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Emotional distress and the quality of life for teachers during the pandemic

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Abstract. This paper presents the synthesis of some investigations presented in literature, on the emotional distress and the quality of life of teachers during the pandemic, as well as the results of personal research, through which I set out to investigate the well-being of teachers and the outcome the pandemic had upon them. As many authors have shown, the pandemic is associated with many physical and mental states, having repercussions on the personality and lifestyle of teachers, turning their lives upside down. The effects of the Covid-19 pandemic are felt on every level of the teachers' personalities, such as: changes in the system of interests and values, manifest behaviors, degradation of the nature of the image, and self-esteem.

Keywords. Distress, emotions, quality, life, teachers, pandemic

1. Theoretical aspects regarding distress

The effects of various psychological forms of distress bring into context the old debates regarding the relationship between mind and body. Nowadays, scientists acknowledge that the mind and the body are in an interdependent relationship so that the psychological factors influence and are influenced by physical functioning. Psychologists who have studied the interrelationships between psychological factors and physical health are called health psychologists. The study of the relationship between mind and body leads us to examine the role of distress in both physical and mental functioning (Kessler & Ustun, 2008).

Maintaining good health, and life, in general, depends critically on maintaining our internal environment in the face of a constantly changing external environment. This is called homeostasis. Distress represents the effects of everything that seriously threatens our homeostasis. The real or perceived threat to an organism is called a stressor, and the response to the stressor is called distress. Although our responses to distress have evolved as adaptive processes, we can see that the reactions to severe and prolonged stress could lead to tissue damage and disease. Based on the assessment of perceived threats, humans and other animals invoke responses to these threats. Our central nervous system (CNS) tends to produce integrated coping responses rather than single, isolated response changes (Jorm, Windsor, Dear, Anstey, Christensen & Rodgers, 2005).

The existence of psychological distress has been acknowledged for thousands of years. In some writings, the workplace is seen as an important factor of psychological distress, making

the affected person become a deeply disturbed person, who loses interest in the things he previously liked, becomes withdrawn, self-injurious, and has sleeping disorders. Some authors claim that psychological distress occurs even in the writings of the ancient Egyptians, 4,000 years ago, writings that provide an extremely accurate picture of the pessimistic patient, who loses faith in others, the inability to complete his tasks every day, and even consider suicide. These historical descriptions are congruent with the phenomenon of psychological distress we know today (Kessler, Green, Gruber, Sampson, Bronet, Cuitan, Furukawa, Gureje, Hinkov, Hu, Lara, Less, Mneimneh, Myer, Browne, Posada-Villa, Sagar, Vianna & Zaslavsky, 2010).

Some authors define psychological distress as lack of enthusiasm, sleep problems, feeling blue-hearted, hopeless about the future, emotional instability, boredom, or low interest in most activities, and, in extreme cases, suicidal ideation. At the same time, psychological distress is defined as an emotional state that the individual feels when he is faced with stressful, potentially harmful situations or events. A physiological and emotional manifestation finds its counterpart in an unpleasant subjective state of depression and anxiety. Distress varies from mild to extreme, and extreme levels are considered a mental illness. At the same time, it is defined as a continuous experience of unhappiness, nervousness, irritability, and problematic interpersonal relationships (Zilber & Lerner, 2005).

2. Clinical aspects of the psychological distress

Psychological distress is widely used as an indicator of the mental health of the population, in the field of public health, in investigations regarding the population and epidemiological studies, and, as a result, in clinical trials and intervention studies. However, the concept of psychological distress is still vague for some people. Indeed, a closer look at the literature shows that the term "psychological distress" is often applied to undifferentiated combinations of symptoms ranging from depression and generalized anxiety symptoms to personality traits, functional disabilities, and behavioral problems (Ridner, 2004).

Psychological distress is largely defined as a state of emotional distress characterized by depressive symptoms (loss of interest, sadness, despair) and anxiety (restlessness, inability to relax, muscle tension). These symptoms may also be associated with somatic symptoms (insomnia, headache, lack of energy, stomach, and back pain), which vary from culture to culture. Additional criteria have been used in defining psychological distress, but these criteria do not agree. In particular, the authors of stress-distress models argue that the defining characteristics of stress are the exposure to a stressful event that threatens physical or mental health, the inability to cope effectively with these stresses, and the emotional disturbances that result from ineffective coping. The same authors argue that psychological distress disappears when stress disappears or when the individual copes effectively with this stress (Ridner, 2004).

