Chapter Five

CONCLUSIONS, IMPLICATIONS AND FUTURE DIRECTIONS

Conclusions

This section covers an integrative summary of the major findings found in the present study. The frequency of a broad range of traumatic stressors/experiences is an alarming fact in the population of Kashmir illustrated by the findings of the present study. The findings of the present study illustrate a clear connection between various traumatic events and high or low risk conditions. And on the basis of data analysis, the findings of the present study are as follows:

Kashmiri individuals living in low risk conditions scored significantly higher percentages on threat of firing, fear of crackdown or searching operations, and sexual assault and rape traumatic stressors, whereas Kashmiri individuals living in high risk conditions scored significantly higher percentages on anger, hostility and aggressive behaviour of administration, threat to life, unexpected death of a close family member during encounter and disintegration/breaking of the family traumatic stressors than the comparison groups.

Males living in low risk conditions have scored significantly higher percentages than the females living in low risk conditions on the following traumatic stress: anger, hostility and aggressive behaviour of administration, bomb blast near to my house, threat to life,
survived by chance, torture of a family member in the prison, detention in jail of a close family member, dissociation from the family members, and detention in jail of oneself.

Female subjects living in high risk conditions scored significantly higher than the female subjects living in low risk conditions on anger, hostility and aggressive behaviour of administration, threat of life, unexpected death of a close family member during encounter, disintegration / breaking of the family, and detention in jail of oneself traumatic stressors.

Kashmiri individuals living in high risk conditions have significantly adopted I go for a walk or short trips, and I smoke cigarettes or tobacco coping styles, whereas the Kashmiri individuals living in low risk conditions used significantly higher on I engage in watching T.V., and I engage myself in some other activities like dancing or listening to music as the coping styles to cope with traumatic stressors.

Males living in high risk conditions as compared to females living in high risk conditions used significantly more the following coping styles: I go for a walk or short trips and I imitate the action of others who have had the same experience.

Significant differences were found to exist between the males living in low risk conditions and females living in low risk conditions on the following coping styles: I often think that help would come from
God, I often think about the positive aspects of the situation I learn new skills to tackle the problem more effectively, I have been trying to cope with the situation through prayers and spiritual beliefs, I go for a walk or short trips, I prefer to live alone and engage in self-talking, I cut down my other responsibilities when the threatening situation arises, I cry, I blame myself and feel guilty about the situation that has happened, and I smoke cigarettes or tobacco.

Significant differences were found to exist between males living in high risk conditions and males living in low risk conditions on I learn new skills to tackle the problem more effectively and I engage in some creative activities like writing, reading, drawing etc. coping styles.

Females living in high risk conditions scored significantly higher percentages than the females living in low risk conditions on I smoke cigarettes or tobacco and I take tranquilizers coping styles.

Implications

The present study has been conducted to explore traumatic stress and coping styles among people of Kashmir living in high and low risk conditions. Traumatic stressors and coping styles have been identified to know what type of traumatic stress the people of Kashmir perceived or experienced and what coping styles they used to cope with traumatic stress. The present research will help researchers to understand or to get an insight regarding the subfields of stress i.e. traumatic stress and coping behaviour. The research will provide the
basis for identifying the traumatic stress among people exposed to high risk and also help people to adopt healthy coping styles. Also, the research will provide a blue print of Kashmiri people's lifestyles. It also enables researchers to understand the behaviour of target population very clearly and also they will be able to know which type of coping style is required for the target population.

Future Directions

Research studies that have been cited in chapter two provide an excellent sampling of where the field of traumatic stress is at present. I am also interested in where the field of traumatic stress will be, particularly in terms of (a) the impact of cultural and political factors on traumatic stress: (b) the prevalence and nature of traumatic events; (C) patterns of adjustment across time; (d) assessment techniques; and (e) intervention models and practices in the future.

(a) Cultural and Political Factors In most of the earlier studies, cultural and political factors involved in the field of traumatic stress are considered. In future studies it can be a struggle to examine the topic of trauma as a legitimate area of enquiry concerning war related trauma, torture victims, cultural attitude toward trauma victims. Terrorism-related trauma is viewed as an important contribution in facilitating a transition from a state of victimization (e.g., passiveness, hopelessness) to the state of survivorship (e.g., activeness, confidence).

