CHAPTER I

INTRODUCTION
“You go into flow when your highest strengths are deployed to meet the highest challenges that come your way”

Seligman

Psychological distress is largely referred as a measure of mental health of the population and is extensively made use of as an indicator in the population surveys, in the assessments of public health, in the epidemiological studies or related clinical trials and other significant intervention studies. The scientific writings highlight the application of psychological distress to the undistinguishable groupings of symptomatologies that range from depression, general anxiety concerns to behavioral concerns, functional disabilities and even personality traits.

Psychological distress is a generic term coined to describe unpleasant feelings or emotions that impact our level of functioning. It is a mental discomposure that acts as a deterrent to the activities of daily functioning and can also result in an irrational view of the environment, others, and the self. Sadness, anxiety, distraction, depression and various other symptomatologies of mental illnesses are manifestations or indications of Psychological Distress.

The understanding of distress is absolutely subjective in nature; and the severity of it is totally dependent upon the situation and how the situation is further being perceived by an individual. Psychological distress is anticipated to be in a range of mental health and the mental illness at the divergent ends. As an individual continues to live through these diverse rational and irrational know-hows, they usually travel back and forth on the gamut at varying situations.

Mirowsky and Ross (2002) pronounced that Psychological distress is also understood as the condition of emotional suffering that is efficiently described by the symptomatologies of depression for e.g. feelings of loss of interest in life, prolonged sadness, feelings of helplessness and also anxiety such as experiencing restlessness or feelings of tense. Kleinman (1991) also stated that these experiences can also form associations with somatic symptoms such as recurrent headaches, insomnia etc. that is likely to differ from across the cultures.
Selye (1976) viewed psychological distress or misery as an unavoidable manifestation of living and stress specific in nature. He states that there are certain demands or stresses when are encountered that may intimidate an individual’s well-being and thereby negatively allude to stress. Lazarus (1981) characterized these negative emotions as cold, hostile, frustrating, irritable, troublesome, and apprehensive and stated that these emotions supervene from a significant demand or stressor and inadequate sources try to mitigate any potential harm, loss or threat.

Bhat (2010) shared his views on stress management and stated that stress is the physical or psychological mandate on an individual that surpasses the capacity of the body. It is pressure on the person that makes them loose their balance eventually. She highlighted that it is majorly a tension or a stress which follows as a result of the outcomes of unpleasant events like losing a job, or death in a family etc. Humanistic Psychologists formed a view of Psychological Distress and encouraged that it is perceived as the conclusion or termination of factors such as psychogenic pain, internal factors, external stressors that averts an individual from realizing self-actualization and also in connecting with the significant others.

Psychological distress is also classified as the mental state of discouragement and dejection that stimulate individuals to pursue professional assistance, notwithstanding the need for meeting the criterion for a psychiatric state. Psychological distress is also conveyed in affective, the psychosomatic and the anxiety symptoms.

Torkington (1991) described that Mental or Psychological distress is referred by mental health practitioners or users of mental health services globally. He stated that it defines a spectrum of symptomatologies and experiences of a individual’s internal state that are generally regarded as confusing, disconcerting or unusual.

Mental distress has an eclectic scope than the associated term mental illness. Mental illness, however, discusses a set of medically defined conditions whereas a person in mental distress may only exhibit some of the symptomatologies as labelled in psychiatry such as anxiety, confused emotions, hallucination, rage etc.
Hailing and Nill (1989) recommended the three questions for the evaluation of how psychology comprehends behavior. The questions posited were; what types of behavior are mediated as abnormal either by professionals or else, what are the numerous types of distressed behavior and lastly how can one draw logic out of the apparently senseless or irrationality of behavior of a disturbed individual. Phatares (1988) noted that these are central questions that effects who is perceived as psychologically distressed, then how a distressed individual is agreed and exactly how the treatment procedure is piloted.

Chalfant et al. (1990) defined psychological distress as a continuous experiences of uneasiness, bad temper, sadness and experiences of difficulty in interpersonal relationships. The basic difference amongst Stress, Eustress and Distress is that stress is usually a normal part of life and most people usually experience the same once or other times in their life. It is understood as an individual’s either physical or mental reaction to an environmental anxieties. Wheaton (2007) defined psychological distress as an emotional commotion that may have an influence on the social functioning of an individual and affect their daily living.

Holmes and Rahe (1967) reinforced the outlook and stated that Psychological distress is also thought to be an impingement on individual due to an environmental stimuli or experiences of certain life events. Lazarus (1966) highlighted that sometimes psychological distress is resultant of certain specific reactions to stressful happenings or due to a discrepancy amid the demands cited on an individual and the perceived ability to cope with the demands.

1.1 Clinical Characteristics of Psychological Distress

Horwitz (2007) highlighted the other significant norm that is highly used to define psychological distress. It is the Stress- Distress model that theorizes that the core features of Psychological distress are exposing oneself to any stressful event that is capable of threatening the physical and the mental health, inability in coping efficiently with any stressor and largely the emotional chaos that is due to ineffective coping. Ridner (2004) also contends that psychological distress disappears as and when the stressor vanishes and also in circumstances when an individual is able to efficiently cope with the stressor.
There is abundance of evidence endorsing the effects of stress on the distress, though, inclusion of stress while defining distress usually fails to identify the existence of distress in absentia of stress. The standing of psychological distress amongst the psychiatric diagnostics is uncertain and has often been debated upon in the scientific works.

Phillips and Watson (2009) described distress as a diagnostic measure for psychiatric disorders such as posttraumatic stress disorder and are composed with damages in daily living of an individual and is also a signal of the severity of symptomatologies amongst other disorders such as generalized anxiety disorder. Therefore, psychological distress is believed to be a medical apprehension only when it is comorbid other symptomatologies that form the diagnostic criteria for a psychiatric illness. Or else, as per the stress-distress model, psychological distress is assumed to be a transitory occurrence that is consistent with the normalcy of emotional reaction to an existing stressor.

