



THE EXPERIENCES OF PEOPLE WITH DEPRESSION IN THE WORKPLACE IN UZBEKISTAN

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Abstract

Objectives. Much research has been done before on the experiences of people suffering from depression in the employment setting in the past. However, most of that research has been conducted in Western countries and few developed Asian countries. No study exploring this topic has been carried out in Uzbekistan. Therefore, the aim of this study was to explore the experiences of people suffering from depression in the workplace in Uzbekistan.

Methods. 4 people with self-diagnosed mild-to-moderate depression were recruited to take part in interviews. Interpretative phenomenological analysis was used to analyze the collected data.

Results. 5 superordinate themes (some with subordinate themes) were revealed after the data analysis: Finding an explanation, something to blame; Attitude towards the outside world; Depression and the Job; Depression and the Future; No professional help-seeking.

Conclusions. Most of the findings align with the existing literature. It might be an indication that the experiences of depressed people at work do not have much to do with the geographic context.

Keywords: workplace, mental health, depression, job performance, organizational behaviour.

Introduction

Depression (major depressive disorder) is a common and serious mood disorder that affects a considerable proportion of the population: an estimated 1 in 15



adults (6.7%) are impacted by depression in any given year; 1 in 6 people will have depression at some point in their life (APA, 2020). Not only is depression prevalent in the general population, but it is also common in the working population (Demyttenaere et al, 2004; Sanderson and Andrews, 2006). Depression has a negative effect on people who have them, but they also cost companies money due to loss of productivity (Greenberg et al, 2003; Stewart et al, 2003; Kessler et al, 2006).

This study will look at the experiences of people with depression in the workplace. It needs to be stressed, that the study will look at people with self-diagnosed mild-to-moderate depression, as opposed to medically diagnosed and / or severe depression since the latter are considered a vulnerable population.

Literature Review.

Discrimination, stigma.

When talking about discrimination and stigma in the employment context, it is important to note that people with depression can be impacted by discrimination and stigma before they even find employment; namely by expected discrimination and self-stigma.

Expected discrimination and stigmatization. In a world-wide study on depression, it was found out that because of anticipated discrimination and stigma 25% of people with depression stopped trying to get employed and 20% stopped applying for education and training (Lasalvia et al, 2013). In a cross-sectional study in 35 countries on major depressive disorder in the workplace (Brouwers et al, 2016), it was found out that 62.5% of people anticipated and/or experienced discrimination in the workplace. That is in line with the results of a study done in Germany (Angermeyer et al, 2004) where 81.5% of people anticipated stigmatization in the workplace.

Self-stigma. According to American Psychiatric Association "Self-stigma refers to the negative attitudes, including internalized shame, that people with mental illness have about their own condition." (no date).

Self stigma can lead to 2 kinds of negative consequences. Firstly, self-stigma causes emotional consequences such as reduced self-respect, self-confidence and the belief that one is unable to achieve their goals (Corrigan et al, 2016),



difficulties in social interactions (Yanos et al, 2020). In addition to these emotional consequences, self-stigma also results in behavioral consequences; also referred to as the "Why Try" effect. As a result of self-stigma, here people refrain the performance of important behavior; for example they make insufficient effort to keep their current or find new employment (which increases the likelihood of unemployment) (Corrigan et al, 2016).

So as can be seen from the results of these studies, because of expected discrimination and self-stigma, it can be difficult for people with depression to find work or they might even stay completely unemployed.

Discrimination and stigma at work. According to Better Health Channel, which is part of the Department of Health of the State Government of Victoria of Australia, "Stigma is when someone sees you in a negative way because of your mental illness. Discrimination is when someone treats you in a negative way because of your mental illness." (no date)

Discrimination is pointed out as a prevalent problem by people with depression across different countries and cultures (Brouwers et al, 2016). There is discrimination towards people with disabilities in the workplace too (Graham et al, 2018). Depression is met with stigma both in society in general, and in work contexts in particular (Bonaccio et al, 2019). The extent to which a person is stigmatized depends on the symptom severity (Brouwers et al, 2019).

As for how people with depression experience discrimination in the workplace, in general, people with behavioral impairments, a group of disorders that include mental health disorders, experience the highest frequency and proportion of workplace discrimination in the areas of termination, reasonable accommodations and harassment/intimidation (Graham et al, 2018).

According to the results of several studies (Ucok et al, 2012; Mangili et al, 2004; Corrigan et al, 2008), employers often have negative attitudes / have concerns towards people with depression. Those concerns are: that those people have limited productivity and performance, especially regarding tasks that require cognitive skills (Ucok et al, 2012); that people with mental health problems (including depression) are unreliable and might pose threats to the safety of the coworkers, customers or themselves (Scheid et al, 2005); concerns for strange or unpredictable behavior, symptom relapse potential (Ucok et al, 2012); that



they need to be constantly supervised and that working is unhealthy for them (Biggs et al, 2010; Krupa et al 2009). Moreover, employers have been shown to not only have such attitudes and stigma towards people who currently have depression, but also towards those who have had depression in the past (meaning their depression has disappeared) (Gayed et al, 2018).

