



STUDYING ABOUT THE PSYCHOLOGICAL DISTRESS ITS HISTORICAL AND INDIAN PERSPECTIVE

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ABSTRACT

The years between the ages of 18 and 25 serve as a crucial transitional period between childhood and adulthood. During this time, people who have been dependent on others for the majority of their development take their first concrete steps toward independence and work toward assuming more adult roles such as citizen, spouse, parent, and worker. During this time of profound change, young people are more susceptible to emotional suffering for a variety of reasons. The number of young people exhibiting signs of psychological distress is always on the rise in India, and stress, anxiety, and depression were recently recognized as the main mental health issues or challenges in the evaluated policies/programs. Therefore, it is crucial to aid and equip young individuals to combat anxiety. The purpose of this research was to examine the impact of self-compassion intervention on depressive, anxious, and stressed young people.

Keywords: - Stress, Anxiety, Distress, Psychological Distress, Young.

I. INTRODUCTION

PSYCHOLOGICAL DISTRESS

Psychological distress is a term used to describe a state of emotional or mental suffering that affects an individual's well-being and functioning. It encompasses a wide range of symptoms and conditions, including anxiety, depression, stress, and other mental health disorders. Psychological distress can vary in intensity and duration, and it can significantly impact a person's quality of life.

Many factors can contribute to psychological distress. It may arise from challenging life events, such as the loss of a loved one, relationship problems, financial difficulties, or a traumatic experience. Chronic stress, such as work-related stress or ongoing interpersonal conflicts, can also contribute to psychological distress.

In some cases, there may be underlying mental health conditions, such as generalized anxiety disorder, major depressive disorder, or post-traumatic stress disorder, that contribute to distress.

The signs and symptoms of psychological distress can manifest differently in individuals. Some common indicators include persistent feelings of sadness, hopelessness, or anxiety, changes in sleep patterns or appetite, difficulty concentrating, irritability, and withdrawal from social activities. Physical symptoms like headaches, stomachaches, or body aches may also accompany psychological distress.

It is essential to recognize and address psychological distress because it can have a profound impact on an individual's overall well-being and functioning. Left untreated, it can interfere with daily activities, relationships, work performance, and physical health. Seeking help from a mental health professional is crucial in managing psychological distress effectively.

II. HISTORICAL PERSPECTIVE ON PSYCHOLOGICAL DISTRESS

The famous book of Psalms in the Holy Bible, which describes King David of Israel's experience with mental distress, contains the well-known DSM-IV criteria for psychological distress (depression, anxiety, and stress). For example, depression is characterized by feelings of loneliness, neglect and isolation, negative interpersonal relationships, damaged self-esteem, feelings of worthlessness, loss of power and control over his people, a lack of friends, and numbness. Powell and Enright (1990) note that "people have experienced stress throughout history and it is part and parcel of the human condition as chronicled in art and literature throughout the ages" (p.1) in their book on "Anxiety and stress management" (p.1). The word "depression" was first used in a professional context around the turn of the 20th century. It was then used more often after the First World War's shellshock issue in two different contexts: as a description of insanity and as shellshock discourse, which describes depressed responses to stress and loss.

III. INDIAN PERSPECTIVE ON PSYCHOLOGICAL DISTRESS

Weaver (2017) He focused on the South Asian expression "tension" (pronounced "tens'an") because it is an English word transliterated into South Asian languages. He also noted that this expression is found in a wide range of linguistic, cultural, and national groups, including speakers of the following languages: in Hindi, Malayalam, Marathi, Bengali, a number of other South Asian languages, and a number of other languages. In a recent study, Indian researchers Housen et al (2019) attempted to understand psychological distress in ten districts of the Kashmir Valley. They found that for the presentation of someone experiencing "pareshani," or psychological distress, the commonly mentioned physical symptoms included heart palpitations, blood pressure, "ghabrahat" (a Kashmiri term for nervousness), changed sleeping patterns, and facial expressions reflecting sadness, hopelessness, and "tension." Numerous ancient Indian ideas, such as dukha (pain, sorrow, or suffering), klesa (afflictions), adhi (mental aberrations), and prajnaparadha

(failure or loss of awareness), are related to or seem to be analogous to the phenomena of stress. It's important to note that the Ayurvedic (Indian) medical system emphasizes the body-mind connection, which is a hallmark of contemporary stress (Pestonjee, 1992, p. 27). The Indian subcontinent is said to have its own conceptions of distress that include anxiety symptoms like dhat syndrome (Khambaty& Parikh, 2017).