Horwitz (2007) exemplifies by citing a series of studies that are conducted amongst adolescents and the results display the high variability of depressive symptomatologies over short intervals lasting only one month. He contends that this variability is a reflection of the moderately short-lived sorrow or grief that trails due to academic failures or any relationship concerns etc.

Wheaton (2007) scrutinized the constancy of psychological distress amongst adults and based his research on 7 longitudinal studies that lasted from one till ten years. The results highlighted that psychological distress was reasonably stable and it was contended that the findings run hostage to the declaration that distress is a temporary occurrence. Howsoever, they could not provide the rationale for the part of personality in the comparative constancy of psychological distress over a period of time. Therefore as reinforced by Jorm and Jones (1990); neuroticism has been revealed to have association with psychological distress.

Dohrenwend and Dohrenwend (1982) defined Psychological distress as a non-specific mental health concern. Nevertheless, Wheaton (2007) specified that the dearth of specificity should be made competent as psychological distress is evidently categorized by anxiety and depression symptomatologies. Also, the scales that are used to measure psychological distress, general anxiety disorders and the depression disorders usually have numerous mutual items.
Payton (2009) highlighted that though psychological distress and psychiatric concerns are understood as distinctive occurrences yet they are not completely autonomous of each-other. Horwitz (2007) stated that the association amongst the distress, anxiety and depression rears the concern of psychological distress that whether it lies on the path to depression when left untouched. Regrettably, the progression of psychological distress is fundamentally unknown.

Westermeyer and Janca (1997) encouraged that universally it is established that group experiences of disease and the individual experiences are partially circumscribed by the cultural standards. They also stated that though negative circumstances of mind have a tendency to be universal yet the manifestation of these circumstances might differ in strength and in form through and amongst these societies.

Kleinman (1991) conformed that these transcultural dissimilarities are highly remarkable in the consideration of the somatic symptomatologies. As per Kirmayer et al. (1989), it was emphasized that somatic symptomatologies be responsible for the communal manifestation of psychological distress globally yet the categories of somatic symptomatologies that are associated with psychological distress may diverge across different cultures.

Many researchers emphasize that major contributors to the gradual development of Psychological Distress in youth are the youth’s persistent questioning of Parental control; the societal norms; the governmental obligations; the persisting differences in gender; disturbances in relationship practicalities and the various other societal or familial compulsions. All these factors are repercussions to stressful or shocking experiences. Distress is the dysfunctional response to a demanding situation, and transpires when an external stressors acts and there is inability to cope with the situation in hand for e.g. people may find it very difficult to accept that an important member of the family is no longer with them and as a result of this loss the sadness and distraught state overcomes.

Silva et al. (2010) have suggested that Globalization and market deregulation contribute towards reformation in financial sector such that work is organized in developed and developing countries. They also stressed that the International Labor Organization has also reported that this modernization has led to the development of a couple of concerns for the financial service workers such as increasing time pressure, excessive work demands, role conflict, ergonomic insufficiencies, challenging customer relations and an event increase in reported cases of stress and violence.
They also laid emphasis on the job-related difficulties or work-related pressures that can affect the individuals when their coping mechanisms become futile. These certain difficulties are linked to depression, anxiety and dysfunctional acts like smoking, drinking, High blood pressure and diabetes. Continuous and progressive changes at work place are associated with mental health problems.

Karasek et al. (1979) proposed a four-fold model of low-strain, active, passive and high-strain working experiences that are resultant of interaction between psychological demand and control exhibited. It was demonstrated that exhaustion, stress, depression and physical complaints were experienced due to high demand and low control.

Siegrist (1997) model assumes that high motivation accompanied with higher desire for compensation can escalate health concerns. The fundamental hypothesis of the model is the over-commitment pattern.

Parkes (1982) demonstrated that the working conditions with the psychological distress. The results highlighted that lower job satisfaction and higher distress is experienced in medical rather than surgical wards.

Frese (1985) also established that the objective conditions of work give rise to subjective stress and the psychophysical ailments amongst the blue collar German work force. Some other well-controlled longitudinal studies have associated work stressors in the development of psychological distress and reduced job satisfaction.

Investigators in occupational health psychology are concerned with analyzing the effect of the economic crisis on individuals' health both mental and physical and are concentrating on personal and organizational resources for modifying or re-revising the impact of the crisis. Therefore, a significant number of well-designed longitudinal studies conducted by occupational health psychologists have adduced evidence for the view that adverse working environment contributes to the development of psychological distress.

Prospective studies have shown that high work or family demands, low control over situations at home or workplace, low social support, the effort-reward imbalance, organizational injustice or irrelevant favoritism, job insecurity, undesirable work events, and bullying or harassment contribute to common mental health concerns like anxiety and depression.
Drapeau et al. (2012) described the other highlighted sources of psychological distress that are severe Life-threatening Medical illness such as cancer; marital discord or dissatisfaction; anxiety from various sources such as bad neighborhood, unhealthy environment; academic and Social Anxiety; divorce; being a victim of bullying or harassment; adverse school, work, and home experiences; infertility and its related concerns and mental illness such as depression, anxiety, and related concerns.

Gjerde (1993) noted that distress persists due to lack of efficiency in coping with the separation of family, fear of development of efficient career, definite fear of future and how it unfolds eventually, mismanagement of stressful situations, hectic study schedule, unreasonableness of goal setting, forming unhealthy pattern of relationship with other friends or faculty in the system, emotions and in developing their self-esteem as a whole. It can also be due to psychosocial changes that are related to the development of an independent personal life in youth which enforces academic, societal demands that they usually encounter in university studies in their preparation for professional careers as well. Therefore, the period of education is a relatively sensitive period in an individual’s lifespan, and this period is regarded by much as important for developing systems and intervention methods that may prevent or reduce mental problems. Psychological distress can percolate due to personal, professional, social, environmental or temperamental defaults or situations.

