Chapter One

INTRODUCTION

The war for the establishment of the independent India was regarded as the final struggle and the ultimate victory for freedom. Indian history is centered around the effort to gain freedom from the political bondage. Despite many hurdles, freedom has won battles. Many died in those battles in the conviction that to die in the struggle against operation of British rules was better than to live without freedom. Such a death was the utmost assertion of their individuality. History seemed to be proving that it was possible for Mahatma Gandhi to govern himself, to make decisions for himself and to think and feel as he saw it. The full expression of Indian people's potentialities seemed to be the goal towards the establishment of the democratic society. Gandhiji's individualism in personal life give expression to the longing for freedom.

For more than one decade, India is facing threat to the democracy. This is due to the interference of other countries as well as the existence within our own personal attitudes and within our own institutions of conditions which have given authority, discipline and dependence upon the leaders in foreign countries. The battlefield in Jammu and Kashmir state exists not only in terms of socio-cultural context but also lies within ourselves. That is, the whole population is the will-less object of betrayal and terror.
TO ALMIGHTY
If we want to fight terrorism prevailing in the state, we must understand it. Wishful thinking will not help us. And formulating formulae for negotiations or agreement will prove to be as inadequate and useless as the rituals of different regions of Jammu and Kashmir exhibited in their culture and traditions. In addition the problem of economic and socio-cultural conditions which have given rise to terrorism, there is the human behaviour of the people of Kashmir which needs to be understood. It is the purpose of this study to identify traumatic stress and coping styles in the people of Kashmir living in high and low risk conditions.

Traumatic stress and coping styles are the two psychological variables which are considered to be more important for the present investigation in the case of analysing and understanding the behaviour of the people of Kashmir. Besides the question of what kinds of traumatic stress occur among individuals living in high and low risk conditions, the most important question that needs to be answered is: what are the coping styles individuals adopt to cope with traumatic stress?

**Traumatic stress**

The first variable which we have studied here is the traumatic stress. There are certain traumatic stresses which are experienced by individuals in various conditions or situations. An individual experiences traumatic stress as a reaction to certain life conditions. Some of the traumatic stress like violent crimes, death of a close one and atrocities are not flexible in nature, for once they have become part
of an individual's behaviour, they do not easily disappear or change into some other forms. Generally speaking, traumatic stress are unfavourable to the growth and development.

Although traumatic stress is not a clearly defined area it has tended to include stressful events and circumstances that are both extreme and outside of the realm of everyday experiences. Stressors are best seen as a line on a continuaum ranging from minor or everyday stressors to major stressors. Extreme stressors are those events and circumstances that because of their objective nature place massive demands on individual abilities to maintain psychological wellness, behavioural and cognitive functioning and physical integrity (American Psychiatric Association, 1987, 1994). Norris (1990) referred to traumatic stress as the population of the events involving "violent encounters with nature, technology or human kind".

Individuals are unlikely to be confronted with traumatic stress on any given day. However traumatic stressors occur more than one might think. Violent crime (sexual assault & physical assault), being held captive (arrest), killing of civilians are the frequent source of traumatic stress in Jammu and Kashmir. In addition to the direct victims of these events, emergency service workers such as people, fire fighters, and emergency medical teams are repeatedly exposed to accidents, killings, bomb blasts, grenade attacks, mine blasts, suicide squads. Individuals who are exposed to such type of traumatic events witness the horrible realities and live with the memories that accompany and follow these events.
Trauma has a far wider context and consequences on the individual and society. An individual's trauma involves a number of significant factors which can be considered as multidimensional and integrative in the context of social system. Among these are the physical, intrapsychic, the interpersonal, familial, social, communal, the educational-professional, occupational and the material, economic, political, national, and international. These systems coexist dynamically along the time dimension to create continuous conception of life from past through present to the future. Ideally the individual should simultaneously have free psychological access to the movement within all these dimensions.

