Psychological Distress and Coping Strategies among Families of Missing Persons in Pakistan

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The present research was designed to explore psychological distress and coping strategies among families of missing persons in Pakistan. The sample (N = 225) included both men (n = 108) and women (n = 117) with age range of 20-82 years. Psychological distress and coping strategies of the respondents, were assessed with Urdu versions of Depression Anxiety Stress Scale and Cope Questionnaire, respectively. Results of the study showed that women experience higher levels of depression, anxiety, and stress as compared to men. Significant difference was also found between men and women with reference to coping strategies. Results showed that women were more inclined to use emotion focused coping strategies to deal with distress, whereas non-significant difference was observed with reference to problem focus coping strategies. Significant differences were also observed across varying age groups, revealing older respondents reporting more psychological distress and use of emotion focused coping. However, non-significant difference was observed among the three age groups on problem focus coping. Results also indicated that psychological distress and practice of emotion focus coping was directly proportional to shorter duration of missing; whereas problem focus coping was inversely related with extended time period. Spouses expressed high level of psychological distress and more inclination for emotion focus coping as compared to other relationships. Future implications of the study were also discussed.

Keywords: missing persons, psychological distress, coping strategies, Pakistan.

Psychological distress is rarely defined as a distinctive concept and is often embedded in the concept of strain, stress, and distress (Bonanno, 2006). Lerutta (2002) considers psychological distress as the emotional condition that one feels while coping with unsettling, frustrating or detrimental situations. Psychological distress is an act of divergence from healthy state of being and involves maladaptive patterns of coping; usually reflected as negative feelings of restlessness, depression (Bondurka-Beverse et al., 2000), anger, anxiety, loneliness (Durakovic-Belko, Kulenovic, & Dapic, 2003), isolation, problematic interpersonal relationships (Barlow & David, 2002), and suicidal thoughts (Decker, 1997). The effects of negative life events can be measured by using variety of outcomes including transience (Lantz, 2005), depression (Taylor & Turner, 2002), and health (Treharne, Lyons & Tupling, 2001).

Predictors of psychological distress assessed in Lebanese hostages of war (Saab, Chaaya, Doumit, & Farhood, 2003), indicated that even after two years of release, hostages had experienced psychological distress and turned to religion in the hope of finding refuge and therapy. A longitudinal investigation exploring psychological distress among the migrants in Australia (Chou, 2006) suggested that refugees reported poor mental health as compare to those who move toward Australia for family reunion. Moreover, Post Traumatic Stress Disorder is reported in Palestinian adolescents (Qouta, Punamaki, Montgomery, & Sarraj, 2007), when they experienced stressful life events and military violence and also showed low cognitive and high chance of neuroticism in childhood. Studies of young adults (Bonanno, 2006) found that people exposed to trauma had radically elevated existence of any anxiety disorder which