The status of psychological distress in psychiatric nosology is ambiguous and has been widely debated in the scientific literature. On the one hand, distress is seen as an emotional disorder that can impact the social functioning and daily life of individuals. As such, it has been the subject of numerous studies seeking to identify the risk and protection factors associated with it. On the other hand, distress is a diagnostic criterion for some psychiatric disorders (obsessive-compulsive disorder, post-traumatic stress disorder) and, along with affecting daily life, is a marker of the servitude of symptoms in other disorders (major depression, generalized anxiety disorder). Thus, psychological distress is mostly a medical concern when it is accompanied by other symptoms that, when added, meet the diagnostic criteria for a psychiatric disorder. In the case of a contract, according to the stress-distress model, it is seen as a transient phenomenon consistent with a "normal" emotional reaction to a stressor. Horowitz (2007)

illustrates this point by citing several studies conducted among adolescents with high fluctuations in depressive symptoms in intervals of less than one month. He argues that this fluctuation reflects relatively short pain after a test failure, losing a sports match, or breaking up a friendship or couple relationship (Horwitz, 2007).

The transient nature of psychological distress was challenged by Wheaton (2007), who investigated the stability of psychological distress among adults based on seven longitudinal studies that lasted 1 to 10 years. He found that the psychological distress was moderately stable and argued that this finding contradicts the claim that distress is a transient phenomenon. However, he could not explain the role of personality in this relative stability of distress over time. On the other hand, neuroticism is associated with distress, and some argue that it may be partly a factor in chronic suffering (Wheaton, 2007).

Psychological distress is usually described as a non-specific mental health problem. However, according to Wheaton (2007), this lack of specificity should be qualified, because psychological distress is characterized by symptoms of depression and anxiety. The scales used to assess psychological distress, depression, and generalized anxiety disorder have several things in common. Thus, although psychological distress and these psychiatric disorders are distinct phenomena, they are not completely independent of each other. The relationship between distress and depression and, to a lesser extent, anxiety raises the question of whether psychological distress is on the way to depression if left untreated. Unfortunately, the course of psychological distress is largely unknown (Wheaton, 2007).

Finally, the definition of distress as a normal emotional reaction to a stressor raises the issue of delimiting "normality" in different populations and situations. Indeed, there has been widespread agreement that the individual and collective experience of the disease is partially limited by cultural norms, and that although negative moods, such as feelings of sadness, depression, or irritability, tend to be universal, mental states can vary in intensity and form within societies. This cross-cultural variation is especially important for somatic symptoms. According to Kirmayer (1998), somatic symptoms are the most common expression of psychological distress worldwide, but the type of somatic symptoms associated with distress may vary by culture. For example, among the Chinese, emotions are related to certain organs and can cause damage to these organs; anger is associated with the liver and anxiety with the kidneys. Haitians tend to see depression as a rumor of a medical condition - usually malnutrition or anemia. Thus, somatization is related to mood disorders and is expressed by the feeling of emptiness, fatigue, low appetite. Similarly, in Arab culture, depression and somatization are closely linked and depressive symptoms are expressed in physiological symptoms, especially those involving the chest and abdomen. Given the cross-cultural variation of the distress expression, the cross-cultural validity of the scales used to assess psychological distress has been questioned.

3. Emotional distress and the quality of teachers' life during the pandemic

3.1. The quality of life – conceptual delimitations

The concept of quality of life has its origins in Western Europe, in the middle of the twentieth century, when an attempt was made to identify the correlation between the traditional material interests of society and the undeveloped needs, compared to the potential of society. The concept of quality of life conflicts with the excessive profits of monopolies and the reckless accumulation of profit. Sustainable development also refers to the quality of life. Thus, the purpose of this concept is to reduce poverty, set significant living standards, meet the basic

needs of the individual, stimulate economic growth and political development and avoid damage to human resources (Ruzevicius, 2012).

Attempts to answer quality of life questions are also found in ancient myths, religion, and philosophy. The ancient Greek philosophers were looking for the meaning of life and the direction in life that could contribute to a higher standard of living. The concept of the "good life" is analyzed in the works of Plato and Aristotle, but their theories are different. The greatest value for Plato was contemplation, which excelled human feelings. But Aristotle's opinion was different; he believed that life without feelings is useless. Modern concepts of health are based on the views of these two philosophers; Plato believed that health is not the absence of disease, but absolute physical, psychological and social well-being. Other modern theories claim that risk and stress are natural parts of life, in fact, it is reminiscent of Aristotle's concept of "good living" (Ruzevicius, 2012).