In Kashmir, victimization leads to traumatic events and ruptures in the lives of people of Kashmir. Society has changed with the time, duration, extent, and meaning of the trauma for its victims and survivors; and the coping strategies they have used to adopt to it all depends upon the degree of victimization and rupture, the disorganization and severity of the choice of interventions. Tracing the history of multiple trauma along the time dimension at different stages of development reveals that in the case of traumatized people of Kashmir time does not heal but rather magnifies the response to further trauma. Thus, the present investigator feels that there is a need to examine the traumatic experiences, and coping styles in the people of Kashmir exposed to high and low risk conditions.
Victims of traumatic stress live in specific surroundings or situations in specifying societies, the characteristics of specific circumstances in Kashmir determine the intensity and severity of the consequences of extreme life events such as terrorism and violence. The occurrence of the traumatic events occur due to diverse situations such as political repression and military atrocities which create intense feelings of alienation, hopelessness and despair among people of Kashmir.

**Trauma : Historical Antecedents and Conceptual Issues**

Since the introduction of the concept of posttraumatic disorder in 1980 by the third edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-III, American Psychiatric Association, 1980), trauma has become a very popular concept for studying in various disciplines such as psychology, psychiatry and the social sciences. In recent years it is gaining popularity and is growing rapidly. The inclusion of this diagnostic concept in psychiatric and psychological nomenclature has played a central role in focussing society's concern on the impact of trauma. Previously, there was a tendency to underestimate the role of trauma and to use individual vulnerability as the reason for people's suffering. This meant that the victims suffering was dismissed and stigmatized. However, careful examination of the literature suggests the traumatic events do not have a uniquely powerful relationship to the onset of subsequent symptomatology.
At the end of the 19th century, Hermann Oppenheim introduced the concept of traumatic neurosis. Pierre Janet, Joseph Breur, and Sigmund Freud examined the traumatic nature of the disturbance of hysteria. The term trauma became established in the scientific vocabulary, but gradually, the interest in phenomena related to the impact of violence, abuse and other extreme events moved to the background. Nevertheless, it appeared again in the literature, after world war I and II and after other dramatic catastrophes and calamities. The current concern developed as a result of the aftermath of the interference of the United States in Vietnam, the increasing attention to victims of urban violence and the need to help abused women and children. This interest has acquired a central place in the scientific study of trauma and researches have focused on events, situations and circumstances aspects.

There are a number of problems or serious life conditions that seem to be associated with trauma. They are: 'individual with powerlessness', 'disruption', and 'death as in acts of violence', 'natural disasters', 'combat', 'human rights violations', and 'the sudden loss of loved ones'. The origin of the individual problems is formed in an external factor, something problems is formed in an external factor, something outside the person. Currently, clinicians and researchers have shifted form the traditional approach i.e. studies based on personality and other interpersonal factors, to something outside the person.
There has been a substantial and growing interest in the topic of traumatic stress over the past century. A variety of military and civilian sources of trauma have been studied. The impact of war conditions upon civilians-concentration camp survivors, relatives of combatants, civilians living in war torn regions was studied (Hobfoll and London, 1986; Hobfoll, Lomranz, Eyal, Bridges, Tzemach, 1989; Lomranz, Hobfoll, Johnson, Eyal & Tzemach, 1994; Solomon, 1988). Violent crime (e.g., sexual assault, physical assault) has also become a major area of inquiry (Kilpatrick, Best, Veronen, Amick, Villeponteaux, Ruff, 1985, Kilpatrick & Resnick, 1993). A recent review of the research focused on traumatic events such as natural disasters (Freedy, Kilpatrick, & Resnick, 1993; Gibbs, 1989; Rubonis & Bickman 1991), disasters caused by technological failures (Baum, 1987; Butcher, & Hatcher, 1988; Jacobs, Quevillon, & Strichetz, 1990; Green, Lindy, Grace, Gleser, Leonard, Karol, & Winget, 1990; Williams, Solomon, Bartone, 1988), accidental injury (Kuch, Swinson, & Kirby, 1985; Scotti, Beach, Northrop, Rode, & Forisyth, 1995), refugee status (Burkle, 1983; Eisenbruch, 1991; Kinzie, 1989; Kinzie, Sach, Angell, Clark, & Ben, 1989), and torture (Vesti & Kastrup, 1992). This review noted a gradual, but steady, upward trend in the number of articles published on the subject. Their findings indicate that theoretical and empirical work regarding traumatic stress stemming from either war or violent crime (e.g. sexual abuse or rape) were most common.
Conceptual Models

Researchers in the field of traumatic stress offered a number of models.

