

## Postmodernity, insecurity and job loss Focus on the unemployed's suffering

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## Postmodernity, insecurity and job loss Focus on the unemployed's suffering

### Summary

#### Objectives

Recent research shows clear correlations between the subjective perception of job's insecurity and physical, mental and relational health. This article highlights the difficulties of workers, and particularly the impact of uncertainty and job loss on their self-esteem and psycho-physical well-being. The work presents and contextualizes the perception of job insecurity as an effect of postmodern society.

#### Methods

The research involved 60 subjects that have lost the jobs and received a 3 month intervention of active policies organized in groups focusing on empowerment and employability. At two times before and after group participants filled in Rosenberg Self Esteem Scale (RSES) and Health Survey-36 (SF-36) in order to evaluate the levels of self-esteem and sense of well-being and the changes after the group intervention.

#### Results

We shown low levels of self-esteem in the whole sample at t1 and significant increasing after intervention. Concerning SF-36, initial values indicated a high level of physical and psychological problems and poor levels of well-being. Only a few of these variables change significantly after group intervention. There are also differences between groups depending on the sex of the participants, age and perception of social support.

#### Conclusions

Data suggests that actives policies interventions can produce good results but more specific interventions would be needed in relation to the individual characteristics. We underlined the necessity to specify the general categorization of "unemployed" in order to act more effective actions based on specific target's conditions.

#### Key words

Postmodernity • Unemployment • Self-esteem • Well-being • Empowerment • Group

### Introduction

#### Empirical evidences of the consequences of insecurity and loss of work

The perception of job insecurity is an effect of the economic changes that involve many postmodern societies and it is increasing in most European countries. In many sectors of life, as in the work, the postmodernism has replaced the categories of security, stability and permanence with those of flexibility, uncertainty and mobility. This change has important impact on the lives of workers and on their psychophysical well-being. Starting by an analysis of literature on these aspects, this article highlights the difficulties of workers, and particularly the impact of uncertainty and job loss on their self-esteem and psycho-physical well-being.

Recent research suggests that job's insecurity reflects the national level of unemployment <sup>1</sup> and shows clear correlations between the subjective

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perception of job's insecurity and the national percentages of unemployment at a given time<sup>2</sup>. The loss of job is an experience with strong psychological impacts and severe consequences on physical, mental and relational health<sup>3,4</sup>. Beyond the economic security, in fact, the job loss involves personal and social aspects, which change the lifestyle and, therefore, have important repercussions on the sense of identity<sup>5,6</sup>.

Particularly, we can identify two main research fields on this theme: 1) the first analyzes the consequences of job insecurity and loss within the organization itself; 2) the second analyzes the consequences of job insecurity and loss on mental health and well-being of individuals<sup>7</sup>. This article is part of the second area of study. Regarding the first area of studies the job satisfaction is the most commonly studied issue. Research shows that workers who perceive insecurity in their work are less satisfied than those who perceive safety. Furthermore, insecurity has negative impacts on the organization of work in terms of involvement and engagement toward it<sup>8,9</sup> but also in terms of performance, self-efficacy, confidence for the management and burnout<sup>10-16</sup>. Recent studies have also explored the existence of different patterns of work and workplace attachment and have explored the relationships between adult attachment styles and the level of workplace attachment<sup>17</sup>.

Moreover, the scientific literature shows that insecurity or job loss has negative effects outside the work organizations. This is specifically the theme of the second field of studies that analyze the negative effects of insecurity or job loss on family and marriage relationships and also on the children's attitudes toward work<sup>18-20</sup>.

Regarding this theme, the literature shows that job insecurity negatively correlates with well-being and life satisfaction and positively with burnout; moreover the literature highlights the contribution of job insecurity or loss on the sense of coherence, self-esteem, self-efficacy, emotional stability and on the perception of quality of life<sup>21-28</sup>.

Other studies show that job insecurity is associated with negative affectivity and analyze the impact of personality traits on job insecurity<sup>29-33</sup> and that temporary workers and unemployed subjects show increased levels of irritation, anxiety, psychosomatic disorders and physical complaints (for example: insomnia, eating disorders, increase of tobacco consumption, increase risk of cardiovascular disease, etc.)<sup>34,35</sup>.

Job insecurity is so detrimental that some studies show that it is more problematic than the certainty of dismissal, probably because the certainty (even if negative) permits to regain control over own life and decide what to do<sup>36,37</sup>. Important in this regard is the concept of *employability*<sup>38-40</sup> and the interventions in his favor, which will be discussed following.