IV. PREVALENCE OF PSYCHOLOGICAL DISTRESS

In 1996, the "Global Burden of Disease Study" (GBD) research analyzed the effect of 107 illnesses, rather than relying just on conventional mortality estimates, and measured the debilitating results of diseases. In 1995, depression was judged to be a pandemic (Pilgrim, 2007),. Disability Adjusted Life Years (DALYs; One DALY=one lost year of healthy life), the findings produced a Cinderella effect for mental disorders, demonstrating that they should be treated seriously rather than being relegated to the periphery of public health concerns because mental disorders ranked almost as high as Non-communicable Diseases (NCDs) like cardiovascular diseases (CVDs) and respiratory diseases; they also outranked all forms of cancer and HIV.

In the 2003 World Mental Health Survey, which was conducted in 28 representative nations, including India and data was gathered from 11 Indian cities, the Pune research center revealed that depression was the most prevalent condition both throughout the course of one's lifetime (3.14%) and the preceding 12-month period (1.7%). The prevalence of depression was found to vary by income level, with lifetime rates in high income countries being 14.6% and 12-month rates being 5.5%, respectively, and 11.1% and 5.9% in low and middle income countries (LAMIC), the latter of which had rates higher than the Pune center in India. According to Kaur, Deepti, and Lal's (2014) analysis, the burden of depression will rise to 5.7% of the overall burden of the illness by 2020 and become the second highest cause of DALYs in India if present trends for demographic and epidemiological change continue.

- **Co-occurrence of depression and anxiety**

According to Endsley et al. (2017), common mental disorders (CMDs) are defined as somatic complaints, depression and anxiety disorders, and depressed non-psychotic symptoms that interfere with everyday functioning. Previous studies have shown a correlation between depression and anxiety, with 40% of people with depression now experiencing an anxiety condition and 45% of those with anxiety experiencing a concurrent depressive problem (Cassano et al., 2003).

- **Co-morbidity of depression and anxiety with other mental disorders in India**

Panic attack with depression and anxiety: According to DSM-IV criteria, 43 patients (45.7%) with panic attacks had significant co-morbidity of major depression, and the majority (i.e. 69.8%) had co-morbid primary depression, while only 30.2% had secondary depression. Srinivasan and

Neerakal (2002) assessed 94 panic patients attending the out-patient department (OPD) of psychiatry. More specifically, a study by Trivedi and Gupta (2010) found that panic patients with depression (both primary and secondary) had a higher prevalence of concurrent generalized anxiety disorder (GAD) than panic patients without depression, and that SAD and major depression were co-morbid conditions that were linked to impairment in academic functioning..

Posttraumatic stress disorder (PTSD) with depression and anxiety: In their research on the psychological effects of the 1999 super cyclone in Orissa, Kar et al. (2004) found that the prevalence rate of PTSD was 44.3%, coming in third behind anxiety disorders (57.5%) and depression (52.7%).

Low immune system with depression: The immune system's ability to operate at lower levels is linked to depression, which raises the chance of developing various physical conditions.

Physical and chronic conditions with depression and anxiety: Patients with untreated mental disorders are more likely to engage in risky behavior, disobey prescribed treatment plans, and experience unfavorable disease outcomes. Mental disorders also have a variety of negative effects on the progression and outcome of coexisting chronic conditions, such as cancer, CVDs, diabetes, and HIV/AIDS. For instance, it has been shown that patients with depression are three times more likely than those without depression to not follow their medication regimens, and that depression predicts the occurrence of CVDs.