So it can be summed up and recent research also shows (APA, 2019) that depression stigma and discrimination are still a major problem in the workplace.

Disclosure

Since depression is highly prevalent (Kessler et al, 2006; De Graaf et al, 2012), but people with mental disorders are often reluctant to disclose (Brohan et al, 2012; McNair et al, 2002; Toth et al, 2014; Moll et al, 2014), employers are usually unaware of their employees having depression.

Previous research has found many reasons why people do not disclose their depression in the workplace. These reasons could broadly be grouped into discrimination-related and other reasons. The discrimination-related reasons for non disclosure are: the belief the person would not be hired in the case of disclosure (Dalgin et al, 2003; Allen et al, 2003; Goldberg et al, 2005; Dinos et al, 2004; Marwaha et al, 2005; Bergmans et al, 2009; Gioia et al, 2003); belief or experience of unfair treatment because of their condition (Dalgin et al, 2003; Allen et al, 2003; Auerbach et al, 2005); losing credibility in the eyes of others (Allen et al, 2003; Joyce et al, 2009) - that is, fear or experience of being undermined or feeling devalued in the workplace; belief that legislation (anti stigma policies) does not manage providing protection for people with depression (Goldberg et al, 2005; Gioia et al, 2003); being a target of gossip (Goldberg et al, 2005; Nithsdale et al, 2008; Boyce et al, 2008); fear or experience of being rejected at work (Michalak et al, 2007; Joyce et al, 2009; Bergmans et al, 2009; Hauck et al, 2009). The second group of reasons to not disclose contains the following reasons: people with depression believe that information about their condition is very personal and intimate to be shared with others in the workplace (Dalgin et al, 2003; Allen et al, 2003; Auerbach et al, 2005; Gioia et al, 2003); some people do not disclose their conditions since they are content with their job adjustments - for example, a person with social anxiety



who gets to work at home or at least has flexible work hours has no need to disclose their condition (Dalgin et al, 2003; Allen et al, 2003; Michalak et al, 2007); finally, people do not disclose their depression since they believe that others do not like talking about mental illness and that telling others about their condition would be a burden to them (Michalak et al, 2007).

But some people do choose to disclose their conditions at work. The reasons for disclosure, as previous research says, are: belief that disclosure makes them a role model for others in a similar situation (Nithsdale et al, 2008); to gain adjustments / accommodations (Dalgin et al, 2003; Gioia et al, 2003); positive past experiences of disclosure (Michalak et al, 2007; Marwaha et al, 2005; Boyce et al, 2008; Bergmans et al, 2009); belief or experience of obtaining emotional support after disclosure (Joyce et al, 2009; Boyce et al, 2008); being true to themselves and honest with the others (Allen et al, 2003; Joyce et al, 2009); explaining unusual behavior with the help of disclosure (Goldberg et al, 2005; Michalak et al, 2007; Marwaha et al, 2005; Joyce et al, 2009; Boyce et al, 2008; Bergmans et al, 2009; Hauck et al, 2009); and finally, concealing depression from others can cause a lot of stress for the person (Allen et al, 2003; Marwaha et al, 2005; Boyce et al, 2008).

Research problem, research question and objectives.

Experiences of people with depression in the workplace have been studied before, but most of the research has been conducted in Western countries and few developed Asian countries like Japan. It has not been researched in Uzbekistan.

Knowing about the experiences of people with depression in the workplace in Uzbekistan can raise awareness of the challenges those people face and encourage companies to plan appropriate interventions to help people with mental health issues.

This study aims to develop an understanding of the experiences of people with depression in the workplace in Uzbekistan. Qualitative methods will be used to achieve that goal.

The research question is: What are the experiences of people with depression in the workplace in Uzbekistan?



Method.

Participants.

The inclusion criteria to participate in the study were: 1) having self-diagnosed mild to moderate depression 2) past or current employment in Uzbekistan. People with medically diagnosed and / or severe depression were not considered for participation due to the researcher not being permitted to use vulnerable populations.

7 people meeting both of the inclusion criteria were approached, 5 of which agreed to take part in the research. During one of the interviews, it transpired that one of the participants did not suffer from depression (they mistook occasional stress for depression), and, therefore, the data from that interview was neglected. Overall, the other 4 people's data made it to the next stages of the research. 2 of them are female, the other 2 - male. The age range of the participants was between 21 and 53 years old.

Procedure and Ethics

The data were collected using in-depth, one-on-one, face to face, semi-structured interviews. The interviews lasted up to 90 minutes and took place in locations preferential to the participants.

Due to the nature of the topic, participants were given pseudonyms and identifying information was changed or excluded to ensure confidentiality.

For the reason that IPA studies are usually concerned with significant existential issues (Pietkiewicz and Smith, 2012), the researcher monitored how the conversation was affecting the participant. Because of the possibility that the conversation could make the person feel ashamed, awkward or get emotional, the researcher attempted to determine those moments and direct the conversation as needed. However, there were almost no such moments.