All this has social and health costs that deserve to be thorough, therefore, more attention should be given to the effects of insecurity and job loss on well-being, psycho-physical health, on working and family relations, etc. and also more attention should be given to possible interventions that can reduce these effects.

Therefore, mostly in the light of the evidence of the second research area, this paper evaluates the impact of loss of work on psycho-physical well-being of the precarious and, in particular, analyzes the levels of self-esteem and perception of the quality of life in people who have lost their jobs and receive an economic subsidy. In line with the literature presented above we can hypothesize to detect: at t1 (before the intervention of active policies) low levels of self-esteem (H<sub>1</sub>) and low levels of perceived quality of life (H<sub>2</sub>).

### What intervention for reduce the negative consequences of uncertainty and job loss?

The empirical evidences pose the question on how reduce the negative effects of insecurity and job loss and various studies suggest that different variables can intervene on negative impacts of job loss or insecurity.

Different studies suggest that: the participation to change process (namely the opportunity to participate in decisions), the open communication on organizational changes, as well as a greater organizational justice are important factors that influence the well-being and work performance<sup>41-43</sup>.

About the issues identified by the second research area, studies suggest that different variables can intervene on negative impacts of job insecurity or job loss. The conditions of discomfort are not generalizable: gender, age, family and social support, cultural level, length of service, presence of other work experience, personality dispositions, affectivity, locus of control, and other dispositions as self-efficacy, core self-evaluations, etc. represent an important distinction on effect of insecurity and job loss<sup>24</sup>. In fact, if the experience of insecurity and job loss has important effects in all cases, generally the youngers suffer less than the older because they are more easily employable. Therefore, the development of employment capacity is an important action to mitigate the negative effects of insecurity and job loss.

The concept of employability refers to the development of professional skills (such as language competence) but also interpersonal skills (such as adaptability, flexibility, creativity, etc.) needed to re-enter into the world of work. Therefore, if the employability can reduce the negative impacts of insecurity and job loss, it becomes an important goal of research, but until now it has received less attention as potential moderator of the consequences of insecurity or job loss<sup>39</sup>.

According to data diffused by ISTAT (Italian National Institute of Statistics) in May 2017, in Italy, the unemploy-

ment rate was 11.3% and the youth unemployment rate at 37%.

About passive policies, we want to emphasize that unlike France, Germany, Sweden or other EU countries, Italy does not provide for economic subsidies (eg income of citizenship) for more than two years. From this point of view, it continues to have a system of unemployment protection more similar to Greece than that of the EU average.

Instead, for answer to this serious social problem, the Ministry of Labor and Social Policy has promoted the so-called *Active Policies of Labor*, that, in contrast to the *Passive Policies* (as the economic subsidies), aim to develop employability through requalification, orientation and skills assessment courses. At present, however, these initiatives are until little-used, and citizens have not yet developed a culture on this regard. In fact, in large part, the subjects who participated in these courses have asked the acquisition of practical skills rather than the implementation of personal skills (exploitable to any workplace and generally in life, as would like the *Active Policies of Labor*).

In the light of what has been said, general objectives was also to identify appropriate strategies to counter such negative effects and address the research on less analyzed issues to date.

In particular, research analyzes the changes that occurred between the beginning and the end of an active policy intervention aimed at increasing the employability of those involved in research. Active policy intervention has been organized into median groups with the aim of improving self-esteem and quality of life, as well as improving perceiving of own employability. The groups have worked to the assessment of their own skill, and on the enhancement of communicative and assertive skills. Particularly, in this contribution, the data relating to self-esteem and perception of quality of life are reported. In line with the literature presented above it is assumed to detect, at t2 (after the intervention of active policies) improved self-esteem levels ( $H_3$ ) and an improved level of the perception of quality of life ( $H_4$ ).

## Materials and methods

### Participants

The research was requested and sponsored by a center for employment in the province of Palermo and involved 60 subjects, 30 men and 30 women. The average age was of 36.2 (SD 8.81) years old, ranged between 18 and 50 years. Participants have a working tenure between 2 and 35 years ( $M=14.5$  SD .89). All subjects have lost the jobs by average 1 year and 1/2 and are currently receiving economic aid. Moreover, dividing the participants by gender, in our sample, women have an average age

of 36 years (SD 7.98), ranged between 23 and 50 years and an average working tenure of 11.77 years (SD 7.89) ranged between 2 and 30 years; men have an average age of 36.4 years (SD 9.70) ranged between 18 and 50 years and an average working tenure of 17.23 years (SD 9.29) ranged between 2 and 35 years.