1.2 Prevalence of Psychological Distress

Phongsavan et al. (2006) stated that the extensiveness of psychological distress is challenging due to a number of scales that measure distress. They highlight that psychological distress varies amid five percent and twenty seven percent in the general populace yet can also spread in higher levels of populace that are open to certain explicit risk factors.

Marchand, Demers, and Durand (2005) quoted that the International Labour Office in the year 2000 has estimated that the prevalence of the psychological distress has nearly affected fifteen and twenty percent of the workers in North America and Europe and also stressed that one out of every five workers might have experiences of the repetitive incidents of psychological distress.
Sundquist et al. (2000) stated that the frequency of psychological distress witnessed amongst the immigrants varies from thirteen to thirty nine percent and also highlighted the two imperative characteristics that are worth acknowledging are mainly, the extensive gender differences and the distinction over the span of life.

Caron and Liu (2011) identified that psychological distress in most countries is found to be greater in women than in men amongst all age groups. However, this difference in gender is not worldwide. Kessler and McLeod (1984) discussed that women are usually more responsive towards the stressors that originate from social contexts. Umberson et al. (1996) highlighted the vulnerabilities women experience as a result of the parental role that practice. McDonough and Walters (2001) found out that women are far more unsheltered from marital, parental and domestic stressors.

Ensminger et al. (1990) concluded that the gender differences seen in psychological distress is highly associated with the role arrangement than the inherent gender differences. Caron and Liu (2011) also address that the occurrence of psychological distress have a tendency to reduce over a period of time from the beginning of late adolescence.

Schieman et al. (2001) found out that the rate of psychological distress is higher in the age categories from eighteen to twenty nine years and eighty to eighty nine years while Pevalin (2000) illustrated a curve at the middle age deteriorating from sixty onwards and then increasing again amongst both the genders.

Jorm (2000) studied eight studies that have dealt with the dissemination of distress over the entire lifespan and have come to a conclusion that there is inconsistency in evidence. He point out that this inconsistency is due to potential age predispositions in the procedure for the measurement of distress.

### 1.3 Symptomatology of Psychological Distress

American Institute of Preventive Medicine (2012) quotes that mostly people experience symptomatologies of distress on an everyday basis yet people often admit it as a part of their
normal day. They suggested that to reduce the symptoms on the body; an individual must first acknowledge or escalate their awareness about themselves. They quoted that these certain symptomatologies can be alarming and can require medical intervention or increased self-care practices.

They highlighted the other significant symptoms of psychological distress as weight gain or bloating or stomach concerns; anger management concerns; obsessive thoughts or compulsions; Psychosomatic concerns; decreased pleasure in sexual activities; Loss of interest in life & related activities; Incoherent conversations; Frustration, irritation, depression; Reckless acts such as excessive shopping sprees or Irrational labeling of self.

Psychological distress can have manifestation of psychosomatic concern as well; like the condition of regular complaints of headaches, muscular pains, and aches.

Frankcom (2015) have discussed that though depression, anxiety and stress are often used interchangeably, however that is not the case. People might exhibit elements of depression and/or anxiety yet they may not have a “clinical diagnosis” and might not require medication at all. They define Depression as experiencing “low mood” and loss of interest in things people enjoyed earlier which can be seen through symptoms such as changes in sleep pattern, appetite, feelings of demotivation and withdrawn behavior from others.

On the contrary, Stress is an inferred internal state. Carstens and Moberg (2000) highlighted that stress denotes a real or perceived perturbation to an organism’s physiological homeostasis or psychological well-being. They state that in response to stress, the body uses a constellation of behavioral or physiological mechanisms to counter the perturbation and return to normalcy. They also defined Distress as an aversive, negative state in which coping and adaptation processes fail to return an organism to physiological and/or psychological homeostasis. Progression into the maladaptive state may be due to a severe or prolonged stressor or multiple cumulative stressful insults with deleterious effects.

Impairment is described as a condition for which the individual should positively seek help. In such cases, the probability of inapt, unethical and even unlawful behavior is great, and the individual is considered a potential threat to others.
Anxiety is a sense of fear or dread that something terrible is going to happen. It can be general or specific to a place, social situation or a specific thing (phobia). Depression, anxiety and stress are the most common problems that lead people to go to a psychologist.

1.4 Depression and Anxiety as co-variants of Psychological Distress

The World Health Organization (2017) highlighted that depression is the prominent reason worldwide of disability and ill health. The latest estimations stressed that higher than three hundred million people are living with depression these days which is indicative of an escalation of more than eighteen percent only between the years 2005 and the 2015. The reason stated by WHO is the lack of care for individual’s suffering from mental disorders, along with the distress of stigma that inhibit individuals to approach treatment for healthy and productive lives.

Birmaher et al. (1996) spoke of Depression as a form in which a person feels discouraged, sad, hopeless, unmotivated, or disinterested in life in general. They explained the signs of major depressive disorder as feelings of helplessness prolonging for more than two weeks, interfering with daily activities or functioning such as taking care of the family etc. The Anxiety and Depression Association of America appraises that some point in time, 3 to 5 percent of people suffer from major depression; and that runs the lifetime risk of about 17 percent in general.

Neese (1991) defined depression as a type of psychic hibernation that evades enticing predators, shows us down sometimes and also evokes support. He defines it as involving a sagacity of suffering. Birmaher et al. (1996) found out that most adolescents exhibit at least some signs of depression from time to time. That may be one-reason parents are likely to deny or dismiss even the most obvious signs of illness. Some epidemiological studies have reported that up to 2.5 percent of children and up to 8.3 percent of adolescents suffer from depression in the U.S.

Laster (1998) defined depression as an intense and prolonged mental illness that the person may be unable to function in everyday life. Weissman et al. (1999) stated that depression in youth recurrently co-occurs with other disorders such as anxiety, eating disorders, or any
other substance abuse. It can also cause a high risk for attempt to or suicide.