Data Analysis.

Since the aim of this study was to understand the experiences, more specifically feelings, thoughts and perceptions, of people with depression, the collected data was analyzed by using IPA. Interpretative phenomenological analysis (IPA) is a



qualitative research analysis approach which aims to understand how a person makes sense of a given phenomenon (Smith et al, 2009).

An interview was analyzed following the principles of IPA described by Smith et al (2009). The procedure consisted of 3 steps. First, familiarization with an interview was achieved through multiple exposure to the audio recording. With each re-listening, exploratory comments / notes were taken. The second step involved working more closely with the notes, finding connections between them and turning them into emergent themes (which are referred to as subordinate themes in this study). Then, the researcher had to look for connections between the emergent themes and transform them into clustered themes (referred to as superordinate themes in this study).

This 3-step procedure was repeated for every other interview after which the researched looked for patters across all the cases, made modifications to the existing themes and compiled the final list of superordinate themes with their subordinate themes. Finally, each superordinate theme and its subordinate themes (if any) were presented in the Results section exemplified with extracts from the interviews.

Results

The analysis led to 5 superordinate themes: Finding an explanation, something to blame; Attitude towards the outside world; Depression and the job; Depression and the future; No professional help-seeking. (Table 1)

Finding an explanation, something to blame.

- Blaming oneself.
- Blaming others.
- Blaming external factors.

Attitude towards the outside world.

- Hiding depression
- Distancing oneself while seeking emotional support
- Believing others don't understand

Depression and the Future

- Expecting depression in the future
- Seeing positivity in depression



Depression and the Job

- Decreased ability / feelings of powerlessness
- Neutral effect on the job
- Increased ability to work

No professional help-seeking

Table 1. Superordinate themes with their subordinate themes

Finding an explanation, something to blame.

This superordinate theme captures the participants' understanding of how they developed their depression; the participants attempted to find explanations for the onset of their depression internally and / or externally.

Blaming oneself.

This subtheme came up in 3 of the 4 conversations and is about the participants' perception that depression can be attributed to their inability to fight factors causing depression, or their mishandling of their emotions.

Sarah explained her depression as her inability to interpret things the right way and lack of self-control:

"I mean, it depends on how you look at things. You can just avoid it if you have a strong aura, self-control. Unfortunately I don't, and let these little things, like being 20 minutes late for work or having a small fight with a colleague, make me feel depressed"

Shelby stated that she views depression as a self-created state of mind caused by insignificant things, and attributed the onset of her depression to making her feelings out to be more serious than they actually were:

"I think depression is self-suggestion. You just get depressed over small things that aren't really worth getting depressed over, like work or not finishing a semester... I probably just made it more serious in my mind than it actually was..."

Hank also expressed that the right interpretation of things and sufficient self-control can prevent depression. Although, he added that depression is almost not possible to fight directly and that he does not believe he has enough strength to combat it.



"Depression is almost impossible to fight head on. I am just not strong enough to fight it like that... I guess it depends on how you interpret things, if you see them as good or bad..."

Blaming others.

"Blaming others" is another subtheme that came up in 3 conversations and captures the participants' belief that others are to blame for / share the blame for their depression.

Murphy emphasized the importance of the personal values in every person's life, including his, and attributed the onset of his depression to those values being "crushed" by other people:

"I believed in honesty, I was treated dishonestly and it (led to the event). I believed in friendship and people close to me just drifted apart."

Hank believes that the development of his depression, as any other person's, can be attributed to other people since any problem can be traced back to another person:

"There is no such thing as a one-hand clap."

Shelby stated that she puts some of the blame for her "suffering" on other people: "I just sit at home, away from others making me suffer."

Blaming external factors.

A couple of the participants considered external factors to be the causes of their depression. Hank, shared that his depression was caused by a major event in his life. Sarah reported blaming her depression on career-related factors. The work-related factors mentioned included work stress, minor discrimination and management problems:

"Part of my depression was caused by the managerial problems here... I didn't use to like coming here (to work) but then, after they changed the manager I run here."

"My depression probably started from it (talking about her long-time work project)".



Attitude towards the outside world.

During the interviews, the participants kept referring to the outside world. Their feelings towards and on others are presented in this superordinate theme.

Hiding depression.

All of the participants hid their depression from their colleagues and superordinates at work. The 6 identified reasons behind the unwillingness to open up to others in the workplace were: looking at depression as a flaw, unwillingness to burden others with their depression, the disbelief that the people at work are capable of helping, avoidance of empathy (the most common reason), the belief that personal life and work life should be kept separate and, finally, the fear of others speaking ill behind the person.

"I look at depression as a flaw. It is like, when you have a nice body, you are not ashamed to take off your shirt, but if you are skinny, have no muscle, you would be embarrassed to take off the shirt. Same with depression. You don't want to disclose it." (Murphy)

"I guess it is because I know they can't help me. They would not scold me, be honest with or give me advice..." (Sarah)

"I dont like it when they pity me" (Hank)

An interesting thing to note is that, not only do these people attempt to hide their depression at work by non-disclosure, they also make behavioral adjustments when feeling depressed.