Furthermore, 3% of participants claimed to have sought psychological support and 10% of them said they would take benzodiazepines (prescribed by the generalist physician) because of insomnia and restlessness. None of the participants have a history of physical and mental disability.

The intervention of active policies was organized in median groups (from 6 to 10 components each). The groups met weekly for 3 months and were conducted by a psychologist and a participant observer. All subject participated to groups with a percentage of absences of no more than 15%.

Participation in research has been voluntary; all participants were informed of the research goals and signed informed consent.

### Measures

*Rosenberg Self Esteem (R-SES<sup>44</sup>)*: it is a 10-item self-report measure of global self-esteem. It consists of 10 statements related to overall feelings of self-worth or self-acceptance. The items are answered on a four-point scale ranging from strongly agree to strongly disagree. A higher score indicates a better level of perceived self-esteem, whose level is considered acceptable from the cut-off of 15. In the present study, the R-SES demonstrated an excellent internal consistency with a Cronbach's  $\alpha$  value of .87.

*Short Form Health Survey-36 (SF-36<sup>45</sup>)*: it is a questionnaire consisting of 36 items that assess functional status and sense of well-being. It consists of 8 subscales that assess multiple questions in 8 health concepts: physical functioning (SF-36\_PF), role limitations due to physical health problems (SF-36\_PR), bodily pain (SF-36\_BP), general health (SF-36\_GH), vitality (SF-36\_VT), social functioning (SF-36\_SF), role limitations due to emotional problems (SF-36\_ER), and mental health (SF-36\_MH). These 8 domains are grouped into 2 main dimensions: one physical and the other mental. The SF-36 also includes a ninth domain on the assessment of health in general, where the subjects are asked to report the level of change in their overall health within a year. The standardized score for each subscale ranges from 0 to 100. A higher score indicates a better level of perceived health. In the present study, the SF-36 demonstrated a good internal consistency with a Cronbach's  $\alpha$  value ranged between .78 and .92 for all subscales.

### Data analysis

In the first step we verified the univariate normality of dis-

tributions using the Skewness and Kurtosis indices, after descriptive analyze were made in order to evaluate the distribution of variables in the study group. Considering the reduced sample size, non-parametric statistics were used to test the hypotheses of the study, in particular, the Wilcoxon rank-sum test was used to compare the two related samples at t1 and t2 in order to detect differences in the study variables after participating in the group intervention. Finally, in order to evaluate the effect size range for non the Wilcoxon (Z) values we use the formula  $r = Z/\sqrt{N}$  (where N is the total number of the sample); the standard values of r are: small size = 0.1, medium size = 0.3, large size = 0.5.

### Results

In Table I are reported socio-demographic data of research participants: age, years of work, schooling, and emotional support perceived. It is possible to observe that the women have an average age slightly lower than men (Women age: M 36; SD 7.98; Men age: M 36.4; SD 9.71) and they work an average of fewer years than men (Women working years: M 11.77; SD 7.89; Men working years: M 17.23; SD 9.29). Furthermore women have higher levels of schooling than men, and have experienced more affective support than men.

Table II shown descriptive statistics for all variables of the study with Skewness and Kurtosis indices, as can be seen, almost all variables are normally distributed and no serious violations of univariate normality are observed.

In Table III are reported the average self-esteem levels of the research participants (measured in t1 and t2). At T1 we observe an average level below the reference cutoff in the entire sample (M 13.40; SD 4.72). However, if we split the sample according to the socio-demographic variables, interesting differences emerge:

Particularly, if we splitting the sample according to the variable:

- Sex: we observe that women have an average score slightly higher than the reference cutoff (M 15.76; SD 5.44); While men have a mean score lower than the reference cutoff (M 11.13; SD 2.25);
- Age: we do not notice differences. We estimate mean levels below the reference cutoff in both subjects

less than or equal to 35 years (M 14.55; SD 5.04) and subjects over 35 (M 12.32; SD 4.20):

- *Schooling levels*: we observe average below the reference cutoff for lower schooling levels (M 11.20, SD 2.497, M 14.91, SD 5.43), and scores above the cutoff for subjects with higher levels of schooling (M 17.50; SD 5.13);
- *Perceived affective support*: we see an average level of self-esteem lower than the cutoff for those who do not perceive affective support (M 10.85; SD 2.43) and an average higher than the cutoff level for subjects who instead received affective support (M 15.14; SD 5.65).