According to National Mental Health Association (2003) almost eighty percent of individuals with that are suffering from depression also suffer from psychological symptomatologies of anxiety and almost sixty percent of the same also exhibit the physical manifestations of anxiety like repetitive headaches or feelings of chronic fatigue. National Institute of Mental Health has testified that almost seventy five percent of all persons with an anxiety disorder would experience the symptomatologies before 22 years of age.

Reed et al. (1996) stated that chronic levels of anxiety develop depressive symptoms in college students. American College Health Association (2009) administered a nationwide study and the results revealed that forty three percent of the college students conveyed feelings of depression that made it difficult for them to invest in academics.

Anxiety and Depression Association of America (2010) gave certain signs and symptomatologies of depression such as Feelings of helplessness, worthlessness, and hopelessness; Loss of interest in daily activities or life in general; Appetite or weight changes; Sleep pattern changes drastically; Anger or irritability; Loss of energy; Low mood, sadness; Self-loathing and thoughtless and uncontrolled behavior.


Clarke and Kissane (2002) stated that anxiety levels rise concurrently in researchers with low tolerance for perceived stress as severe. Anxiety increases when an individual perceive the condition as irrepressible.

Seyle (1926) gave the general adaptation syndrome popularly known as GAS Model i.e. understood as a set of three stage physiological procedures that are to prepare or adjust the body for any unexpected danger. He described these stages as an initial alarm reaction stage that takes place immediately after any stressful event, the second stage is the resistance stage in which the Autonomic Nervous System struggles with the effect of any stressful stimuli, and lastly when the stress prevails, the exhaustion stage appears in which the body is unsuccessful to deal with the distressing stimuli.
Rickelson (2002) suggest that demoralization could be a pioneer to concerns like anxiety, substance abuse, depression, and suicide. Anxiety is also defined as fear that is internalized and stimulated by a compulsion to commit and also a range of indicators that arise due to the defective stress. He described that anxiety originates majorly from stress.

Kashani and Orvaschel (1988) defined that anxiety disorders are recurrently happening mental disorders. Characteristically, anxiety disorders involve disturbances in mood, thinking, behavior and physiological activity. They also stated that anxiety is uniquely a human experience that is characterized by a psychological and physiological state that has somatic, emotional, cognitive, and behavioral component.

Spielberger and Vagg (1995) spoke about effects of anxiety on the nervous system. They described it as feelings of apprehension that severely impact any performance.

Harris and Coy (2003) defined anxiety as consisting of apprehension and identification of it as a threat to one’s self-esteem. It is seen that individuals with heightened trait anxiety often are high on state anxiety as well.

Normally, people with anxiety experience tightness in their chest, racing or pounding heart and a pit in their stomach. Anxiety causes some people to have a strong urge to urinate. Psychological symptoms of anxiety include feeling nervous, panic, going blank, feeling helpless and lack interest in a difficult situation.

Anxiety and Depression Association of America (2010) gave certain signs and symptomatologies of anxiety such as Heart Palpitations or Racing Heartbeat; Chest Pain; Hot Flashes or Chills; Cold and Clammy Hands; Stomach Upset, Frequent Urination or Diarrhea; Shortness of Breath; Sweating; Dizziness; Tremors, Twitches, and Jitters; Muscle Tension or Headaches; Fatigue and experiences of Insomnia. The emotional and the psychological symptomatologies are highlighted as Apprehension, Uneasiness, and Dread; Impaired Concentration or Selective Attention; Feeling Restless; Avoidance; Hypervigilance; Irritability; Behavioral Problems especially in Children and Adolescents; Nervousness and Jumpiness; Self-consciousness, Insecurity; Fear of Dying or Going Crazy and a strong Desire to Escape. The high level of anxiety and depression can cause a person’s normal life being problematic, challenging and demanding thereby leading to heightened Psychological Distress.
1.5 Modern Youth: Engulfed in Existential Crisis

McCombs (2001) explained that existential crisis is a phase in which a person demands the very foundations of his or her life. It is due to sense of aloofness and appreciation of one’s mortality. This form of crisis in an individual’s life such as marriage, life-threatening concerns etc. can accentuate the existential crisis. McCombs (2001) also spoke of Kierkegaard from the 19th century who quoted that existential crisis as a mid-life phenomenon.

Wheatley et al. (1999) remarked about the youth questioning the senselessness of their lives. They reported that almost 90 percent of youngsters desired respect and care from their adults in their tussle for existence. They highlight the concerns experienced by the youngsters these days such as academic concerns, family dysfunctionalities, peer issues and general environmental concerns of the world and of future anxieties.

The youngsters are going through a disturbing paradigm shift in which they witness variabilities amongst the families, difficulty with peers, relationships difficulties, unemployment, and uncertainties for the future.

An example of the same is that on 12th November 2010, a television celebrity Ms. Rakhi Sawant in an episode on National Television gave “indecent remarks” and had called a young man Mr. Lakshman Prasad (24 years old) an “impotent” following which he fell into severe mental depression and committed suicide.

Many a youth today cultivate indescribable relationships online which are considered to be fashionable and trendy by them, they are responsible for consuming their excessive time on the internet and making them feel addicted to the same. Such addictions can further lead to much distress among youth regarding mental disturbances over conflicts with friends, anxieties arising from the hidden identities of people they are associated with over chats, etc. The modern youth exhibit concerns with self-concept, negativity in attitude, and trust versus mistrust dilemma.
Jung (1933) made a point that one third of the clinical cases that he treated, suffered majorly from senselessness and the desolation of their lives rather than the neuroticism.

Marx (1984) defined alienation as estrangement from the respective human nature. It indicates shallowness of relationships or anomie or normlessness. It is comorbid with the absence of societal values and norms. Durkheim defined it as a disparity amid the personal and group standards that originate due to absence of moral deregulation. Clance and ImesSome (1978) discussed the imposter syndrome which is a feeling that stirs anxiety as one fear that they will soon be unmasked.