The concept of "quality of life" was first used by Pigou in his book on economic prosperity in 1920. There was no reaction in this regard and the concept was ignored until the end of World War II.

At that time, the World Health Organization (WHO) expanded the definition of health and included the concepts of physical, psychological, and social well-being. WHO defines the quality of life as a cultural and value system, individual, aligned, and goal-oriented, through which a person lives, in relation to his goals, hopes, living standards, and interests. This is a detailed concept that includes the physical and psychological health of individuals, their degree of independence, their social ties, and how they relate to the environment.

Quality of life is an area of study that has attracted increasing interest. Conceptual models of quality of life and tools for measurement, research, and evaluation have been developed since the middle of the last century. Greek philosophers, however, sought the meaning of life, which could help people to reach a higher level of existence. In the last century, the quality of life has been determined as material well-being or wealth. Subsequently, changes in perceptions of the meaning of life and values have influenced the conception of quality of life and thus all factors have changed. The quality of life must therefore include all the elements.

Currently, the most widely used definition of quality of life is given by the WHO: „the perceptions of an individual, on his position in life, in the cultural context and of the value system in which he lives and in relation to his objectives, expectations, standards, and concerns. It is a broad concept, which can be affected in a complex way by physical health, psychological state, level of independence, social relationships and their relationship with relevant environmental characteristics " (WHO, 1995).

Veenhoven (2000) distinguished between the opportunities (chances) for a better life and the good life itself (ie the results) and postulated four categories of quality of life:

- Environmental viability - chances of environment or social capital;
- The life capacity of the individual - personal abilities or psychological capital;
- External utility of life - a good life must have a purpose other than life itself or higher values;
- The inner appreciation of life - the inner results of life, the perceived quality of life.

And they are in continuous interaction, each of them has effects on the others. For example, maintaining independence and civic spirit can promote feelings of emotional well-being, but they depend on maintaining good health and an adequate material (financial) level (Veenhoven, 2000).

Thus, the quality of life is a multidimensional concept, and its parts affect each other. It is also a dynamic concept, which presents additional challenges when we want to measure it.

It is made up of both positive and negative experiences, and life values and self-assessments can change over time in response to life events and experiences (Veenhoven, 2000).

3.2. Psychological distress and well-being among teachers

Mental health is considered a broad topic of study because it is related to a set of activities designed to make people take control of their health and improve their lifestyles. Mental health is rooted in the concept of quality of life, which is the general state of well-being in the workplace, which can be measured in terms of quality indicators, which can be assessed by various indicators, such as high psychological well-being, low psychological distress, high organizational commitment and high work-life balance. Thus, mental health is an important asset in psychology (Walsh, 2001).

An academic career, which was once seen as safe and with a high social status in a permanent work environment, with opportunities for job satisfaction and autonomy, is changing drastically nowadays. The increase in the number of students and the increasing emphasis on high-quality research and education, which are linked to the constraints of economic pressure, are affecting the level of demand for jobs for teachers. All of these changes negatively affect the level of mental health in academia.

Gillespie, Walsh, Winsefields, Dua, and Stough (2001) state that university staff plays a vital role in creating and developing knowledge and innovation; as well as in the education and training of the whole society. Thus, it is important for the government and university managers to find ways to protect their professors and other staff members in the face of increased levels of stress due to rising requirements. As an example of this growing demand in academia, we can highlight the huge demand for high-quality journals to support their careers and support post-graduate programs. To do this, teachers often need to undertake technical activities to submit research projects, conduct research, and elaborate reports to obtain suitable materials for publication (Gillespie, Walsh, Winsefields, Dua, and Stough, 2001).

On this topic, many studies focus on the "public or perish" dilemma. To publish, professors often need work and need to dedicate themselves to their own research and research for the undergraduate, master's, or doctoral courses they teach. All these pressures lead to an increase in the level of stress at work, an imbalance between professional and personal life, mood disorders, various physical and emotional health problems, and health problems in general (Carlson, 2007).

Some studies that consider indicators of professional quality of life among professionals have explored mental health indicators but have not addressed the components of each indicator. In addition, according to much research and knowledge in literature, very little is known about teachers' mental health (Walsh, 2001).