As previously mentioned, CMDs like depression and anxiety frequently present to general primary care services with somatic symptoms. Additionally, because mental disorders and physical health issues are closely related, an integrated service should promote the early identification and treatment of such disorders to decrease disability.

V. PSYCHOLOGY OF PSYCHOLOGICAL DISTRESS

The field of psychology itself is controversial and broad, touching sociology and physiology at opposite ends of the spectrum, and it includes bio-determinists among its adherents (Pilgrim, 2007). Shaheen, Jahan, and Shaheen (2014) assert that when someone is in distress, their body and mind are out of balance and are crying out for assistance. These cries might manifest as moodiness, irritability, sadness, anxiety, sleeplessness, or physical symptoms like stomach trouble or headache. Anxiety, which is often internal and is a reaction to stress, lingers even if there is no imminent danger, while stress is typically a response to an external source and goes away after the problem is handled. Anxiety and stress can have an impact on the mind and body. As a result, in the context of the present study, the researcher is eager to explain the psychology of psychological discomfort (depression, anxiety, and stress) in terms of physiological and other changes as well in the section that follows.

- **Psychology of stress**

The Latin verb *strictus*, which means to pull tight, is the root of the term stress, which is a derivation that refers to "force or hardship exerted on a person" (Robinson, 2018). Hans Selye introduced the idea of stress to the life sciences in 1936. He defined stress as any external incident or internal urge that threatens to disturb the organism's homeostasis (Pestonjee, 1992, p.15, 17). Psycho-social stimuli (psychological stress) are the type of stimuli identified in earlier Indian literature by Agarwala, Malhan, and Singh (1979), and the response that is of primary concern is with deviations at the psychological (e.g., anxiety, depression) and behavioral (withdrawal) levels.

- **Psychology of anxiety**

The word "anxiety" is derived from the Indo-Germanic root "angh," which means "to narrow, to constrict, or to strangle." This root also appears in the Greek word "anchein," which means "strangle, to suffocate, or to press shut," as well as in the Latin words "angor," "suffocation," and "anxietas," which means "shrink back fearfully, being overly concerned." This word According to Veeraraghavan and Singh (2002), anxiety is a warning indicator that alerts a person to impending danger and empowers him to take action to cope with it.

- **Psychology of depression**

The words "depression" and "deprimere" (to press down) stem from the late Latin word "depressare," which means "to feel down," and the classical Latin word "deprimere," which means "to feel heavy" (Kanter, Busch, Weeks, &Landes, 2008). Pilgrim (2007) criticized psychiatric diagnoses in various settings and said that depression is the most prevalent mental disease diagnosis, despite the fact that it is now most often given to patients in primary care, when common discomfort is identified without further referral to psychiatric services.

- **Discrimination between anxiety and depression symptoms**

The influential tripartite framework proposed by these researchers depicts that "general distress" is common to both conditions and consists of non-specific "negative affect" symptoms. This is in line with the literature of Clark and Watson (1991), who suggested that depression and anxiety share a non-specific high levels of negative affect component that encompasses generalized distress. In their Depression, Anxiety and Stress Scale (DASS, 1995), Lovibond and Lovibond (1995) used factor analysis to differentiate between depression and anxiety scales.

VI. HUMAN PHYSIOLOGY OF PSYCHOLOGICAL DISTRESS

Any environmental factor that disrupts homeostasis is referred to as a stressor. The human body makes an effort to preserve homeostasis at all times, and physiologic adjustments that take place in reaction to stress help to restore the homeostatic equilibrium. A biopsychosocial model may be

used to experience or observe responses to psychological discomfort by differentiating between internal, external, and associated factors. Distress has three parts: an internal component made up of physiological and biochemical reactions in the body; an external component made up of stress-inducing components in the environment; and finally, an interaction between internal and external factors including cognitive processes.

VII. CONCLUSION

Depression, anxiety, and stress all manifested in varying degrees of intensity among today's young people, but all were at least moderate in intensity. Among young people, self-compassion was substantially inversely connected to psychological discomfort. The symptoms of mental discomfort have lessened thanks to the Self-Compassion Intervention Program.

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