Maslow (1943) described that people are negligent towards their needs and desires and subjugate themselves to a certain culture of normalcy. Reinforcing this belief, May (1994) also emphasized on the various challenging facets of people like feelings of anxiety or alienation.

Lewin (1943) is recognized worldwide for his development of the model of psychological field in which an individual lives and conduct his/ her actions. He emphasized that to comprehend or to predict any type of human behavior; it is highly essential to contemplate the entirety of the life space.

Lewin (1943) suggested that individuals comprehend the aspects of the physical, social and mental world through an uninterrupted interaction amongst their existing memories, goals, wants, desires and their subsequent environment. He emphasized that by instilling hope and by developing a vibrant process of amending the environment and the related behaviors of the individuals; the humankind can amend the barriers and build attachments amongst different categories of people so that all can live in peace.

Lewin (1943) emphasized that Behavior is a function of Personality and the Environment. As youth is a transition period accompanied by challenging situations therefore it is vital that the society focuses on them today and equips them with the power to deal with the complexities and dilemmas in their lives.
1.6 Suicide: The End Result of Psychological Distress

The Global Health Observatory (2015), The World Health Organization, estimated seven lakh eighty eight thousand suicide deaths globally which indicates an yearly age homogeneous suicide rate of ten per one lakh population. The report of 2017 by WHO highlight that suicide is not specific to high income countries yet is a universal occurrence where 78 percent of international suicides occur in lower or middle income countries. They announce that suicide is a severe public health concern that is preventive in nature with well-timed, evidence based and low cost mediations.

Emile Durkheim (1864-1920), the eminent French sociologist studied how imbalances in the relations between self and society can lead to eventual death. In his detailed study, Le Suicide (1897), he largely viewed acts of self-destruction as having psychological or physiological origins. He identified four different types of suicides, all related to group cohesion or solidarity.

First, Egoistic Suicide that was common among groups of individuals with few connections to social groupings of any kind. It occurred when the relationship between a person and society becomes very loose or weak, fragile, distorted, or estranged and this situation hurts his ego or self-respect.

Second, Altruistic Suicide is when the relationship between a person and society becomes so intimate that he decides to sacrifice his life on moral or psychological grounds for a social cause which he holds important.

Third, Anomiqual Suicide which occurs on account of some sudden changes in the life of the person likes suddenly becoming poor or rich, etc.

Finally, Fatalistic Suicide that occurs within tightly knit groups whose members sought, but could not attain, escape.

The mental health difficulties involve psychological anguish, depression and burnout. Researchers and practitioners are also concerned with the relation to psychosocial working conditions to health behaviors and morality of workplace.
According to The World Health Organization statistics (2000) on suicide; it is estimated that approximately sixteen per one lakh people have died in suicide. This depicts one death in every forty seconds. They further reported that in the last forty five years suicide rates had increased by sixty percent worldwide. Suicide is now claimed as amongst the top three prominent reasons of death amongst 15 to 44 years including both males and females. The attempts to suicides are roughly twenty times more recurrent than the concluded suicide.

Caruso (N.D.) discussed that suicide is the fourth prominent reason of death amongst the age group of 15 to 19 years and has quoted that the average global suicide rate is fifteen deaths per one lakh people. Females in the south of India highly adopt the measures of hanging and poisoning by insecticide as suicide followed by self-immolation.

1.7 Role of Counseling Interventions in Psychological Distress

Roditi and Robinson (2011) stressed on the contemporary psychological approaches that does not eliminate pain directly yet are fruitful in managing the chronic pain and comprise of interventions to increase the management of self, implement behavioral and cognitive changes. They highlighted the advantages of psychological interventions in multidisciplinary methodologies in managing chronic pain. They are not only limited to increasing the management of self in pain or reducing the pain-related incapacity or improving the resources for coping with pain and subsequently reducing the emotional distress. They report that these measures improve the diversity of operational self-regulatory, cognitive and behavioral measures. These strategies have resulted in helping patients be more empowered with their pain control strategies and they have become active contributors in the supervision of their own illness.

As life is getting intricate day by day, the complications & concerns for which the expert help is needed are rapidly increasing. The scope of counseling is extending horizontally to the social context, to matters of prestige in occupations, to the broad field of social trends and economic development. Counseling is also extending to the Educational, vocational, social, personal, professional, moral, temperamental, physical and even material problems of individuals. Its scope is indeed vast.
The major objective of all counseling is to help individuals become self-directed and to help them adjust themselves efficiently & effectively to the demands of a better and meaningful life.

Krumboltz (1966) stated that behavioral goals can be maladaptive in the process of decision-making and preventing difficulties.

Wolpe (1958) highlighted counseling as relieving from sorrow and improving the interpersonal Effectiveness. He discussed counseling as a medium for the maintenance of the sound mental health and adequate behavioral adaptations.

Tiedman (1964) holds that the goal of counseling is to focus on the mechanism of change and that the counselee must be assisted in the development of ‘Becoming’ – the change which pervades the period of adolescence in which an individual is supported for actualizing his/her potential.

Blocher (1966) adds two goals of counseling firstly that counseling should maximize individual freedom to choose and act within the norms enforced by the society and secondly that counseling must enhance the efficiency of an individual’s response that is developed from his/her environment. Counseling is to help individuals learn as to what is needed in choice making, by which is meant that the individual should learn to make decisions for them independently.

Ojha (2010) in her article on Counseling as a solution to the problems of stress during adolescents writes that counseling aims at helping the clients to understand and accept themselves “as they are.” Adolescents can work towards realizing potential, is helped to discover his/her strengths and weaknesses. She further mentions that counseling aims at helping individuals reach a stage of self-autonomy through self-understanding, self-direction, and self-motivation such an individual suffers from the minimum of inhibitions, conflict, anxieties and stress. Singh (2010) also pinpoints that counseling helps to reframe i.e. change the way something is being viewed and further bringing a change in the way it is experienced as well. Counseling Intervention models are of great help in the times of today such as lifestyle improvement program that are an integrated approach offering participants an engaging and fast way to make lifestyle changes by exploring the possibilities of living a healthier, longer and more positive life.
Misquitta and Misquitta (2010) in their article on Positive Psychology talk about how proponents of this believe that interventions that focus on strengths and positive emotions can be effective in managing stress related disorders. Many studies in the West, as well as east, are now focusing on the yogic management of stress. They state that the reason for the emotional upsurge is the pattern of attachment and I-ness that leads to strong likes and dislikes. Thus, they say that the yogic way is totally holistic way to deal with stressors.

