MANAGEMENT OF EMOTIONS TO COPE WITH DEPRESSIVE STATE AMONG YOUTH IN BALOCHISTAN

Mahreen Siddiqui*

ABSTRACT:

Psychological studies are based on scientific study of behavior and mental process while human psychological discomforts are known as the mental health problem, which exist in every age, culture and society. Emotional response patterns consist of behaviors that deal with particular situations and physiological responses (both autonomic and hormonal) that support the behaviors (Neil & Buskist: 1997). This study on adolescent's emotional distress and psychological discomforts in Balochistan is carried out with the objective to set guidance for management of emotional distress condition and to determine the depressive symptoms among youth in Balochistan. Data for the study was collected from 60 adolescent of Balochistan through selective sampling techniques while Abraham Hick's emotional guidance scale with 22 items and a selfdesigned questionnaire with 22 similar statements were applied. The study was conduced in two phases described as A and B. Phase-A was without guidance scale while Phase-B was conducted with emotional guidance scale. Results of the study suggest that affect of guidance transform the emotions to management side, which is appropriate for preventing and coping depressive state and other mental and behavioral distress.

Emotional distress conditions of any person are sign of uncertain behavior or psychological distress. This state progressively and efficiently

^{*} Lecturer, Department of Psychology, University of Balochistan, Quetta-Pakistan, mehreen psy@yahoo.com

abolishes human abilities and performance, which is a cause of disturb mood, thoughts, and becomes a failure to the overall personality persuasive the overstated human being to approach for the worst reaction. Emotional distress is destructive for adolescents due to their age-group complication which is a susceptible stage that easily considers uncertainty. As youth age begins from the period of physical growth and number of changes in cognition and emotions appear, while this period is termed as exposed immature behavior, therefore, people might be on high risk in many ways.

According to adolescent developmental researches, youth's emotions are found in greater form because they are emotionally unstable and different rapid challenges appear in this age. Adolescent age is a combination of emotions, cognition, chemicals, genetics, and different psychosocial problems emerge during this period which is called developmental stage. During the developmental stage, emotions are risk factors which stay on high level because of various strong cognitive and physical changes that appear in adolescents' life but with the completion of developmental process, changes also occur in the emotional state.

It is a recognized fact which was also found and proved through different studies that at least one in five youth suffers from a current developmental, emotional, or behavioral problem (Burns et al., 1995; Institute of Medicine, 1989; Irwin, Burg, & Cart, 2002; U.S. Department of Health and Human Services, 1999; Zill & Schoenborn, 1990). A number of research studies show that emotions shepherd with moods, while emotions are feelings, which take place due to physiological and cognitive changes. Emotions sustain to correlate associations between environment and performance but an emotion helps us to learn and experience for improving future responses. Thus, depressive disorders cover broad variety of emotions.

Philip F. Rice (1998) elaborating it in his book 'Human Development: A Life-Span Approach' writes "Maturity is that stage, state, or time of life at which a person is considered fully developed socially, intellectually, emotionally, physically and spiritually. Maturity is not reached in all of these characteristics at the same time. Youth who become physically mature at age 12 are usually not mature in other ways. A person may be mature socially, but still be immature emotionally". (Rice: 1998)

Normally emotions are unlearned and wide-ranging and they are found in all cultures reflected in the same facial expression while each culture has different ways of expression which interpret their thinking and behaving style. Balochistan's youth is emotionally unstable, unhappy, nervous, and aggressive. Socially directed aggression and internalized aggression (depression) is at rise.

The official statistics quoted by the Ministry of Youth Affairs Pakistan show that the population of adolescents in Balochistan becomes 22.46% of the total population of the province in both urban and rural area. Balohistan is connected to different other countries with an easy access of people from the neighboring resulting in resource constraints and cultural invasion and due to the lack of resources and uncertain situation, youth suffer ambiguous state and when they feel improper concentration from stakeholders they become emotionally weak.