"I try not to let anyone know that I am depressed. I just look positive and happy" (Sarah)

Distancing oneself while still seeking support.

Something that all the participants had in common was a substantial decrease in or the absence of interaction with the outside world when depressed.

"I just shut off from the outside world" (Murphy)

"I just dont want to talk to anyone when feeling like that" (Sarah)

"I dont like talking to anyone at that time" (Hank)

"I tend to self-isolate when I am depressed" (Shelby)



Despite distancing themselves from the outside world, all of them ranked having someone around as very important and reported seeking emotional support and /or advice from others (especially close social networks) during depression, for the reason that managing depression on their own was perceived like a challenge to them.

"I still look for someone when I am depressed though. It is difficult to deal with it on your own." (Hank)

"I feel like I need to talk to him (the person she shared her depression with) to make things better." (Sarah)

"I just like talking to them (means her family and friends) because I like being listened to" (Shelby)

Believing others don't understand

Almost all of the interviewees experienced a lack of understanding from others. 3 of the 4 participants hold belief that the concept of depression is not understood in the culture.

"Our culture just doesn't understand depression" (Sarah)

"Our culture and depression are not compatible" (Hank)

Another perception was that other people misunderstand their depression and, therefore, are unaware of them having depression.

"Nobody here (talking about the workplace) knows that I have depression. They just think that I am in a bad mood." (Sarah)

Depression and the future.

All the participants talked about how their depression and their futures were connected.

Expectations of depression in the future

A common thing amongst the participants of the study was the expectation of future depression episodes. Sarah looks at depression as a long-lasting process and that it will concern her in the future:

"I read books and distract myself, but depression is a long process and it will show up in the future, in personal life, work and stuff."



While being depressed, Shelby attempted to console herself by telling herself that depression is temporary while still expecting episodes of depression in the future.

"I would just tell myself that it is a temporary thing, told myself to be patient and that everything is gonna be ok. But I still expected depression to come in the future."

Hank expressed a similar thought that depression never fully goes away and made an analogy of depression being similar to a "bad memory" or a "chronic disease".

"My results decrease my depression but it is not gonna fully disappear. Kind of like a bad memory... I look at depression as a disease, chronic disease that never really goes away."

Seeing positivity in depression

All of the participants stated that there is positivity to their depression. A common belief was that depression allows them to learn a lesson for their future and eventually become stronger:

"My depression is gonna serve as a lesson for my future career"(Sarah)

"I also see depression as a vaccine. You take a vaccine to inject a lighter version of a disease so that you have a stronger immune system for it in the future. Same with depression."(Hank)

"Depression is a lesson that 100 guarantees that you are not gonna make that mistake in the future."(Hank)

"There is a light in the tunnel, light after every hardship". (Shelby)

Some of them stated gaining something important as a result of their depression.

"I developed a new set of values and, most importantly, deeper faith in God after (event)".

Depression and the job.

It was found out that, depending on the person, there are considerable differences in how depression and the ability to do one's job are related.



Feelings of powerlessness / Decreased ability to work.

2 of 4 the people that took part in the study reported that their depression drastically reduces their ability to work and that it made them feel powerless.

Murphy believes that his depression reduces his performance by more than half and that he feels like a "corpse walking" when depressed.

"It (his depression) drops my productivity by maybe 50 or 60 or even 70 percent... I kind feel like a corpse walking. I just dont want to anything, talk to anyone."

A more negative effect can be seen in Sarah's case, who does not work at all when depressed since she feels like she is "unable" to work and since, according to her, it will lead to inefficient work. Additionally, she said that she experiences feelings of complete powerlessness when depressed.

"I just don't work when I am depressed. Instead, I might watch a film, listen to music and etc... I mean, if I read something, I just don't understand it, even if I read it a million times... If I do something, I know it is bad and I am gonna have to redo it tomorrow... When a person is depressed, you just don't see or hear anyone, you feel kind of dead, it is just you and your problems. "

Increased ability.

One of the participants said that they are able to work more and even have more strength to work due to depression and made an analogy of depression being like an "adrenaline" or "fuel" to them. The reasoning behind this is that this person believes that by working a lot, and ultimately having no energy left at the end, they are able to distract themselves from, not think about and deal with their depression.

"I see depression as an adrenaline... I work a lot when I am depressed to kind of run away from it... It is not that my motivation to work increases, I get more work done and I have more strength to work." (Hank)

Neutral effect.

One of the participants stated that depression does not affect their work at all. In fact, due to person's love for their job, their work negates the effect of the depression.



"I love kids and teaching. When I work, it makes me forget about the depression and makes me think it is all silly." (Shelby)

No professional help-seeking

None of the interviewees sought professional help. Each one of them criticized and expressed frustration with the amount of professional attention, or lack thereof, to people with depression in general and in the employment setting in particular. Additionally, all the participants shared distrust of experts.

