
 - a. If you do not think too much, why do you think that is?
7. Does “thinking too much” affect your body? If so, how?
 - a. Headache? Stomachache?
8. How does “thinking too much” affect the way you act?
9. How does “thinking too much” affect the way you feel?
 - a. Sad, angry, hopeless?
10. What problems does “thinking too much” cause for you in your life?
 - a. How does “thinking too much” affect your family, work, etc?
 - b. Does it affect your daily tasks?
11. What types of things help you to stop “thinking too much?”
12. Do you ever talk about “thinking too much” with other people?
 - a. Family? Friends? Nurse?
13. Do you think people talk about “thinking too much?”
 - a. Does it ever come up in conversation?
14. Do you think people at different ages “think too much” about different things?

Appendix 2- Questionnaire

Questionnaire on Cabanga Kakhulu (thinking too much, stressed out, worrying)

Sawubona! Thank you for participating in this survey. Please DO NOT write your name anywhere on this survey. All responses will be treated as confidential and anonymous. You do not have to answer questions if you do not want to and you may stop completing the survey at any time. The answers you give will be used for my project and nobody will know that you wrote these answers. You will still get the full compensation even if you do not answer all the questions.

Remember to be true to yourself

1. Age: _____

2. Gender: _____

3. Highest level of education: _____

Tick one box:

4. In the last 2 weeks, how often did you feel bad because you were thinking too much?

1	2	3	4
Never	Some Days	Most Days	Everyday

Tick ALL that apply:

5. In the last 2 weeks, when you were thinking too much, what did you think about? (You can tick more than box)

Problems at work	
Unemployment	
Problems with family	
Somebody dying	
Health	
Money	

Anger at someone	
The past	
The future	
Problems in South Africa	
Ancestors	
Feeling like you have failed	
The pressure you feel to succeed	
Other, please specify:	

Put a star (*) for up to 3 boxes:

6. In the last 2 weeks, when you were thinking too much, what did you think the ***most*** about?

Problems at work	
Unemployment	
Problems with family	
Somebody dying	
Health	
Money	
Anger at someone	
The past	

The future	
Problems in South Africa	
Ancestors	
Feeling like you have failed	
The pressure you feel to succeed	
Other, please specify:	

Tick one box

7. When a person is thinking too much, do you believe it has to do with witchcraft?

1	2	3	4
Never	Sometimes	Always	Not sure

8. When a person is thinking too much, do you believe it has to do with the ancestors?

1	2	3	4
Never	Sometimes	Always	Not sure

9. How much do you agree with this statement:

I often feel bad because I am thinking too much.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree

10. How much do you agree with this statement:

I find it easy to stop thinking too much.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree

8. For each question, tick one box:

Question	Yes	No	Not Sure
In the last 2 weeks, when you were thinking too much, did it cause:			
Headache			
Stomachache			
Chest pain			
Tired/out of energy			
Hard to fall asleep			
Sleeping too much			
Not hungry			
More hungry			
Sadness			
Forgetfulness			
Loneliness			

Anger			
More quiet			
Other please specify:			

12. How much do you agree with the following statement:

I think that things will get better in the future.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree

13. In the past 2 weeks, how often did you feel hopeless, or that life will not get better?

1	2	3	4
Never	Some Days	Most Days	Everyday

14. Are you able to make yourself feel better when you are thinking too much?

1	2	3	4
Never	Sometimes	Always	Not sure

15. Tick ALL the boxes that help you to stop thinking too much

Spending time with family	
Spending time alone	

Exercise	
Religious beliefs and practices	
Hobbies (gardening, drawing, reading)	
Alcohol	
Drugs	
Talking with friends	
Watching TV and Movies	
Talking to nurse or counselor	
Other, please specify:	

Appendix 3- Consent Form For Participants

CONSENT FORM

1. Brief description of the purpose of this project

The purpose of this project is to learn about what people in Cato Manor worry about. The project aims to understand how much people worry and how hopeful people feel about the future. In addition, the project also seeks to find out what activities or beliefs people in Cato Manor find helpful for coping.

2. Rights Notice

In an endeavor to uphold the ethical standards of all SIT ISP proposals, this study has been reviewed and approved by a Local Review Board or SIT Institutional Review Board. If at any time, you feel that you are at risk or exposed to unreasonable harm, you may terminate and stop the interview. Please take some time to carefully read the statements provided below.

a. Privacy - all information you present in this interview may be recorded and safeguarded. If you do not want the information recorded, you need to let the interviewer know.

b. Anonymity - all names in this study will be kept anonymous unless you choose otherwise.

c. Confidentiality - all names will remain completely confidential and fully protected by the interviewer. By signing below, you give the interviewer full responsibility to uphold this contract and its contents. The interviewer will also sign a copy of this contract and give it to you.

I understand that I will receive **no gift** or direct benefit for participating in the study.