Psychological Models

Two psychological explanations for the development of mental health problems following traumatic events have been forwarded. The first explanation is based upon learning theory principles. The second explanation focusses on the relevance of cognition and perception in the development of mental health difficulties.

A learning theory explanation for the development of anxiety has been proposed with regard to combat trauma (Keane, Zimering, & Caddell, 1985) and crime related trauma (Kilpatrick, Veronen, & Resick, 1979). The explanations are based upon principles of Mowrer's (1960) two-factor theory. From this point of view fear is considered classically conditioned (first-factor). The second factor concerns instrumental avoidance behaviour. Trauma victims may avoid certain cues in order to minimize experiencing overwhelming memories.

Learning theory model provides an adequate explanation for the etiology of a subset of PTSD symptoms. There are a number of symptoms, namely, the development of certain arousal symptoms (e.g., exaggerated startle response) and avoidance symptoms (e.g., avoidance of thoughts and feelings related to the trauma) which are addressed within the learning theory framework (APA, 1994). However,
the development and maintenance of re-experiencing symptoms are not addressed by a learning theory approach. In particular the problem of re-experiencing symptoms of PTSD (e.g., recurrent and distressing memories of the trauma, recurrent distressing dreams) is not addressed by learning theory. The development and maintenance of intrusive cognitive symptoms require a theoretical explanation that extends beyond principles of classical and operant conditioning (Foa & Kozak, 1986; Foa, Steketee, & Olasov-Rothbaum, 1989).

An early cognitive processing model has been suggested by Horowitz (1986). He proposed that memory processes contain a motivational component. He noted that humans seek to understand the meaning of various life experiences. Thus, images of an event are held in "active memory" as the individual seeks to determine the personal relevance of an experience. In the case of life threatening trauma, the individual's basic biological and emotional existence are threatened. This state of affairs presents huge challenges to typical patterns of thinking (i.e. Psychological defences about the self and the world). From this perspective, repetitive recollections of traumatic memories alternating with avoidance behaviour and feelings of numbness represent an effort to integrate traumatic memories into an acceptable view of the self (e.g., worthwhile, competent) and the world (e.g., Controllable, predictable).

A number of cognitive processing models have been proposed to explain the phenomenon of mental health problems. Foa and others
(1989) proposed a "fear-based memory network develops following trauma and contains information regarding trauma-related stimuli, responses to the trauma (thoughts, feelings, behaviour), and the meaning of trauma stimuli and subsequent responses. PTSD is proposed as developing when previously safe situations or people are associated with extreme danger during the trauma. Reexperiencing phenomenon (e.g., memories, nightmares) reflect the inability to activate the fear network long enough to modify elements of the memory. Activation of the memory network and incorporation of accurate information regarding trauma (e.g., no one deserves to be raped) are made difficult by the naturally occurring avoidance of thinking about or discussing the trauma. For modification of the fear structure to occur, the memory must be activated and new information incompatible with the perception of pervasive and chronic danger must be integrated. Cognitive-behavioural psychotherapy may be required to help the trauma victim accomplish this goal.

An additional information-processing approach was proposed by Resick and is derived from the work of McCann and her colleagues (McCann & Pearlman, 1990; McCann, Sakheim, & Abrahamson, 1988; Resick & Schnicke, 1993). This approach suggests that traumatic experiences confront the victim with information that is highly discrepant from typical beliefs (cognitive schema) about the self and the world. Typical schema include issues such as safety, trust, power, esteem intimacy, hope, causality, and control. This viewpoint suggests that suffering in the aftermath of traumatic events largely involves
wrestling with the meaning of the event in terms of issues defined by existing beliefs. The meaning attributed to the trauma and one's role in the trauma will largely determine the course of adjustment (positive or negative) in the aftermath of the traumatic event. This approach broadens other information-processing viewpoints by identifying a range of schemata (i.e., beyond beliefs concerning safety) that can be challenged by traumatic experiences.