"There are not any, what do you call them, sessions where they get together and talk... We don't even have psychologists here at work... Psychologists in organizations get paid for nothing" (Sarah)

"Psychologist would probably tell you what I just told you, but more beautifully." (Hank)

As for dealing with their depression, they reported using non-medical, non-professional means of combating depression. It ranged from consuming self-help content such as depression-related books or movies to more spiritual approaches referred to as "living in the now" or "being in the present". The 3 most common means of dealing with depression were temporalizing the condition (seeing the symptoms as temporary), faith and talking to a close person after an episode of depression.

"I would just tell myself that it is a temporary thing" (Shelby)

"Just letting out helps a lot... I feel relieved, and the motivation can even come back" (Sarah)

Discussion

The first superordinate theme ("Finding an explanation, something to blame") involved the participants' attempts to rationalize the development of depression. 3 out of 4 of them felt a sense of self-blame for the development of their conditions which aligns with previous research that says that feelings of guilt and blame for depressive symptoms are a commonality among people suffering from depression (Heifner, 1997; Feely et al., 2007; Elwy et al., 2011; Farmer, 2013;). The participants also attributed the onset of their depression to external parties: other people and external factors. It has been shown that some



***Modern American Journal of Business,
Economics, and Entrepreneurship***

ISSN (E): 3067-7203

Volume 01, Issue 02, May, 2025

Website: usajournals.org

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depression-suffering people put blame on other people for their depression (Green et al., 2013). The interviewees also put blame for their depression on external factors, some of which were work-related: psychosocial work factors such as management problems, work stress and minor discrimination. The development of depression or deterioration of one's depression due to work-related factors is not a rare occurrence. As past research says, occupational psychosocial factors have a positive association with the development of depression (Bonde et al, 2008; Niedhammer et al, 1998; Murcia et al 2013).

One of the transpired superordinate themes, "Attitude towards the outside world", captured the participants' perceptions of the outside world. One of the commonalities amongst all the participants was that they kept their depression a secret in the workplace by not disclosing it and attempting to behave like non-depressives. This finding is coherent with past research pointing out that most people suffering from depression do not disclose their condition at work (Brohan et al, 2012; McNair et al, 2002; Toth et al, 2014; Moll et al, 2014) leading to their managers' unawareness of the situation. The 6 identified reasons for their non-disclosure of depression in the employment context have all been identified before by previous studies as well: 1) viewing depression as a flaw (Johnson et al., 2012; Tang et al., 2014) 2) seeing depression as a source of burden to others (Michalak et al, 2007), 3) not believing others at work can help (Brohan et al, 2012), 4) avoiding empathy (Brohan et al, 2012), 5) belief that information about their condition is very personal and intimate to be shared with others in the workplace (Dalgin et al, 2003; Allen et al, 2003; Auerbach et al, 2005; Gioia et al, 2003), and 6) the fear of being a target of gossip (Goldberg et al, 2005; Nithsdale et al, 2008; Boyce et al, 2008).

While being depressed, the participants had a significant decrease in the amount of social interaction while still searching for emotional support and / or advice. Depressed people's unwillingness / decreased willingness to interact socially has been recorded in the past (Nezlek et al, 1994; Steger et al, 2009; Baddeley et al, 2013). As for their search for support, there are mixed findings. Some studies in the past arrived to the results that, for depressed people, approaching close social networks (family and friends) can be discouraging due to their stigmatizing attitudes towards depression (Heifner, 1997; Biddle et al., 2007; Feely et al.,



2007; Chuick et al., 2009; R. D. Campbell, 2012; Tang et al., 2014), or not noticing / ignoring / not wanting to discuss it (Heifner, 1997; Epstein et al., 2010; Pandalangat, 2011; Augsberger et al., 2015;). But there are also studies that conclude that family and friends are a source of support and advice for depressives (Shin, 2002; Kuwabara et al., 2007; Pandalangat, 2011; R. D. Campbell, 2012; Farmer, 2013; Savage et al., 2016;) and that they facilitate acceptance of symptoms and encourage or even demand help seeking (Biddle et al., 2007; Chuick et al., 2009; Epstein et al., 2010; Pandalangat, 2011; Hansen & Cabassa, 2012; Farmer, 2013). The results of this study were similar to the latter studies in that, the participants of this study reported having or looking for someone (family and friends in every case) to seek advice or emotional support from when being depressed.

Every one of the participants admitted to experiencing a lack of understanding from others concerning their situation; some believed that depression is mistaken for a bad mood and all said that depression is not understood in the culture. This is also consistent with some previous studies pointing out that in some communities depression is misunderstood or seen as "non-existent" or a taboo (R. D. Campbell, 2012; Augsberger et al., 2015).