Complex emotional state is risk for mental health and this directly affects human performances. Generally, emotional feelings of a person, discomfort and guilt due to beliefs, make the person enthusiastic towards inconsistent moods which are strong contributors for psychosocial discomfort. "Disorders associated with positive emotions may present as too much positive emotion as in the case of mania, or too little, as in the case of depression. In some cases an individual may not be able to recognize or experience pleasure, as sometimes happens in schizophrenia". (Josephine: 2003)

Patricia Cohen, Anne Gersony Provet and Matt Jones (1996) describe that "Psychiatrist epidemiology can be defined as the study of the occurrence, distribution and determinants of various state of mental health in a population. A central goal of a child psychiatric epidemiology therefore is to estimate the prevalence of emotional and behavioral problems during childhood and adolescence". (Levin & Petrila: 1996) This describes that emotional experience is a central part of human existence. Causes of facial expressions of emotions are genetical, physical, malnutrition or nutritional deficiencies, stress and perturbed by the extreme emotions. Emotional state varies culture to culture; therefore, people are required to develop strategies to run the emotional state for their relaxation.

People of Balochistan are facing difficulties regarding their mental health disorders and medical treatment; especially when they are suffering in complex disorders like anxiety, chronic psychological dysfunctions, headaches, stress, frustration and aggression which is common complaint among youth, they become mentally ill and due to their socioeconomic conditions and lack of proper mental healthcare facilities they suffer with emotional distress conditions, other associated situation. According to Herschback, Henrich, and Von (1999), it has been estimated that at least one out of every two persons who seek medical aid suffers from an illness related to emotional stress or its negative affect (depression, anxiety, pessimission and low self-esteem). (Pakistan Journal of Psychological Research) youth in Balochistan have different misconceptions, cognitive inconsistency and ambiguous picture about their present and future status. Youth's Emotional state might be change by the support of socialization processes and guidance.

Method:

Survey method was adopted for conducting this study.

Sample:

The sample of the present study comprised of 40 respondents which included youth both male and female between 13 to 19 years of age group from different clusters of society (Balochistan). Selective sampling technique was adopted.

Instrument:

- Self- designed questionnaire with 22 statements was administered.
- Abraham Guidance Emotional Scale developed by Abraham-Hicks with 22 items was applied.*

Procedure:

The study was conducted into two phases, i.e.

Phase-A

Information about emotional distress condition was directly observed through self-designed questionnaire. Similar to Abraham

^{*} http://www.Contemplate this .com/ the _abaham-Hicks-emotioal-Scale

Guidance Emotional Scale, this questionnaire consisted of 22 statements evaluating emotional distress situation among youth in Balochistan. All the 40 respondents participated actively.

After distributing questionnaire, the subject was briefed about the purpose of the study with the request to reply the questions and there was no time restriction for completion.

Phase-B

In the second phase, all 40 respondents were guided about emotional problems and their management through counseling; and then Abraham Emotional Guidance Scale was administrated individually.

Results & Discussions:

Table-1: Differences between the phase A & B results

Phases	N	M	SD	
				t
A	40	26.55	8.21	
				*1.848
В	40	21.03	9.76	

df = 37, p < .05

The findings of Phase-A without guidance show the mean value as (M = 26.55) while in the Phase-B with application of Emotional Guidance Scale the mean value becomes (M = 21.03). The prevalence rate after guidance has been reported that the management of emotions depends upon development strategies and proper guidance.

Table-2: Percentages of the results of Phase-A (self-designed questionnaire) and

Phase-B (Abraham Guidance Emotional Scale)

	Item	Phase-	Phase-B
1	Joy/Appreciation/Empowered/Freedom/Love	40%	60%
2.	Passion	22%	53%
3.	Enthusiasm/Eagerness/Happiness	20%	46%
4.	Positive Expectation/Belief	24%	35%

		19%	40%
5.	Optimism	33%	60%
6.	Hopefulness	30%	54%
7.	G	57%	40%
8.	Boredom	70%	40%
9.	Dessimism	85%	74%
10.	Frustrated/Irritation/Impatience	55%	42%
11.	Overwhelming	46%	30%
12.	Disappointment	83%	63%
13.	Doubt	87%	52%
14.	Worry	45%	32%
15.	Blame	72%	54%
16.	Discouragement	67%	45%
17.	Anger	35%	50%
18.	Revenge	62%	42%
19.	Hatred/Rage	56%	32%
20.	Jealousy	85%	66%
21.	Insecurity/Guilt/Unworthiness	79%	58%
22.	Fear/Grief/Depression/Despair/Powerlessness		