The Table III also shows the results for **Wilcoxon rank-sum test and effect size r**. Applied to the whole sample the **Wilcoxon rank-sum test** shows significant increases in mean self-esteem levels between t1 and t2, i.e. between before and after the intervention (**Z -3.33; p .001**). Even in this case, however, if we distinguish the sample according to the variables selected interesting differences can be observed.

Particularly, distinguishing according to the variable:

- Sex: we see a significant increase in both groups (**Z -2.33, p .021; Z -2.19, p .028**), but, the average of the men's group remains below the cutoff;
- Age: we see a significant increase in the group of subjects over 35 years (**Z -2.76, p .006**), but they do not exceed the cutoff;
- *Schooling levels*: we see a significant increase only for subjects with intermediate level of education (**Z -2.74, p .006**).
- *Affective support* we see a significant increase in both groups (**Z -2.52, p .011; Z -2.35, p .019**), but in this case, despite the significant increase, the average level of self-esteem of the subjects that do not feel affective support remains below the reference cutoff.

For all significant values the calculation of r indicated a moderate effect size (see Table III).

In the Table IV we can see scores obtained at t1 and t2 in the eight health domains of the SF-36 by the research participants.

If we consider the sample as a whole, we see scores

**TABLE I.** Descriptive statistics for whole sample and for women and man subsamples.

	N	Age				Years of work				Level of Schooling			Affective Support	
		M	Min	Max	SD	M	Min	Max	SD	Middle school	Secondary school	University degree	Yes	No
All subjects	60	36.2	18	50	8.81	14.5	2	35	8.98	30	22	8	40	20
Women	30	36	23	50	7.98	11.77	2	30	7.91	10	13	7	26	4
Men	30	36.4	18	50	9.70	17.23	2	35	9.29	20	9	1	14	16

**TABLE II.** Descriptive statistics and univariate normality test at t1 and t2 for whole sample.

	Mean	SD	Skewness	Std. Error	Kurtosis	Std. Error
Self-Esteem t1	13.40	4.72	1.01	.31	.59	.61
Self Esteem t2	14.40	4.77	.80	.31	.01	.61
SF-36 Physical Functioning t1	79.27	9.56	-.01	.31	-.42	.61
SF-36 Physical Functioning t2	82.27	8.12	.10	.31	-.33	.61
SF-36 PR: Role limitations due to physical health problems t1	78.80	11.25	-.44	.31	-.91	.61
SF-36 PR: Role limitations due to physical health problems t2	82.78	9.41	-.64	.31	-.14	.61
SF-36 Bodily Pain t1	74.43	9.00	-.27	.31	.01	.61
SF-36 Bodily Pain t2	76.83	8.46	-.23	.31	-.63	.61
SF-36 General Health t1	68.65	7.66	.24	.31	-1.23	.61
SF-36 General Health t2	70.72	7.97	.09	.31	-1.16	.61
SF-36 Vitality t1	65.28	7.41	.17	.31	-.08	.61
SF-36 Vitality t2	70.33	8.48	.26	.31	-.43	.61
SF-36 Social Functioning t1	75.82	5.85	.50	.31	-.18	.61
SF-36 Social Functioning t2	80.80	6.03	-.45	.31	-.44	.61
SF-36 Role limitations due to emotional problems t1	75.33	7.78	.43	.31	-.40	.61
SF-36 Role limitations due to emotional problems t2	79.43	6.95	.07	.31	-.89	.61
SF-36 Mental Health t1	69.13	8.07	-.28	.31	-1.38	.61
SF-36 Mental Health t2	73.63	7.31	-.75	.31	-.17	.61

**TABLE III.** Self Esteem – descriptive statistics and Wilcoxon rank-sum test at t1 and t2 for whole sample and subsamples.

		Times	Mean	N	SD	Z	P	Effect size r
All subjects		t1	13.4	60	4.72	-3.33	0.001	-0.31
		t2	14.4	60	4.77			
Sex	Women	t1	15.67	30	5.44	-2.19	0.028	-0.28
		t2	16.73	30	5.23			
	Men	t1	11.13	30	2.25	-2.32	0.021	-0.29
		t2	12.07	30	2.77			
Age	< 35	t1	14.55	29	5.04	-1.76	0.078	-0.23
		t2	15.17	29	4.79			
	> 35	t1	12.32	31	4.19	-2.76	0.006	-0.35
		t2	13.68	31	4.71			
Level of schooling	Middle school	t1	11.2	30	2.49	-1.44	0.148	-0.18
		t2	11.63	30	2.39			
	Secondary school	t1	14.91	22	5.43	-2.74	0.006	-0.41
		t2	16.41	22	5.13			
	University degree	t1	17.5	8	5.12	-1.34	0.18	-0.33
		t2	19.25	8	4.09			
Support	No affective support	t1	10.85	20	2.43	-2.53	0.011	-0.40
		t2	11.9	20	2.49			
	Affective support	t1	14.68	40	5.08	-2.35	0.019	-0.26
		t2	15.65	40	5.16			