The superordinate theme "Depression and the job" talks about how depression interfered with the people's ability to do their job. Consistent with the literature on effects of depression on work performance, there were 2 reportings of decreased ability or complete inability to work when depressed. Past research indicates that people with depression experience a significant decrease in on-the-job performance, in the form of presenteeism and absenteeism (Kessler and Frank, 1997; Laitinen-Krispijn and Bijl, 2000; Lim et al., 2000; Kessler et al., 2006; Tsuchiya et al, 2012) (one study estimating 28-30 days lost per year due to reduced productivity (Tsuchiya et al, 2012;)). Both participants analogically compared themselves to dead men ("corpse walking", "feel dead") referring to their decreased ability or inability to perform anything and becoming more passive when depressed; and these findings are similar to what Roshanaei-Moghaddam et al (2009), Patten et al (2009) found concluding that depression results in a decreased level of physical activity and the findings of Demyttenaere et al (2004) indicating feelings of emotional fatigue during depression.



One participant stated that depression positively affects their work load and work strength. Even though it contradicts the existent literature that points out, as mentioned above, to a significant reduction in work performance, it can still be explained if it is looked at as a means of dealing with depression rather than an effect of depression on work. Studies have said that one of the ways depressed people combat depression is through maladaptive coping strategies (Doblyte et al, 2017), and one of those maladaptive coping strategies is focusing excessively on work (Chuick et al., 2009; Rochlen et al., 2010).

Another superordinate theme to emerge from this study ("Depression and the Future") grasped the participants' perceptions on how depression fits in their futures. All of them reported expecting further episodes of depression in the future which resonates with previous studies concluding that people suffering from depression live with a greater anticipation of negative experiences and a lower anticipation of positive experiences than non-depressive people (Miranda et al, 2007; MacLeod et al, 1996; Alloy et al, 1987; Andersen, 1990).

However, the participants also stated that they see positivity in depression, either due to them believing that it will make them stronger in the future or due to them having received something important because of the depression (a new set of values, deeper faith). Similar findings have been arrived at before. A number of studies have asserted that recovery from a trauma or an illness can lead to the development of character strengths. For example, Peterson et al (2003) studied american people's 24 character strengths after the 9/11 event. It was found that these people achieved increase in strengths like spirituality, hope, gratitude, kindness, love and citizenship. Apart from group trauma events such as 9/11, individual trauma can lead to the development of character strengths as well (Peterson et al, 2008). Whether or not there is a relationship between recovery from serious physical / psychological diseases and character strengths has also been looked at; people who recovered from serious physical diseases had higher scores in strengths like bravery, fairness, curiosity, forgiveness, humor, gratitude, spirituality, kindness, appreciation of beauty and love of learning, and people who recovered from serious psychological diseases had higher scores for strengths like creativity, gratitude, curiosity, appreciation of beauty and love of learning compared to people that never had those diseases.



The final superordinate (“No professional help-seeking”) makes it clear that none of the participants sought professional help to deal with their conditions. All of them criticized and were frustrated with the lack of professional attention to depression and mental health issues in general and in the workplace in particular. Another commonality was their distrust of professionals in the field. The tendency of people with depression not to seek professional help is supported by the existing literature: only up to one-half of people suffering from depression approach doctors and psychologists for professional aid (Gulliver et al, 2012, Roy-Byrne et al, 2000; Bland et al, 1997; Andrews et al, 1999). One of the reasons for it is their perception that the professionals do not possess the necessary expertise (Kravitz et al., 2011; Kuwabara et al., 2007; Rochlen et al., 2010; Rogers et al., 2001).

The participants reported coping with their depression themselves. All of the mentioned coping strategies have been accounted for in the past: temporalizing the condition (Biddle et al., 2007; Elwy et al., 2011; Farmer, 2013), faith (R. D. Campbell, 2012; Hansen & Cabassa, 2012; Heifner, 1997; Pandalangat, 2011; Savage et al., 2016; Shin, 2002), solitary strategies (self-control, reading books, meditation, gardening, or exercising) ((Augsberger et al., 2015; Chuick et al., 2009; Elwy et al., 2011; Feely et al., 2007; Johnson et al., 2012; Rochlen et al., 2010; Savage et al., 2016; Shin, 2002; Sierra Hernandez et al., 2014; Tang et al., 2014)).

Recommendations

To fight depression or any other mental health problem, 3 recommendations are provided below. They can be used individually, however we suggest that companies consider using several or all of them together due to them being connected and for a better success rate.

Removing, reducing the impact of work stressors

Since some people's depressions are caused and / or triggered by occupational factors, one of the first things companies have to do is identify work stressors; stress-inducing work-related factors such as bad management practices,



organization culture, relationships at work, job demands and job content, physical work environment and etc (BetterHealth; 2012). Identifying and removing them / diminishing their effect would not only help the people already suffering from depression, but it would also help prevent others from developing the condition.