Gillespie (2001) argues that it is important for universities to manage and protect their staff in the face of rising stress levels to maintain the staff's well-being, organizational performance, and the intellectual health of a nation. However, this environment is becoming more and more stressful and is increasing the problems of employee health, well-being, satisfaction, and motivation. It is also relevant to stipulate that mental health may be affected by stressors such as workload, work-related stress, poor quality of relationships, or poor sense of control at work and extended work schedule. Therefore, mental health can affect the balance between personal and professional life (Gillespie, 2001).

The Ottawa Charter of the World Health Organization (1986) defines the promotion of mental health as a set of activities designed to enable people to take care of their health and improve it. Indeed, mental health is not simply the absence of mental disorders, but a state of

well-being in which each person realizes his or her potential normally deals with life's difficulties works successfully and productively and can contribute to the community (WHO, 2007).

The sense of dignity and self-realization, presented by Ketchum and Trist (1992), can be associated with the concept of psychological well-being. The main components of psychological well-being are a sense of self-worth, self-esteem, and a sense of balance. Moreover, Masse (1998) demonstrated that psychological well-being and psychological distress are different but complementary states of mental health.

Veit and Ware (1983) pointed out that mental health has two facets: psychological distress and psychological well-being. Anger, or irritability, anxiety, and exhaustion are typical states of psychological distress, as well as a tendency to devalue and a penchant for isolation, not engaging in activities with others. Experiencing these symptoms for two weeks can be a sign of danger. However, when the individual does not feel these symptoms it does not mean that he is feeling well. On the other hand, psychological well-being is often associated with happiness: a sense of balance and vitality, accompanied by a sense of self-worth is the most important characteristic. To all this, we can add a sense of mastery and self-efficacy, a search for new relationships, and the need to get involved in projects with others (Veit & Ware, 1983).

According to Masse (1998), it is impossible to prevent psychological distress without stimulating psychological well-being. This is important and a distinction needs to be made, especially as more and more employers are emphasizing mental health promotion programs. In this field, Masse (1998) conducted research to identify whether psychological distress and subjective well-being are opposite poles of the same mental health axis or are independent constructs that should be measured on two independent axes. He produced two scales: a psychological distress manifestation scale (PDMS) based on 23 items and 4 factors (anxiety/depression, irritability, self-depreciation, and social disengagement) and a psychological well-being manifestation scale (PWBMS) with 25 items and six factors (self-esteem, social involvement, mental balance, self-control and events, sociability and happiness). Structural equation modeling analyzes confirm that these ten factors can be seen as components of two correlated dimensions (distress and well-being) of a two-dimensional latent construct, which reflects a higher-order concept of mental health. They conclude that the assessment of the mental health of the general population should use concomitant measures of psychological distress and psychological well-being (Masse, 1998).

According to Veit and Ware (1983), mental health can be assessed by assessing five different components: anxiety, depression, loss of control, overall positive affect, and emotional connection. The first three components measure the level of psychological distress and the last two measure the level of psychological well-being.

4. Research methodology

4.1. Research goal

The research aims to study the effects of emotional distress and change the quality of life of teachers during the Covid-19 pandemic, which was intended to:

a) identification of valid psychological tools to assess the distress and quality of life of teachers;

b) administering the tools to a group of teachers, to see how significant the differences between ages are in terms of quality of life and emotional distress;

c) observing the consequences that the pandemic distress had on the quality of life of teachers.

4.2. Research hypotheses

Starting from the observations made in the literature, we arrived at the following hypotheses:

1. *It is assumed that there is a link between emotional distress and the quality of life in teachers.*
2. *It is assumed that there are significant differences in emotional distress, depending on age.*
3. *It is assumed that there are significant differences in quality of life according to age.*

4.3. Description of the participant group

During the two tests performed on the same sample, there were no people to withdraw.

The nature of the problem determined the type of participants, so we tested the quality of life and the profile of emotional distress on a group of 30 teachers, all from urban areas, from the city of Ploiești, from the Ion Luca Caragiale National College.

The 30 teachers are between 27 and 60 years old, with different marital statuses and long-term jobs.

4.4. Tools used for data collection

We collected two questionnaires to collect data on quality of life and emotional distress:

- PDE emotional distress profile - the version adapted for the Romanian population by David Opreș & Bianca Macavei, 2007
- Quality of Life Inventory QOLI - this questionnaire was adapted by Raluca Livești, 2014, according to the manual and treatment guide prepared by Michael B. Frisch, Ph.D., 1992

5. Research results and their interpretation

6. *Hypothesis 1. It is assumed that there is a link between emotional distress and the quality of life in teachers.*

Table 1. The correlation between the quality of life and emotional distress

		QOLI	PDE_total
QOLI	Pearson Correlation	1	.803**
	Sig. (2-tailed)		.000
	N	30	30
PDE_total	Pearson Correlation	.803**	1
	Sig. (2-tailed)	.000	
	N	30	30

** . Correlation is significant at the 0.01 level (2-tailed).

The analysis of the correlation table showed a statistically significant coefficient = 0.803 at a significance threshold = 0.000, which means that the hypothesis is asserted.