According to the findings the research the percentages of Phase-B reported that through proper guidance, emotional distress conditions might be overcome. Percentage differences showing that if proper guidance is obscure then emotional problems can easily originate which are the cause of psychological discomfort and also important cause of depression in Balochistan. Different apprehensions and uncertain situation lead adolescents to disturb emotion and they feel insecure. Weak socialization process and ignorance is also creating emotional distress, anxiety, stress, low self-esteem and rejection problems.

Research findings provide reliable indicator for emotion and depression in Balochistan while uncertainty and deprivation are the main causes of emotional behaviors. The improved number of depressive youth is suffering from distrust, aggression and frustration. The percentage of frustration among youth is 74 which show that people are dissatisfied with their life-styles. The outcome of emotional behavior in Balochistan is stress occurrence, inferiority complexes, frustration and the sense of

deprivation about necessities of life thus gripping the youth of Balochistan with chronic emotional problems.

Adolescents for being an important part of the society require proper guidance, discussions and awareness as their right because providing them an opportunity to easily manage their emotional behaviors and to deal with their depressive mood.

Management of the adolescent emotional status is one among the important national and international objectives. Results of the study show that emotional aspects of the behaviors after applying the emotional guidance scale are different as compared to that sans guidance, therefore, adolescent's development programs and activities are implemented by different international, national organizations but unfortunately Balochistan has no any governmental or non-governmental organization to arrange counseling and guidance programs for youth to overcome their stress. Depression is an outcome of prolong emotional problems, stress experiences, inferiority complexes, lack of confidence and frustration, and if these exist among a nation, the goals of development and prosperity of any nation which depends upon the peaceful and relax life of the people could not be achieved. The study found complicated contributing factors for emotional disturbances, associated depression and miseries depression which lead towards depressive state resulting anti-social activities easily spreading in the cultures and societies. The feelings of depression and grief found at 79% without guidance but after applying guidance scale the result dropped to 58% which means we cannot change the exact emotional state but the intensity of emotion and way of expression might be changed. Emotion focused coping skills are always developed by socialization and learning process while the management of emotion if skillfully used would ensure controlling the personal traits as well as the people can prevent their depressive conditions and other psychosocial discomforts.

REFERENCES:

 Bukhari, Saima & Kamal Anila, (2003) "Development of an Indigenous Emotional State Scale For Dermatological Patients", Pakistan Journal of Psychological Research, National Institute of Psychology Islamabad. Volume 18, Nos.1-2, 2003, 13-21.p60.

Burns, B. J., Costello, E. J., Angold, A., Tweed, D., Stangl, D.,
Farmer, E. M., et al. (1995), Children's Mental Health Service
Use Across Service Sectors. Health Affairs, 14, 147–159.

 Carlson, Neil R. & Buksist W. (1997), Psychology the Science of behavior 5th ed, Allyn and Bacon, USA. p435.

 Irwin, C. E., Burg, S. J., & Cart, C. U. (2002). America's adolescents: Where have we been, where are we going? Journal of Adolescent Health, 31, 91–121.

 Levin & Petrila, Bruce Lubotsky & Johan (1996), "Mental Health Services a Public Health Perspective" Oxford University Press. p. 9.

 Rice, Philip F. (1998), "Human Development—A Life-Span Approach" 3rd ed., Prentice-Hall, USA. p. 300.

 Wilson, Josephine F. (2003) "Biological Foundation of Human Behavior" Instructor's Edition, Wads Worth USA. pp.398 & 399.

 Year Book (2007-08), Ministry of Youth Affairs, Government of Pakistan, Islamabad.

 Zill, N., & Schoenborn, C. A. (1990). Developmental, learning, and emotional problems: Health of our nation's children, United States, 1988. In Advance data from vital and health statistics (No. 190). Hyattsville, MD: National Center for Health Statistics.