Encouraging disclosure

The only way to help someone suffering from depression (or any other mental health problem) is if the company knows about the person's condition. Research shows most people do not disclose their mental health issues in the workplace (Brohan et al, 2012; McNair et al, 2002; Toth et al, 2014; Moll et al, 2014), and therefore managers are simply unaware of the situation (which was also the case in this study). Therefore, the company's management is highly recommended to create an environment that facilitates disclosure and maximizes its benefits. According to Bonaccio et al (2019), the 3 ways to create such a climate are:

Making mental health a common goal

It is important that the mental health of all the employees is perceived as an inspiring collective goal and a priority in the organization. One of the ways of achieving that is by sharing emotionally engaging stories of employees suffering from mental health issues. Some of these stories could talk about work climates that made it difficult for those people to disclose their conditions and, eventually, they were left alone with their problems and suffered greatly, both in terms of health and work life. These stories could be supplemented with ones about work climates encouraging disclosure and where reasonable accommodations were provided for the employer, thus helping him / her cope with their problems. The likelihood of a person disclosing would be even higher if managers shared their stories since, according to the authors, leaders are idealized more easily.

Involving the staff in generating creative solutions

Having staff members together to discuss new ways of overcoming challenges has been shown to benefit the work atmosphere. This type of intellectual stimulation is appreciated by employees and makes them feel part of the solution. Such an approach can be helpful to generate solutions for people with mental health problems as well. Firstly, as a result of collective effort, it enables



for more creative solutions as to how people suffering from mental health problems (and people with other support needs) can be accommodated. And secondly, and sometimes more importantly, people with mental health problems themselves can propose their own solutions without having to disclose their conditions.

Offering individualized support

One of the qualities of a good manager is taking the time to observe his / her subordinates, discovering their unique needs and consequently helping them realize their full potential. Such individualized consideration can be shown to a person seemingly suffering from a mental health issue. The manager can have the employee open up by inquiring into their well being and showing active listening. After the disclosure, it is vital that the manager express understanding and an intention to work with the employee (informally) to find the best possible type of support for them. Ultimately, such groupwork between the 2 parties' can result in an idiosyncratic deal (i-deal), which is when an individual employee and his / her manager make a special arrangement that meets both of their needs. Often, this leads to the provision of greater flexibility for the employee, namely, flexibility in time (schedule flexibility) or place (location flexibility).

Implementing accommodations and interventions.

Another way, and usually one of the most commonly proposed ways, to combat depression in companies is by implementing interventions and / or accommodations.

Interventions. (Based on a systematic meta-review of workplace interventions by Joyce et al (2015))

One would think that implementing interventions intended to help people with depression would be sufficient. However, a more rational thing to do would be to also make sure that non-depressed people in the organization do not develop depression as well. Therefore, it is important to implement, or at least consider, 3 kinds of interventions: primary prevention, secondary prevention and tertiary prevention interventions.



Primary preventions interventions are interventions that aim to reduce the onset of a condition and reduce the impact of related risk factors; they include interventions such as increasing employee control, physical activity and workplace health promotion. Secondary prevention interventions aim to identify early symptoms and risk factors among employees with the aim of reducing the progression to a disease state; they include interventions such as screening, counseling, stress management programmes and posttrauma debriefing. Finally, tertiary prevention interventions aim to provide therapy and rehabilitation to those who have been formally diagnosed with a mental health condition; most commonly researched tertiary interventions are cognitive behavioral therapy, exposure therapy and medication.

Not all of these are equally effective however. The effectiveness of an intervention can be identified based on 2 factors: symptom reduction and its effect on occupational outcomes (improved presentism, absenteeism). Of the above mentioned interventions, all but one (psychological debriefing) have been proven to help with symptom reduction. Out of the remaining interventions, 6 have been concluded to improve occupational outcomes to some extent: 2 tertiary prevention interventions (cognitive behavioral therapy, exposure therapy) led to moderate improvements, and 2 primary preventions interventions (physical activity, workplace health promotion) and 2 secondary prevention interventions (screening, counseling) led to mild betterments in occupational performance.

Therefore, based on these findings we recommend all 6 of these interventions to be considered in organizations. The 2 tertiary prevention interventions (cognitive behavioral therapy, exposure therapy) are recommended for the reason that they both help with symptom reduction and moderately improve occupational outcomes. And even though the other 4, the 2 secondary prevention interventions (screening, counseling) and 2 primary preventions interventions (physical activity, workplace health promotion), are not as effective at helping improve work-related outcomes, they are still recommended since they still help with symptomology and, most importantly, can prevent the development of depression in the non-depressed people.



Accommodations.

An alternative to interventions, that could be associated with higher costs, could be workplace accommodations. The 2 advantages of accommodations are that they are effective despite being simple in nature and that they are inexpensive despite the mistaken belief that they cost a lot. Since 2004, the Job Accommodations Network (JAN), a service within the Department Labor of the US, has been calculating the costs of workplace accommodations for disabilities (mental health problems included). According to the results, 59% of companies report a cost of 0\$ for accommodations; most of the remaining companies reported one-time costs of less than 500\$.

As for what exactly can be done, Bonaccio et al (2019) provides examples of simple accommodations for depressed and otherwise-mentally-challenged people and those are: short weekly one on one meetings to talk about concerns before they escalate, additional breaks, a quiet work area and etc.

In conclusion, we suggest organizations follow at least 1 of the above mentioned recommendations. For a higher success rate and due to being linked, the use of several or all of them is advised.