Note: bold indicates the values below the cut-off levels.

lower than the reference average in the subscales: Physical Functioning (PF); Social Functioning (AS), Role Limitations due to Emotional Problems (ER). In the first two scales, despite of the increase in scores between t1 and t2, the expected average levels are not reached.

But if we divide the sample on the basis of the considered variables, between t1 and t2, we observe instead:

- an increase of scores in *Physical Functioning* (PF) scale for men, women, people over 35 years of age, subjects with lower levels of schooling and, indistinctly, on based perceived affective support. The increase, however, does not allow the expected average levels to reach. These subjects complain about difficulties in regular daily physical activities (including how to wash and dress). As can be seen in the table, this fatigue in daily activities seems to be the condition that more characterize our sample;
- an increase of score in the *Social Functioning* (SF) scale, that reach the expected average levels for men and women over 35 years; with lower levels of education and independently of perceived affective support. These subjects improve their ability in daily activities and participation in social moments;
- an increase of scores in *Role Limitations due to Emotional Problems* (ER), that reach the expected mean levels in women and in subjects over 35 years, in subjects with lower levels of schooling and independently based on to the perceived affective support.

We observe also an involvement (but less extensive) of the scales: *Role limitations due to Physical Health Problems* (PR), *Bodily Pain* (BP), *General Health* (GH), and *Mental Health* (MH).

Observing these scales, we note scores below the reference mean, but also increments between t1 and t2 that allow to reach the expected levels. In particular:

- *Role Limitations due to Physical Health Problems* (PR): there is an increase in the scores that reaches the expected average levels for the subgroups of women; people over 35; people with lower levels of schooling and in both subgroups divided by presence of perceived affective support;
- *Bodily Pain* (BP): there is an increase in the scores that reaches of the expected average levels, especially in women and people with lower levels of schooling;
- *General Health* (GH): there is an increase in scores that reaches the expected average levels in people over 35 years of age;
- *Mental Health* (MH): there is an increase in the scores that reaches the expected average levels in people over the age of 35.

In the Table IV it is also possible to observe the results

of the **Wilcoxon rank-sum test** that would have been applied to scores obtained at t1 and t2, to verify the significance of the change. The **Wilcoxon rank-sum test** shows significant increases for all research participants, both when the group is considered as a whole and in the different subgroups obtained in function of the variables. Scores significantly increased, with the exception of those with the highest level of schooling, which were already in the average (except for the PR scale). **Also in this case the calculation of r indicated a moderate effect size for all significant values ( $0.28 < r < 0.41$ ).**

## Discussion and conclusions

Coherently with data suggested by national and international research, this study detects significant dimensions of psycho-physical suffering in research participants. The whole sample, in fact, shows lower levels of self-esteem than the reference values, difficulty in daily activities (including washing or dressing), emotional and social difficulty.

Particularly compromised is the self-esteem of men compared to women, of the older people (over 35) compared with younger, and in the subjects with less education and perception of the affective support. The level of suffering in these subjects is such that even after the intervention of active policies and the significant increase of the scores (recorded between t1 and t2, by t-test for paired samples), the self-esteem levels remain critical for the most suffering portions of our sample.

Although this study provides evidence about the relationship between the experience of loss of work and the emergence of a psychological and psycho-physical discomfort that can only be partially resolved through social interventions, some limitations need to be noted. The most obvious limitations of this study are the sample size that limits the quality of data analysis and results, and, secondly the sample recruitment modalities, which included participants from one geographic region. This limits the possibility of generalization.

Despite the above mentioned limits, this first exploratory study has allowed us to start a theoretical-clinical reflection process that goes beyond the data; we have to ask us why are older men with lower levels of schooling showing more suffering in terms of self-esteem?