Mohanty (2010) has also described ways to cope up with stress in which he emphasized on the deep relaxation intervention for fifteen to twenty minutes a day that helps release tension and gives a marked sense and feel of peacefulness. It was also found that the practice of chanting some mantras has a beneficial impact on the human brain as well.

Lama (2010) borrowed the concepts of positive psychology and mentioned how the goodness should be highlighted and enhanced and the weakness should be shown in the dim light. Effective intervention plays an essential role in any strategy designed to diminish the rates of psychological, emotional and even physical stress. Intervention programs play an important role in making a person self-sufficient and fully functioning.

1.8 Enhancement of Positive Lifestyle through Counseling Interventions

Walsh (2011) proposed the significance of lifestyle for mental health and the health experts have underestimated the effects of corrupt and unsavory lifestyle. He elaborated the role of mental, social and physical wellbeing in conserving and augmenting the mental capabilities and the related neural roles.

Whitlock (2002) in an attempt to study the Behavioral counseling interventions reported that risky behaviors are the prime etiology for curable illness and death and also highlighted that these interventions are highly underused in the health care backgrounds. He pointed out that there is growing evidence for researches on interventions yet they are usually complexed due to broad discrepancies in the grouping, content, and the delivery of the counseling interventions indicated to resolve behavioral issues.

The results highlighted that there is no empirically authenticated model that can capture the wide spectrum of components of interventions across the risky behaviors. He has emphasized
on the construct of Five A's which is assessment, then advise, then agree, then assist, and finally to arrange.

Hayes et al. (2005) examined the Acceptance and Commitment Therapy and the model of psychopathology. This new therapy is associated with the all-inclusive primary research on Relational Frame Theory that explores human language and the cognition and resumes to the time of behavioral therapy for the purpose of clinical treatments with the use of prime behavioral principles. The evidential standing with respect to the literature is not advanced and not many questions have been thoroughly examined though the data from the correlational and the outcome comparisons are largely supportive. They reported that there is dearth of well- controlled readings that can accomplish that Acceptance and Commitment Therapy is usually more actual than the other forms of dynamic treatments.

Rockville (1999) spoke in favor of the brief interventions and highlighted that these interventions can contribute in helping clients decrease or eliminate abuse completely, or helps to regulate if the clients can eliminate it by themselves and act as a medium for changing precise behaviors beforehand or throughout treatment.

Ainsworth et al. (2017) targeted at worry as a crucial constituent of anxiety and an operative objective for the therapeutic intervention. Seventy seven participants were randomly assigned through three specific groups and were asked to complete either a progressive muscle relaxation control or ten minutes of attention or acceptance-based psychological exercise. The results highlighted that the groups exhibited no difference in the baseline worry, thought intrusions or anxieties. It was also found out that both the attention and the acceptance-based groups practiced lesser negative thought intrusions in comparison to the relaxation control group. This proved that the acceptance exercise had the biggest consequence in preventing the induction of worry. Also escalation in negative intrusive thoughts prophesied the development of subjective anxiety.

Khaw (2008) highlighted four lifestyle factors i.e. smoking, physical activity, alcohol intake, and diet that have effect on lifestyle. He discussed the importance of small and significant lifestyle changes for long term impacts.

Mojtabai and Olfson (2008) stated that in the contemporary times, mental health experts have deviated from the effective and efficient lifestyle interventions. They also spoke about the pressures of therapists in terms of economic and institutional factors.
Ivey and Ivey (1999) spoke about another aspect of counseling which is the Narrative theory of counseling that is relatively based on the exchanges between the counselor and the client and which develops a generation of new meanings based on client’s understandings. They highlighted the practice of the concepts of narration, storytelling and conversation as valuable frameworks to examine skills, strategy and theory in counseling and the intentional interviewing.

Luhrmann (2001) emphasized that Psychiatrists today, in particular, are being pressured to offer less of psychotherapy, prescribe more of drugs, and focus on 15-minute “med checks,” pressure that psychologists who obtain prescription privileges will doubtless also face as well. As a result, patients undergo inattention to complex psychodynamic and social factors, and therapists can suffer painful cognitive dissonance and role strain. This is more evident whenever there is a short change required by clients who desire more than what is allowed.

Angell et al. (2009) specified that the totality of the therapeutic trends currently are highly underestimated and underutilized. They have highlighted the necessity for lifestyle interventions to decrease unhealthy behaviors and reason for lack of exercise. WHO has reinforced that there is a growing global epidemic of obesity. They have referred to it as ‘globesity’ that is consuming the world completely these days.

Reaves and Reaves (1965) cited that the main objective of counseling is motivating or stimulating individual’s to assess, accept and act on their choice. The clients are encouraged to enhance their personal, emotional, social and intellectual development. So, the services provided by the counselor need be preventive, therapeutic and developmental.

Achievement of Positive Mental Health acknowledges the role of counseling that ascertains a certain form of positive mental health which induces positive adjustment and thereby responds more positively to related people and situations.