Limitations

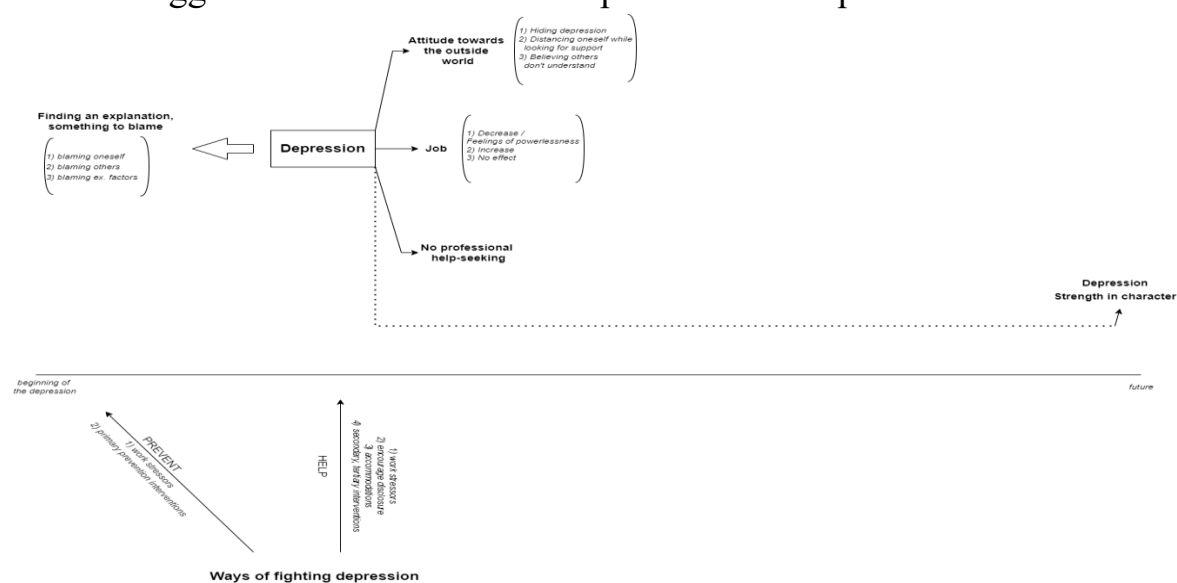
Due to the nature of the research topic, the participants might have exhibited social desirability bias and implicit bias during the interviews. Due to having experience with depression, it is possible that the researcher himself was affected by implicit bias during the interviews and the data analysis stage. The researcher attempted to mitigate this by bracketing, however the presence of other safeguards would have been favorable. Finally, as most qualitative research, this study does not seek to be generalizable and therefore the findings might not be applicable to other depression-suffering people.

Conclusion

In conclusion, due to there being no research on this in Uzbekistan, this paper looked at the experiences of people with depression in the workplace in this country. By collecting data through semi-structured interviews and analyzing it with IPA, 5 superordinate themes emerged: Finding an explanation, something



to blame; Attitude towards the outside world; Depression and the Job; Depression and the Future; No professional help-seeking. Most of the findings were consistent with the existing literature, possibly indicating that the experiences of depressed people at work do not have much to do with the geographic context. A visual representation of the connection of the findings with the suggested recommendations is provided in Graph 1.



Description of the graph. Participants looked for reasons for their depression inside themselves, and / or outside: by blaming others and / or external factors. The depression affects the person's attitude towards the outside world: they hide their condition, distant themselves from the outside world, seek support from close social networks, are led to the belief that others don't understand them. The depression, depending on the person, can have a different impact on the person's work ability: it either drastically decreases their ability to work and leads to feelings of powerlessness, or the person deals with the depression by focusing exclusively on work therefore working more than usual or it has no effect on the job (or the job negates the effects of the depression). The person does not seek professional help and instead goes for non-professional means of dealing with the condition. The person tends to be pessimistic about the future and expects future episodes of depression, whilst believing the depression will lead to them becoming a stronger person eventually.



For companies to effectively fight depression and other mental health problems, it is important they take actions to both prevent the development of depression and help the people already suffering from depression. For the former, it is recommended to negate the effects of work stressors, and implement primary prevention interventions. To help people already (self) diagnosed with depression, it is important to reduce the impact of work stressors, create a climate encouraging disclosure, implement secondary and tertiary interventions and / or accommodations.

It needs to be noted that there is a need for future research on the topic. First, conducting a similar study with a bigger sample could result in more trustworthy and generalizable findings. Second, since it is possible to find differences, experiences of women and men should be studied separately in future research. Third, experiences of people suffering from other mental health problems should be researched. Initially, this study intended to explore other mental health problems as well, but because of not being able to find participants, it was restricted to depression only.

Acknowledgements

The researcher would like to thank every single person that contributed to the creation of this paper.

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***Modern American Journal of Business,
Economics, and Entrepreneurship***

ISSN (E): 3067-7203

Volume 01, **Issue** 02, **May**, 2025

Website: usajournals.org

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