(b) The Prevalence and Nature of Traumatic Events Various studies cited in chapter 2 relate well with the frequency of the following types
of traumatic events; war-related trauma, violent crime, natural and
technological disasters, accidental injury, and torture. Norris (1992)
reported that as many as one fifth of adults in the general population
may experience a traumatic event each year. Freedy and Donkervoet
(1995) reviewed a number of studies on the prevalence of traumatic
events based on large general population surveys. Based on these
surveys it was estimated that between 40% and 70% of adults have
experienced at least one traumatic event during their lives. Until very
recently the diagnostic nomenclature has under-estimated the frequency
of traumatic events (APA, 1987, 1994). In future studies traumatic
events should be considered in trying to ascertain factors that may play
an important role in determining individual adjustment well-being.

Understanding the prevalence of terrorism-related trauma in
societies or nations seem to be important in order to establish the
relationship between trauma and mental health problems. It is very likely
that a higher percentage of current mental health problems are
environmentally induced than any other factor. If this assertion is
correct, it implies that mental health professionals should focus more
on preventing and managing the environmental causes of human
suffering.

The quality of traumatic events is a crucial factor in
determining the degree to which a traumatic event may have a negative
mental health impact. Some combination of either objective (e.g.,
physical injury, death) or subjective (e.g., perception of threat to life,
perception of loss of control) dimensions of traumatic circumstances are believed to determine the risk for experiencing negative mental health outcomes. Clinical assessment should directly inquire about both the range of event types and the particular qualities of any events that have been experienced.

(c) Patterns of Adjustment Across Time  From the earlier studies it appears that many victims of trauma may experience acute adjustment difficulties following traumatic events. Such studies are particularly informative with regard to the issue of patterns of post-trauma adjustment across the course of time. Another important issue concerns the timing of traumatic events with regard to development level. It is generally assumed that the early onset of traumatic experiences and/or repeated exposure to traumatic events delays or distorts normal psychosocial development. Important psychological resources such as trust, self-esteem, optimism, hope, well-being or sustained motivation to achieve goals may be damaged as the result of traumatic experiences. A fuller understanding of the potential impact of traumatic experiences is needed when the developmental range of the trauma victim is considered. Further studies should focus on trauma victims in order to facilitate the further development of positive psychological states and health (e.g., trust, self-esteem, optimism).

(d) Assessment Techniques  The key issue which is involved with respect to the assessment of traumatic stressors/events is gathering and integrating appropriate sources of information concerning traumatic
stress. There is a need to develop standardized approach to assessment. Information can be gathered from a variety of sources such as personal interviews, record interviews, and psychological tests. The integration of these diverse sources of information can be helpful for the purposes of diagnosis and treatment planning. From this standpoint it is clear that the multidimensional assessment procedures are necessary to assess the particular types of trauma victims. Generally, a combination of interview and self-report techniques are recommended for this purpose. That is, the use of standardized procedures is recommended. Although the use of standardized assessment procedure that are specific to trauma population has advantages (e.g., brevity, standardization), some caution is warranted. Assessment should not be considered a simple task. Expert clinical judgement should be used in selecting, administering, scoring and interpreting assessment instruments. In future studies, attention should be paid to considering factors that might distort the accuracy of assessment findings (e.g., mental status, intellectual level).

(e) Intervention Models and Practices Clinical practice with trauma victims in Kashmir should occur within the context of an overall intervention plan. The intervention should consider both the level (i.e., individual versus systems level), the timings (i.e., prevention efforts that are primary, secondary, or tertiary in nature) of intervention efforts and the situations/areas (i.e., high and low risk). Psychotherapy and medications are the appropriate methods utilized by the interventionists in most clinical work. In the case of Kashmiri population, other
intervention possibilities include: community development (e.g., helping community members to build their own strengths or resources), or general education (e.g., crime prevention messages, prevention of traumatic events, shelter to terrorists), management of chronic symptomatology and rehabilitation counselling to manage intense affect and troubling thought processes, and to enhance internal resource (e.g., self-esteem) and external resources (e.g., social support).

As regards to the coping with traumatic stress, Kashmiri people living in high and low risk conditions should adopt a more satisfactory or healthy life style and should develop a broader social support system. These appear to be excellent and realistic coping styles for all traumatic stress victims.