The hypothesis is confirmed, which means that there is a significant correlation between the scores obtained on the PDE scale and the scores obtained on the QOLI scale.

Hypothesis 2. *It is assumed that there are significant differences in emotional distress, depending on age.*

Table 2. Statistical indicators

Report						
PDE_total						
VARSTA	Mean	N	Std. Deviation	Median	Kurtosis	Skewness
27-44	46.77	13	6.300	47.00	-1.420	.502
45-60	92.76	17	20.404	98.00	-1.030	-.579
Total	72.83	30	27.991	59.00	-1.550	.332

If we look at the table, we can see that there are significant differences according to age in terms of emotional distress.

For better data analysis, we used the T-test for a single sample.

Table 3. Test t

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
PDE_total	Equal variances assumed	17.670	.000	-7.819	28	.000	-45.995	5.882	-58.045	-33.946
	Equal variances not assumed			-8.764	19.827	.000	-45.995	5.248	-56.949	-35.042

The analysis of the table shows that there is a statistically insignificant difference, with $p < 0.05$, in terms of differences depending on age, depending on emotional distress.

Table 4. Statistical indicators

		Report			
VARSTA		Tristete. funcionala	Tristete. disfuncionala	Frica. funcionala	Frica. disfuncionala
27-44	Mean	9.69	10.15	16.69	10.23
	N	13	13	13	13
	Std. Deviation	1.494	2.075	2.594	1.922
	Median	9.00	9.00	19.00	10.00
	Kurtosis	-1.399	-1.746	-2.364	.061
	Skewness	.446	.486	-.175	-.053
45-60	Mean	21.88	28.29	22.12	20.47
	N	17	17	17	17
	Std. Deviation	5.183	6.603	3.919	6.453
	Median	23.00	29.00	23.00	25.00
	Kurtosis	-1.681	-1.152	-.654	-1.179
	Skewness	-.067	-.261	-.079	-.526
Total	Mean	16.60	20.43	19.77	16.03
	N	30	30	30	30
	Std. Deviation	7.314	10.461	4.329	7.151
	Median	15.00	18.00	19.00	13.00
	Kurtosis	-1.336	-1.499	-.623	-1.371
	Skewness	.412	.257	.334	.509

Hypothesis 3. *It is assumed that there are significant differences in quality of life according to age.*

Table 5. Statistical indicators

From the analysis of the table, we can see that there are significant differences according to age in terms of quality of life.

Younger teachers seem to have a better quality of life than older teachers.

For better data analysis, we used the T-test for a single sample.

Report						
QOLI						
VARSTA	Mean	N	Std. Deviation	Median	Kurtosis	Skewness
27-44	47.62	13	1.660	47.00	1.221	1.375
45-60	52.47	17	2.375	54.00	-.742	-.609
Total	50.37	30	3.200	51.00	-1.474	.150

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
QOLI	Equal variances assumed	5.262	.030	-6.279	28	.000	-4.855	.773	-6.439	-3.271
	Equal variances not assumed			-6.584	27.830	.000	-4.855	.737	-6.366	-3.344

Table 6. Test t.

According to the T-Test table, there is no significant difference in age in terms of quality of life.

Conclusions

Although the pandemic has long stopped socializing and physical encounters, individuals have been able to stay connected online.

Given this new way of life, imposed globally by a pandemic, has broken human ties, it can be seen that especially among teachers, there has been a change in their lifestyle.

Another noteworthy fact is that the Covid-19 pandemic has not only created a health crisis, but also a global economic recession, the effects of which have been particularly severe across the globe. The instability of teachers' jobs attracted attention even before the pandemic, and Covid-19 only contributed to the rapid pace of mass layoffs.

In this new context, it should be added that the teaching profession has brought extra stress due to excessive workload, interpersonal communication problems, inadequate training, and job insecurity.

Despite all the obstacles that stood in their way, the teachers knew how to manage their emotions, learned easily how to deal with the crisis, and showed involvement in the online environment, being with their pupils and students, just like before.

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