

## CHAPTER 2

### PSYCHOLOGICAL DISTRESS: SOCIALLY PREVAILING PHENOMENON

#### 2.1 Introduction

Coping and struggling with life's problems is more of a rule than an exception. At any given time, many people are affected by acute and chronic illnesses, accidents, and by disasters of one sort or another or problems related to crime, delinquency, HIV and AIDS pandemic, drug addiction, and alcoholism (Levine & Perkins, 1997). Marriage, divorce, cohabitation and parenthood present problems of their own, and large numbers of people in South Africa have serious financial problems especially with the rising rate of inflation.

Further more, we are presented with problems of unemployment and people having to adjust to their employment challenges. Over all, a large number of people regularly experience stressful events, which often lead to psychological distress.

As health care becomes increasingly multifaceted, multidisciplinary collaboration has been regarded as professional imperative (Edwards, Lim, McMinn & Dominguez, 1999). Particularly with the new community mental health initiative, which is characterised by efforts to deliver services in the local community instead of in a hospital or clinic, and also its dedication to the development of innovative services and working relationships with other agencies in the community for the client's benefit (Edwards *et al.*, 1999; Gibson, Sandenbergh & Swartz, 2001; Levine & Perkins, 1997; Shafranske, 1996). This initiative is evidenced by the proliferation of programmes offered by a number of South African universities (University of Pretoria, University of Western Cape and, University of Cape Town), to develop courses designed to equip psychology students with more community-orientated forms of

theory and practice (Gibson *et al.*, 2001; Visser & Cleaver, 1999; White & Potgieter, 1996).

The purpose of this study is to understand the Pentecostal pastors' present worldviews and its impact on the definition of psychological distress. Research done over a period of more than twenty years indicates that pastors are the most frequently sought source of help for problems of psychological distress (Chalfant, Heller, Roberts, Briones, Aguirre-Hochbaum & Farr, 1990).

Researchers following the route of community perspective, accepting the broader society as it is and as they see it, taking into account the historical, social, economic and political contexts, both in the existence and the solution of problems are in a better position to plan and implement preventative intervention programmes (Levine & Perkins, 1997).

## 2.2 Phenomenon of psychological distress

The existence of psychological distress has been recognised for thousands of years. For example, the book of Job illustrates a classic case of psychological distress. Job is seen as a profoundly distressed man, he lost interest in things he used to like doing, became hopeless; he became withdrawn, self-blaming, self-depreciating and had sleep disturbances. Kovacs and Beck (1978) states that even 3,900 years old Egyptian manuscript provides a distressingly accurate picture of the sufferer's pessimism, his loss of faith in others, his inability to carry out the everyday tasks of life and his serious consideration of suicide. These historical descriptions are congruent with some of present accounts of the phenomenon of psychological distress.

Some form of theory or set of assumptions is needed in order to make sense of our world and to guide everyday existence, since without a set of rules or

guidelines our experience would be unmanageable (Phatares, 1988). 'Theories' vary from people to people; they can sometimes be more than just crude collections of stereotypes and myths, some may be rooted in careful observation, while others reflect common sense judgements that are more self-serving than they are accurate. These theories can be elaborate and systematic like the medical model and psychodynamic theories, or they can be unverballed and hard to articulate.

Understanding of psychological distress has been controversial for many years. The major dispute among students of psychological distress has been over the meaning of the concept, and about what actually is meant by the assertion that a person is psychologically distressed (Torkington, 1991).

There are three basic questions, frequently asked in the context of psychology and psychiatry when trying to make sense of behaviour: What kinds of behaviour are judged to be abnormal, whether by professionals or laypersons? What are the various patterns or forms of disturbed behaviour? How can one make sense of the apparently senseless or irrational behaviour of disturbed persons? (Halling & Nill, 1989).

Perhaps questions of this kind appear to be taking the pedantic route of rather debating definitions than helping people. But these are important questions that affect who is seen as psychologically distressed as well as how being distressed is interpreted and how treatment is carried out (Phatares, 1988). According to the social control perspective, psychological distress refers to a category that observers uses to classify particular individuals, thus the concept psychological distress is located in observers categories rather than actors' symptoms (Torkington, 1991).

In the olden days mental illness was defined by the medieval church as possession by demons or spirits, which needed to be exorcised for the possessed to achieve healing (Phatares, 1988). However, with the

eighteenth, nineteenth and twentieth centuries came the dominant medical model belief, the psychological theories and psychotherapy treatments such as cognitive theories, systems theories and psychodynamic theories.

No completely satisfactory explanation has yet been offered to account for the diverse variations in the cause and description of psychological distress (Kaplan & Sadock, 1998; Phatares, 1988). Therefore, there are different competing viewpoints found, this clearly shows the incomplete knowledge of description and contributory factors. As a result more viewpoints in psychological disorders are needed.