**Biological Models**

Biological aspects of human responses to trauma have been examined by various researchers in the field (Blanchard, Kolb, Gerardi, Ryan, & Pallmeyer, 1986; Blanchard, Kolb, Pallmeyer, & Gerardi, 1982; Pallmeyer, Blanchard, & Kolb, 1986; Pitman, Orr, Forgue, Altman, de Jong; & Hertz, 1990). These researchers acknowledge that biological factors are one of the several important factors influencing the nature and course of post-trauma adjustment.

Studies of animals provide a model for understanding biological factors underlying post-trauma adaptations in humans e.g., it has been suggested that the inability to escape shock may lead to identifiable biological changes. Animals exposed to inescapable shock demonstrate a transient depletion of certain neurotransmitters (e.g., norepinephrine, epinephrine, and dopamine). The depletion of these neurotransmitters has been shown to produce symptoms that appear to parallel the negative symptoms of PTSD in humans: these symptoms include the constriction of affect, social withdrawal, and a decrease in
goal-oriented behaviour (van der Kolk, Greenberg, Boyd, & Krystal, 1985).

On the basis of the results of animal studies of inescapable shock, Kolb (1988) has proposed a conditioned emotional response (CER) model. This model suggests that prolonged exposure to a painful, inescapable threat may produce an alteration in the neurological structures within the brain, particularly within the limbic system. According to the CER model, traumatic events may lead to an excessive stimulation of particular areas within the limbic system, particularly the locus coeruleus. The neurons of the locus coeruleus are activated by external threatening stimuli; and when stimulated, the organism displays behaviours typifying fear and alarm. The pairing of non-threatening with threatening stimuli may lead to an over-activation of the locus coeruleus producing fear behaviour in response to otherwise neutral stimuli. Over-time, this prolonged stimulation leads to a generalised hyperactivity of the locus coeruleus and the resulting conditioned alarm state that characterizes PTSD.

To date, research on human subjects has primarily focussed on the role of the autonomic nervous system in post-trauma adjustment. Several studies have demonstrated that combat veterans with PTSD have significantly higher resting heart rates and systolic blood pressures than do comparison groups (Blanchard et al., 1982; 1986). In addition combat veterans with PTSD show reliable patterns of physiological reactivity when exposed to combat-relevant cues (visual and auditory combat-
related stimuli such as slides of battle scenes or audio-tapes of combat) in comparison to non PTSD veterans, generalised anxiety disorder patients, and normal subjects (Pallmeyer et al., 1986; Pitman et al., 1990). These findings suggest that the autonomic nervous system plays a key role in post-trauma adaptation. However, it is not clear whether autonomic elevations and reactivity precede the development of PTSD. It is possible that autonomic elevations and reactivity represent a consequence of trauma exposure.

Barlow (1988), Jones and Barlow (1990), have proposed that post-trauma adaptation may be related to an inherited biological predisposition to experience anxiety. This model suggests that people may inherit an autonomic nervous system with two characteristics: (1) a high resting rate (e.g. heart rate, blood pressure and (2) a high rate of reactivity to threatening stimuli. It is proposed that this biological vulnerability in combination with an intense and/or prolonged stressor may result in debilitating levels of anxiety. This model suggests that stressor may be either environment (e.g., a serious car accident) or internal (e.g. thoughts about environmental threats or internal sensations). This model also suggests that certain individual factors (e.g., social support, coping responses) may raise or lower the probability of a stressor combining with the inherited biological vulnerability to produce debilitating anxiety. At present, this biological vulnerability model is speculative as it lacks firm empirical validation.
Integrative Models

The models relating to the etiology of PTSD tended to focus on the role of single factors (e.g., conditioned anxiety, cognitive processes, biological vulnerability) in determining adjustment. The merit of such approaches lies in their potential for clear explanatory power. In essence, integrative models attempt to integrate the potential importance of a variety of psychological, social, and biological factors in the etiology and maintenance of PTSD.