We can find some answers in the cultural and transpersonal factors<sup>46</sup> that have characterized our society up to a few generations back. Up until the middle of the last century, in fact, in Italy, men had the task of providing for the economic maintenance of the family and their personal realization was linked to work. Women, mainly occupied by the house and the children found in this activity their realization. Perhaps, these cultural and, for some respects, transpersonal aspects can

**TABLE IV.** SF-36 – descriptive statistics and Wilcoxon rank-sum test at t1 and t2 for whole sample and subsamples.

		N	Times	PF	PR	BP	GH	VT	SF	ER	MH
Italian cut-off scores				84.46	78.21	73.67	65.22	61.89	77.43	76.16	66.59
All subject		60	t1	79.27	78.80	74.43	68.65	65.28	65.28	75.33	69.13
			t2	82.27**	82.78**	76.83**	70.72**	70.33**	70.33**	79.43**	73.63**
Sex	Women	30	t1	78.40	77.53	72.83	67.53	65.67	76.13	73.30	66.83
			t2	81.47**	80.87**	76.23**	70.73**	70.93**	81.23**	79.20**	71.73**
	Men	30	t1	80.13	80.07	76.03	69.77	64.90	75.50	77.37	71.43
			t2	83.07**	84.70**	77.43**	70.70	69.73**	80.37**	79.67**	75.53**
Age	< 35	29	t1	84.10	84.72	78.93	72.76	67.76	77.86	77.38	73.72
			t2	86.28**	87.62**	81.00**	75.24**	73.17**	83.14**	82.66**	77.97**
	> 35	31	t1	74.74	73.26	70.23	64.81	62.97	73.90	73.42	64.84
			t2	78.52**	78.26**	72.94**	66.48**	67.68**	78.61**	76.42**	69.58**
Level of schooling	Middle school	30	t1	77.50	76.73	72.33	67.80	63.20	74.50	74.90	68.27
			t2	80.77**	80.83**	74.67**	69.73**	67.47**	79.73**	77.93**	73.13**
	Secondary school	22	t1	79.86	79.55	75.86	68.77	66.18	76.00	74.64	69.50
			t2	83.50**	84.32**	78.73**	70.68	72.23**	81.09**	79.27**	74.41**
	University degree	8	t1	84.25	84.50	78.38	71.50	70.63	80.25	78.88	71.38
			t2	84.50	85.88	79.75	74.50	75.88**	84.00	85.50**	73.38
Support	No affective support	20	t1	79.20	81.70	74.20	69.45	66.70	74.25	75.00	69.60
			t2	83.25**	84.25**	76.45**	71.25**	71.90**	78.90**	79.35**	75.40**
	Affective support	40	t1	79.30	77.35	74.55	68.25	64.58	76.60	75.50	68.90
			t2	81.78**	82.05**	77.03**	70.45**	69.55**	81.75**	79.48**	72.25**

Note: bold indicates the values below the cut-off levels; \*\* Wilcoxon rank-sum test: differences between t1 and t2  $p < .01$ ; SF-36 Subscales: PF: physical functioning; PR: role limitations due to physical health problems; BF: bodily pain; GH: general health; VT: vitality; SF: social functioning; ER: role limitations due to emotional problems; MH: mental health.

represent protective factors for some portions of the sample. It would be useful therefore, to investigate these hypotheses with further studies able to focus discriminative protective natural factors on the basis of the characteristics of the sample. Data also suggest that if active policies interventions can produce good results, more specific interventions would be needed for the most suffering part of the sample. Therefore, if it is useful to predispose protective interventions, it is necessary to think them more calibrated in relation to the characteristics of individual subjects (unemployed is a too general category to think a valid intervention of active policies, in the same way, for everyone). Therefore, more efforts must be made in the direction to predispose enhancement actions based on specific target's conditions.

Finally, if we consider that the effects of postmodernity inevitably involve the world of work with its categories of uncertainty and instability<sup>47</sup>, and if we consider that uncertainty and instability in the world of work produce, as we have seen, serious impacts in terms of self-

esteem and psycho-physical well-being, it is necessary to counteract the effects of these increasingly common conditions especially for the most helpless subjects portion: older men, with lower levels of schooling and less perceived affective support.

If we consider the psychophysical repercussions and especially the psychomotor slowdown (in daily activities) and somatizations (especially found in women and subjects with lower levels of schooling) connected with job loss it seems, paradoxically, that in a world that asks for speed and ability, the response and the "resistance" when it is impossible to adapt, is made mostly of "slow" symptoms that may be questioned and deepened as peripherals of the pathology of slowness and fatigue. For these reasons it may be helpful to evaluate the uncertainty and the loss of work as a risk factor respect to depressive experiences.

### Conflict of interest

None



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