Kell and Mueller (1962) hold that the legitimate goal of counseling is the advancement and development of likeability of feelings, reinforced rewards from other human being as the Resolution of concerns. This is an Embodiment of the former goals and implies positive mental health. Others hold the belief that avoidance of emotional stressors, anxieties and other concerns are also important goals of counseling. They hold the view that counseling must address the positivity of feelings and should enhance or working on the self-esteem of the client and supporting positive mental health & healthy lifestyle.
Blicher (1966) stated that an effective individual would possess characteristics such as commitment towards work whereby he/she would be investing time, energy and be willing to take economic, psychological and physical risks. Additionally, the individual would be able to control impulse and produce an appropriate response to frustration, hostility, and ambiguity via mediums of Counselling to help change Behaviors and Outlook to life.

The Comprehensive Mental Health Action Plan (2013-2010) proposed by WHO acknowledges the imperative role of mental health in attaining health for everyone. This plan follows a life course approach and objectifies for the achievement of equity by health coverages universally and also emphasizing the significance of prevention. They have formulated four goals that are active governance and leadership for mental health; establishment of all-inclusive, unified mental and social health care in the community; employment of strategies for the promotion and effective prevention and lastly reinforced information practices, research and evidence.

1.9 Operational Definitions of the terms used in the Research Study

Psychological Distress is a negative emotional condition that leads to the appraisal of a threat, or loss of an important area. Kanner et al. (1981) described negative emotions as disagreeableness, frustration, irritability, troublesome, and anxiousness. It supervenes from an important demand and inadequate sources to mitigate any potential harm, loss or threat. Ridner (2004) defined psychological distress as a distinctive concept that is usually inserted in reference to stress, strain and distress. Darling (2010) drew the difference between stress and distress. She stated that stress or stressor is defined as effects of the doings that necessitate the consumption of resources whereas distress is generated when the demand of the resources outdo the number of resources that we have. She defined distress as an undesirable emotional reaction to the production of resources.
**Existential Crisis** is defined as the Stage of development where the individual questions the very foundations of his/her life and seeks the reason for his/her existence. It is often seen as a result of a happening in an individual’s life such as psychological trauma, major loss, marriage, separation, abuse of psychoactive drug, or personal attainment of a significant age etc.

**Alienation** is an individual estrangement from their human nature. An experience wherein the individual detaches or gets excluded from the society. It was proposed by Karl Marx in 1844 as a theory of separation from people due to the consequence of existing in a society which is divided into strata’s or the social classes. Reasons for the alienation from self are a result of the mechanistic fragment of the social strata and the severity of condition in which a person separates from humanity.

Marx, on describing the basis of alienation spoke about a condition where a worker unvaryingly fails to regulate life and their destiny as and when they are deprived of the ability to reason about themselves as the leader of their own acts. They are unable to define their relationships with significant others.

**Anomie** is a Personal feeling of a lack of social norms and values or normlessness in a person. Emile Durkheim coined the term anomie and defined it as:-

(a) The mismatch between personal or group standards and wider social standards

(b) The lack of a social ethic, that leads to moral deregulation and nonexistence of a authentic ambitions a condition of instability resulting from a breakdown of standards and values or from a lack of purpose or ideals.

**Suicide or anomie suicide** results from the failure of the standards of society that regulates behaviour. He explains that when society is in a state of anomie then the commonality of values and implications are hardly comprehended and accepted.

Durkheim defined anomie as a mental state described by a sense of ineffectuality, emotional void, despair and lack of purpose. Merton et al. (N.D.) also evaluated the rationale for anomie and found out that it is highly severe among individuals who have dearth of adequate
mediums for their achievement of personal goals.

**The Imposter Phenomenon** (Clance and Imes, 1978) describing the feeling of many apparently successful people that their success is undeserved and that there will be a day when people will unmask them and eventually realize their frauds.

It is an understanding that often disturbs the self-concept and the self-esteem of an individual negatively. It is described as the suffering of an individual who is successful and yet holds a belief that his/her achievements are due to luck or any other external source. They gave the three indicators for Imposter syndrome which is firstly the feeling of fooling others by misjudging their abilities; secondly attributing their success to external factors besides intelligence or aptitude; and lastly the irrational fear of visibility as a fraud.

In Psychology, **Interventions** are actions performed to bring about change in people. A wide range of interventions are developed that are directed towards various concerns. Often, it means activities focused on modifying behavior, or any emotional state.

An intervention is an amalgamation of the different factors and strategies of a program intended to create significant changes and improvement in behavior and the status of health amongst individuals. These may consist of educational programs, developments in the environment etc. Interventions that comprise of multiplicity of approaches are effective, produce the desired results, has a wider reach to people and have a long-lasting change.

It can be applied in various settings such as communities, schools, health care organizations or simply at home. Research evidence have implicated that interventions can bring changes such as impelling an individuals’ awareness, approaches, aptitude and beliefs, grow their social support and also create reassuring environment for conduction.

**Positive Lifestyle** fosters happiness and growth and on the contrary the negative lifestyle can lead to feelings of sadness, depression or feelings of sickness or illness. Lifestyle is defined as a set of approaches, habits, attitudes, interests and possessions that are related to a specific person or a group. It comprises of various choices practiced by an individual such as certain
behaviors, food choices and activity levels.

As per the World Health Organization; Health is defined as a condition of holistic physical, social and mental wellbeing. Healthy Lifestyle is the steps, schedules and approaches for achieving optimal health.

Lifestyle is accountability for making smart and healthy choices for oneself today and for the future. MacMohan (2012) states that the development of a positive lifestyle is concerned with the choices one practice for perceiving a situation rather than about the situations itself. She also highlighted the results of the current researches that recommend that positive lifestyle is not related with status or physical appearance or money rather it can be viewed as a habit.

1.10 Rationale for the Study

The research study has been beneficial because of the following reasons:-

Futurist Alvin Toffler (1970) coined a term “Future Shock” which according to him is a certain psychological state of individuals and the entire society perceiving “too much change in too short a period of time.” He further stated that change from industrial society to super-industrial society would overwhelm people, accelerate the rate of technological and social changes thereby leaving the youth disconnected and suffering from the after effects of shattering stress and bewilderment. Keeping that in mind, there is an emergent growing need for assisting the youth to take responsibility for the self and act wiser and mature in stressful situations. Thus the research study can be valuable resource for youngsters for improving their self-esteem, helping themselves by adopting empowered ways for dealing with stressors and encourage them to seek help in times of any crisis.