Foy and his colleagues (1993) proposed an integrative model concerning to the PTSD etiology and maintenance. It has been proposed that trauma exposure may lead to conditioned emotional reactions that become either acute or chronic PTSD. The model proposes three routes by which the conditioning of post-trauma anxiety may occur: (1) direct personal experience (e.g., being rapid), (2) observation (e.g., witnessing death or severe injury); or (3) vicarious experience (e.g., learning of harm to other person).

The Foy model also proposes that other factors may mediate between trauma exposure and the conditioning of acute or chronic PTSD symptoms (Foy, Osato, Houskamp, & Neumann, 1993). These psychological, social and biological factors are referred to as risk factors when their presence increases the probability of PTSD developing. Alternatively, these factors are termed resilience factors when their presence decreases the probability of PTSD emerging. The model suggests that it is an empirical matter to determine the existence
of risk or resilience factors in PTSD development and maintenance of PTSD. The emphasis upon the empirical validation of proposed etiology mechanisms is an appealing feature of the Foy model. In addition, the explicit recognition of the potential importance of psychological, social and biological factors in the etiology and maintenance of PTSD is useful. The future advancement in conceptual understanding of the PTSD will rely on models that attempt to integrate psychological, social and biological mechanisms.

**Ecological Model**

The Conservation of Resources (COR) theory provides an ecological model that may have the advantage of being grounded in the more general stress theory, while at the same time showing promise in understanding the critical function of resource loss in traumatic stress. By focusing on the full array of people's resources, attention is extended beyond an individual's psychology. Instead, COR theory's resource emphasis highlights the need to understand the individual in an ecological context, owning many personal resources, sharing some social resources, and having possible access to the resources of the larger system.

The model highlights that resources may be lost on various ecological levels, ranging from the individual and family to the organization and community. A number of predictions follow from the model.
Prediction 1: The closer the loss is to the individual and family level, the more powerful the impact of loss will be. Hobfoll, London, and Orr (1988) found that surviving soldiers' combat losses were still psychologically and functionally debilitating to them when after their female loved ones had recovered from the threat of loss that the women experienced while their male loved ones were at war. For the soldier, then the loss was final.

Prediction 2: Loss at the higher level of ecology inhibits successful coping at the lower levels, for example, Zafrir (1982) described the use of community level resources to aid families and individuals stricken in a terrorist attack. This attack involved two buses being attacked, with the result that 16 passengers were killed and 24 wounded. The authorities coordinated efforts to provide a full range of assistance to the victims and their families (eg., providing information quickly and sensitively, providing assistance with the grief process).

Prediction 3: "Border resources are defined as resources that join the different levels" for example, the individual's willingness to seek help is a resource that we can depict as laying on the border between individual or family resources and organizational or community resources. Resources that interface or connect different levels of resources are necessary to support optional functioning. Another border resource is having a large social network that consists of both family and colleagues, hence being a resource between family resources and organizational resources. Hence, prediction 3 is that loss of support at
one level (e.g., organisational level) may be compensated for in part, by support resources at the other level (e.g., family level). Loss at both levels of support would have the most severe impact on well-being.

Prediction 4: Prediction 3 leads to prediction 4. Specifically as more border resources are lost, the ability of the lower level entity benefit from the higher level entity is lost. This occurs because the 'connective tissue' between the various levels is necessary for cross border resource utilization rather than being interconnected, marked border loss results in a dissociation of the individual from the family, the family from the organization, or the organization from the community. This isolation of available resources increase vulnerability to ongoing levels of loss and associated psychological distress. The aforementioned situation may result following exposure to particularly chronic forms of traumatic stress (e.g., domestic violence, community violence, violence within the schools).