## 2.3 Theoretical perspectives of psychological distress

### 2.3.1 Medical Model

The medical model is a prevailing or dominant view of pathology in the world (Novello, 1999; Kaplan & Sadock, 1998). Psychological distress is regarded as a disease in the same category as any other physical illness, this model uses similar model in defining psychological distress as that used by medical practitioners. In other words, psychological distress is some form of neurological defect responsible for the disordered thinking and behaviour and requires medical treatment and care (Carson, Butcher & Mineka, 1996).

### 2.3.2 Interpersonal Theory

Interpersonal theories attribute psychological difficulties to dysfunctional patterns of interaction (Carson *et al.*, 1996). They emphasize that we are social beings, and much of what we are is a product of our relationships with others. Psychological distress is described as the maladaptive behaviour observed in relationships, which is caused by unsatisfactory relationships of the past or present. Psychological distress is identified when examining the distressed person's different patterns of interpersonal relationships.

According to this perspective, distress is alleviated through interpersonal therapy, which focuses on alleviating problems existing within relationships and on helping people achieve more satisfactory relationships through learning of new interpersonal skills.

### 2.3.3 Psychodynamic theory

Traditional psychoanalytic models look at pathology (psychological distress) from an intrapsychic view. They emphasize the role of unconscious processes and defence mechanisms in the determination of both normal and abnormal behaviour. Early childhood experiences are imperative in later personality adjustment; in other words, they understand the expression of a symptom in the present as an extension of past conflicts (Box, 1998 & St.Clair, 1996).

Therefore, psychological distress in a person's life may be described as his attempt to cope with present difficulties using past childhood defence mechanisms, which may seem maladaptive and socially inappropriate for the present situation.

### 2.3.4 Cognitive Theory

According to the cognitive model, negatively biased cognition is a core process in psychological distress (Barlow & Durand 1999). This process is reflected when distressed patients typically have a negative view of themselves, their environment and the future (Weinrach, 1988). They view themselves as worthless, inadequate, unlovable and deficient. According to the cognitive theorists, people's excessive affect and dysfunctional behaviour is due to excessive or inappropriate ways of interpreting their experiences. The essence of the model is that emotional difficulties begin when the way we see events gets exaggerated beyond the available evidence, this manner

of seeing things tend to have a negative influence on feelings and behaviour in a vicious cycle.

There can be no gain in saying that our modern views are a little more sophisticated than those of our forebears. However it could be said that most explanatory models such as these ones mentioned above provide a unique perspective that can contribute to a fuller understanding of the phenomenon of psychological distress.

#### 2.4 Operational definition of psychological distress

In other instances textbook concepts of disturbance such as subjective distress and psychological illness are used whilst in others, reference is made to the violation of norms (Price & Lynn, 1986). For purposes of this study psychological distress will be dealt with as a concept of study.

Decker (1997) and Burnette and Mui (1997), conceptualised psychological distress as lack of enthusiasm, problems with sleep (trouble falling asleep or staying asleep), feeling downhearted or blue, feeling hopeless about the future, feeling emotional (for example crying easily or feeling like crying) and feeling bored or a passing interest in things and thoughts of suicide (Weaver, 1995).

Lerutla (2000) defined psychological distress as the emotional condition that one feels when it is necessary to cope with unsettling, frustrating or harmful situations. Mirowsky and Ross (1989) add that psychological distress is the unpleasant subjective state of depression and anxiety (being tense, restless, worried, irritable and afraid), which has both emotional and physiological manifestation. They further added that there is a wide range of psychological distress, ranging from mild to extreme, with extreme levels being considered as mental illness such as schizoaffective disorder.

In another study of Chalfant *et al.* (1990), psychological distress is defined as a continuous experience of unhappiness, nervousness, irritability and problematic interpersonal relationships.

After giving account of how different theoretical models view psychological distress, it is imperative to give this study's definition.

*Psychological distress is the deviation from some objectively healthy state of being. It implies maladaptive patterns of coping. It is mild psychopathology with symptoms that are common in the community. It is negative feelings of restlessness, depression, anger, anxiety, loneliness, isolation and problematic interpersonal relationships* (adapted definition from Burnette & Mui, 1997).

## 2.5 Conclusion

This chapter has introduced the reader to an understanding of the concept of psychological distress. It was communicated that psychological distress is a phenomenon that has existed since ancient times and even today we still seek to know more about it since it has not yet been completely understood.

There are different methods or pair of spectacles to view the phenomenon, as mentioned above. It would therefore be useful to look through Pentecostal pastors' spectacles, so as to understand this phenomenon from their viewpoint.