I confirm that the learner has given me the address of the nearest School for International Training Study Abroad Office should I wish to go there for information. (4th Floor, The Atrium, Cnr Overport and Ridge Roads).

I know that if I have any questions or complaints about this study that I can contact anonymously, if I wish, the Director/s of the SIT South Africa Community Health Program (Zed McGladdery 0846834982)

Participant's name printed

Your signature and date

Interviewer's name printed

Interviewer's signature and date

I can read English. If the participant cannot read, the onus is on the project author to ensure that the quality of consent is nonetheless without reproach.

Appendix 4- Consent to Use Form

Consent to Use of Independent Study Project (ISP)

SIT Study Abroad

School for International Training



Access, Use, and Publication of ISP/FSP

Student Name: Samantha Garbus

Email Address:

Title of ISP/FSP: Worrying in Cato Manor: A Case Study Analysis on the Influence of Context

Program and Term/Year: Spring 2022

Student research (Independent Study Project, Field Study Project) is a product of field work and as such students have an obligation to assess both the positive and negative consequences of their field study. Ethical field work, as stipulated in the SIT Policy on Ethics, results in products that are shared with local

and academic communities; therefore copies of ISP/FSPs are returned to the sponsoring institutions and the host communities, at the discretion of the institution(s) and/or community involved.

By signing this form, I certify my understanding that:

1. I retain ALL ownership rights of my ISP/FSP project and that I retain the right to use all, or part, of my project in future works.
2. World Learning/SIT Study Abroad may publish the ISP/FSP in the SIT Digital Collections, housed on World Learning's public website.
3. World Learning/SIT Study Abroad may archive, copy, or convert the ISP/FSP for non-commercial use, for preservation purposes, and to ensure future accessibility.
 - World Learning/SIT Study Abroad archives my ISP/FSP in the permanent collection at the SIT Study Abroad local country program office and/or at any World Learning office.
 - In some cases, partner institutions, organizations, or libraries in the host country house a copy of the ISP/FSP in their own national, regional, or local collections for enrichment and use of host country nationals.
4. World Learning/SIT Study Abroad has a non-exclusive, perpetual right to store and make available, including electronic online open access, to the ISP/FSP.
5. World Learning/SIT Study Abroad websites and SIT Digital Collections are publicly available via the Internet.
6. World Learning/SIT Study Abroad is not responsible for any unauthorized use of the ISP/FSP by any third party who might access it on the Internet or otherwise.
7. I have sought copyright permission for previously copyrighted content that is included in this ISP/FSP allowing distribution as specified above.

17/5/2022

Student Signature

Date

Withdrawal of Access, Use, and Publication of ISP/FSP

Given your agreement to abide by the SIT Policy on Ethics, withdrawing permission for publication may constitute an infringement; the Academic Director will review to ensure ethical compliance.

I hereby withdraw permission for World Learning/SIT Study Abroad to include my ISP/FSP in the Program's office permanent collection. Reason:

I hereby withdraw permission for World Learning/SIT Study Abroad to release my ISP/FSP in any format to individuals, organizations, or libraries in the host country for educational purposes as determined by World Learning/SIT Study Abroad. Reason:

I hereby withdraw permission for World Learning/SIT Study Abroad to publish my ISP/FSP on its websites and in any of its digital/electronic collections, or to reproduce and transmit my ISP/FSP electronically. Reason:

17/5/2022

Student Signature

Date

Academic Director has reviewed student reason(s) for withdrawing permission to use and agrees it does not violate the SIT Study Abroad Policy on Ethics.

Appendix 5- Ethical Clearance Forms



Human Subjects Review SARB/IRB ACTION FORM

<p>Name of Applicant: Samantha Garbus</p> <p>ISP/Internship Title: Worry in a Peri-urban Community in South Africa</p> <p>Date Submitted: 8 May 2022</p> <p>Program: SFH Durban Community Health</p> <p>Type of review:</p> <p>Exempt <input type="checkbox"/></p> <p>Expedited <input checked="" type="checkbox"/></p> <p>Full <input type="checkbox"/></p>	<p>Institution: World Learning Inc.</p> <p>IRB organization number: IORG0004408</p> <p>IRB registration number: IRB00005219</p> <p>Expires: 27 September 2024</p> <p>SARB members (print names):</p> <p>Dr Clive Bruzas</p> <p>Dr Christine McGladdery</p> <p>Mr John McGladdery</p> <p>SARB REVIEW BOARD ACTION:</p> <p><input checked="" type="checkbox"/> Approved as submitted</p> <p>SARB Chair Signature:</p>  <p>Date: 8 May 2022</p>
---	---

SARB Committee Feedback: Be sure to obtain informed consent.

**Form below for IRB Vermont use only:
Research requiring full IRB review.**

ACTION TAKEN:

approved as submitted

IRB Chairperson's Signature

OMB date: 2.28.22