The ecological model based on conservation of resources theory adds the insight that enabling resources (sense of mastery and social support) can be targeted. The ecological adaptation of COR theory further suggests that border resources will be critical. The framework further illustrates how COR theory also differs from other stress theories in its emphasis on objective stressors and its relative minimization of the importance of perceptions. This is not to say that perceptions are not one component of the trauma experience but that their place has been over emphasized relative to objective events and
the objective resources of individuals. It is not that one perceives trauma to be threatening; rather it is threatening. Likewise, imagined resources (e.g., a false sense of self-esteem perceived but with little real depth or strength) will be quickly vanquished in the face of traumatic stress experiences. Traumatic stress research and practice have tended to be descriptive, observational and reactive; COR theory might provide one framework for promoting a more apriori approach to the conceptualization of the traumatic experience, providing a guide for clinicians, service delivery managers, researchers and policy makers.

**Conservation of Resources (COR) Theory**

The COR theory has been developed as a general stress theory that helps to explain why certain circumstances are stressful and the process of people's reactions to stressful circumstances (Hobfoll, 1988, 1989; Hobfoll & Lily, 1993). As a general theory of stress, it can help us understand both the similarities and differences inherent in traumatic stress as compared to major stressors, everyday stressors and minor hassles. The COR theory is based on the premise that individuals strive to obtain, retain, and protect their resources. Resources are defined as those things that are highly valued by individuals or that serve as a means of obtaining those things that are highly valued. Hobfoll, Dunahoo and Monnier (1994) have suggested four major kinds of resources. They are: (1) Object resources (e.g., Car, home, clothing), (2) Conditioned resources (e.g., tenure or
seniority at work, a good marriage), (3) Personal resources (e.g., occupational skills, sense of self-esteem), (4) and energy resources (e.g., money, credit, insurance).

They argue that stress occurs under any of these conditions:

First, when there is the threat of significant resource loss.

Second, when there is actual resource loss.

Third, when resources are invested without resulting in significant resource gain, hence producing a net loss of resources since more resources were lost in the process of investment than were gained as an outcome of investment.

There are some key resources such as health, children, the family, work, leave, honour, and sense of control which are universally valued (Schwartz & Bilsky, 1990), even if their rank order or interpretation are more culturally specific. Most of the stress researchers focus on to compare people within a given culture, not between cultures, there is a reason to believe that a common set of resources is valued when victims of traumatic stress are viewed within one culture.

The COR theory predicts that since people strive to protect their resources, attempts at gain will actually increase amidst loss. The experience of being assaulted may cause a person to begin an escort service outside the home or to demand to the authorities for patrolling in the locality and better lighting in the area. These efforts may
increase sense of efficacy. Similarly, ruin of one's home in a fire or bomb blast may result in increased family closeness, on the one hand, and family conflict, on the other hand, as the family must live in a motel while repairs or reconstruction is completed. Ozer and Bandura (1990), found that participating in a highly aggressive self defense course increase previously raped women's sense of self-efficacy. We would underscore not only the increase in the self-efficacy, but also the very fact that women sought such groups perhaps a form of bolstering social resources) following their traumatic experiences.

Principles and Corrolaries of COR Theory

The COR theory outlines a number of key principles. These principles will help us to understand how traumatic stress affects people.

Principle 1 : The Primacy of Loss

A potential criticism of COR theory lies in the principle that "loss is more heavily weighted by individuals than is gain. The preeminence of loss over gain in cognitive psychology is well established (Tversky & Kahneman, 1981). It has been found that in the process of decision making, outcomes framed in terms of loss are weighted more strongly than outcomes framed in terms of gain. In medical research Tymstra (1989) similarly finds that people will invest significant resources to limit the possibility of future loss, even if they must undergo difficult and painful medical procedures. Hobfoll, Lilly, and Jackson (1992), have found that resource loss is highly correlated with psychological distress.
According to Hobfoll and Lily (1993) resource gain has limited effect on psychological distress. Even when people make gains clinicians should be cautious not to overestimate gain's positive impact. The effect that resource gain does have occurs in the context of offsetting loss. e.g., when a person is ill, improvements in health (gains) become significant but hearing that he is well when he has not been ill has little or no effect on well being.