The importance of the present study can also be ascertained with the fact that Indian youth lack the quality of social, psychological and emotional dynamism (Max Lerner) i.e. the consciousness towards these variables due to a serious lack of mutual responsibility and trust in Indian society today. These changes can have a deteriorating effect on their psychological,
mental, social and emotional health.

World Health Organization (2016) quoted that common mental disorders are increasing worldwide. They highlighted that in between 1990 to 2013; the number of people distressing from depression and/or anxiety increased by nearly 50% i.e. nearly from 416 million to 615 million. In this nearly 10% of the total world’s population is affected and as per the WHO estimates, as close as 1 in 5 people are affected by depression and anxiety.

The World Health Organization report (2016) highlighted that maximum suicide cases are seen amongst the age group of 15 to 39 years. Also, the reports emphasized that 10 to 20% of children and adolescents experience mental disorders worldwide. The report stressed that Neuropsychiatric illnesses are the prominent cause of disability in young people in all regions. If untreated, these conditions severely influence children’s development, their educational attainments and their potential to live fulfilling and productive lives. Children with mental disorders face major challenges with stigma, isolation and discrimination, as well as lack of access to health care and education facilities, in violation of their fundamental human rights. Recent studies have identified mental health problems specifically depression as the largest cause of the burden of disease among young people. Considering the data on rising mental health concerns in India and around; there is a strong need for an intervention program that can be an efficient and effective tool working with the youth today, helping them pace with and understand the dynamic changes in life.

Margaret. L. Cormack (1962) talks about the Indian students and the forthcoming social change. She uprightly mentioned that India wants to change and is determined to change. She elaborates that in this changing New India, the students of India are shocking their elders by speaking up boldly, frequently rudely. She referred to some of them as disorientated and others as argumentative as they confess that they do not know why they act as they do. This can be comprehended as a situation for emotional crisis that is slowly making its way into the Indian society, and therefore it is important for us to understand the need to be strengthening our nation’s youth by helping them deal effectively with this crisis, empowering them with more defined roles in the society and helping them live a more meaningful life. The study
aims to do the same by enhancing their positive, social, life and coping skills. The study rationalizes that there is counseling for Psychological distress, depression or anxiety that is experienced by the youth, therefore any such symptoms can be diagnosed and further treated.

Benton et al. (2003) stated that some studies have reported a greater number of college students who are constantly dealing with psychological, academic and career issues than in the past. His study focused on the intervention programs in counseling designed for the grass root level in a group that may suffer the potential harm of distressed psychological state so that help can be provided to them regarding empowering them to face difficult life situations.

Human life is an ongoing process during which adjustment problems are inevitable at different stages. Sometimes adolescents may exhibit alienation which is a syndrome comprising of attitudes of egocentricity, distrust, pessimism, anxiety, meaninglessness, powerlessness and Normlessness. An important aspect of adolescent personality is his conception of self. The self-concept which develops in adolescents becomes stable in later years. With this regard, personal counseling helps to develop self-regard, hopefulness, self-confidence, positivity, emotional maturity and ability to solve problems amongst adolescents. The research study advocates that sometimes even a small lifestyle change can make a big difference in one’s stress level.

Prof. S.P Ruhela, an eminent Indian sociologist in his book ‘Sociology of the youth culture in India,’ has mentioned that the youth constitutes an important sector of the population of India. He mentioned that the view of youth as rebellious typically is accompanied by a sense of moral outrage and fear that the society will be destroyed by deviant behavior. The view of youth as apathetic carries a sense of disappointment and a conviction that society will decay from widespread indifference and disengagement. The study aims to employ the counseling interventions needed to empower youth in an Indian society. The study is specifically designed to cater to the Indian youth.

Edward Shils, in an article on Indian students identified them as ‘Sadhus rather than Philistines’ generalizing from the conditions in the Indian educational system regarding the absence of vocational ethics, hierarchical and authoritarian structure of the family, imbalance between educational output and the absorptive capacity of the economy and above all the
imbalances between the changes in marriage customs and the unchanged relations of the sexes in the middle class. He mentioned that last factor being the libido from which both students and teacher suffer. The dissatisfaction of student unrest is worrying the authorities all over the world; therefore this study can be helpful in the clarification of factors in regards to the sound mental and psychological health of the college youth in India.

Whitlock (2002) studied the Behavioral counseling interventions and reported that such interventions are extremely underused amongst the health care sectors. He highlighted the escalating data for the researches and cases on interventions but is often complexed because of the extensive inconsistencies in either the grouping or the content or sometimes due to the delivery of the counseling interventions designated for resolving the behavioral concerns. The results also discussed that there is dearth of data on empirically valid model that can hold together the wide variety of intervention techniques throughout the risky behaviors. Therefore the study attempts at fulfilling the research gap on the counseling interventions.

Post the literature review; it was found out that inadequate research work has been conducted on this particular study in hand. The review also validated that the field of counseling psychology is usually neglected and the role of sound mental health and positive lifestyle is often ignored and misinterpreted.

Rockville (1999) has discussed that the brief interventions and the brief therapeutic methods have gained popularity and have provided the prospects for clinicians and psychologists to bring an increase in the positive results by making use of different modalities, independent interventions and other related mental health treatments. Therefore, this study can be an instrumental resource for a novice counselor or psychologist who can refer to the intervention steps and the process of counseling to treat his/her clients.

This study specifically aims to highlight the gap in the literature by providing pragmatic evidence for the effectiveness of interventions in the management of psychological distress, reduction of depression and anxiety and alleviation of negative emotions amongst the Indian Youth. The dilemmas in the existing literature along with the current need for paying attention to the fields of counseling, health, growing stressors, lifestyle deformities has been instrumental in the formation and development of the topic of study.