Loss is the essence of stress. COR theory argues that change per se is not stressful. In earlier studies it was found that change itself was stressful, both positive and negative changes were mixed by presentation of ambiguous events e.g., stress was found in early research to follow changes at work changes in marital life and financial change (Holmes & Raye 1967). However, subsequent research found that these negative consequences of change only occurred when change entailed loss or threat of loss (Thoits, 1983). Thus, when change was rephrased to ask, "was the change positive or negative?" Only those who indicated of negative change showed adverse reactions. In fact, positive changes actually buffer against negative changes (Cohen & Hoberman, 1983). Thus, positive changes makes one more resistant to negative stress reactions. This does not mean that times of change are not times to be watchful. Many changes that on their surface are positive can have negative aspects. For example, finding a job in another place may mean higher pay and prestige, but loss of friends. Although COR theory sees both losses and gains as important, it would emphasize the impact of the loss events. Given that losses overweigh gains, it should also be
underscored that a few significant losses may produce more extreme effects than either individuals or mental health professionals might anticipate.

Early research on stress depicted stressors as individual events, in the sense of being static occurrences. e.g., exposure to an earthquake, fire, or flood was depicted as uniform. Dohrenwend, Raphael, Schwartz, Stueve, and Skodol (1993) presented a method for unpacking events into their many components. Hence, a disaster consists of possible financial loss, increased child care burden, loss of home, and loss of mutual friends. The same disaster might result in gains in other resources, such as increased self-esteem and independence if one were to master disaster-related challenges. Such unpacking of event component is critical if we are to decompose the loss and gains that together comprise the changes that occurred.

**Principle 2: Resource Investment**

Another principle of COR theory is that individuals must invest resources in order to obtain, retain, and protect resources. The authors (Hobfoll, Dunahoo, & Monnier, 1995) have explained this principle with the help of few examples. For instance, to protect against loss of self-esteem, people must invest their self-esteem. If one is threatened with a failure experience, it is often possible to offset the loss of self-esteem by convincing oneself that one has greater worth than this and that this single failure is not so significant in light of many past accomplishments. Alternatively, people often invest one resources
to protect a second resource. For instance, social support may be used to offset the loss of sense of self-esteem, as others convey to us messages of our worth amidst some difficult circumstances that threatens self-evaluation.

How are resources invested? Schönpflog (1985) has illustrated that coping demands the use of resources. Energy resources, e.g., are often needed, as when survivors invest time in rebuilding their homes. It is obvious how money is invested to produce other resources as more money, sense of success, or even self-esteem. Other, less concrete, resources must also be invested to be of value, e.g., we must call no friends following exposure to a serious stressor (e.g., serious accident) if we are to receive support from them. Extreme stressful events (e.g., physical assault, or chronic major stressors (e.g., community violence) must be confronted with our inner resources. Similarly, in our attempts to develop intangible resources such as love, we must invest time, energy, trust, and self-esteem. Even after this investment, we risk the loss of all occur investment if our attempts are rejected. Hobfoll and others (Hobfoll & Learman, 1988; Hobfoll, Nadler & Leiberman, 1986) have repeatedly found that those who are able to invest their resources more successful resist the more negative impact of stressful circumstances than those who either lack or misuse resources. Clinicians can often aid people prior to or after trauma by helping them (1) identify their resources and (2) invest them appropriately.
Loss is closely associated with traumatic stress than in any other types of stress. It is the nature of traumatic stress that loss is rapid, extensive (i.e. many resources lost), and deep (i.e. many losses are major in proportion). This often means that the sense of how much is lost is overwhelming to the individual. The losses typically cross all resource domains; object resources, condition resources, personal resources and energy resources are all affected. Further, since resources are needed to offset further secondary loss, the depleted resource reservoir is found emptied of the necessary tools for successful stress management (Hobfoll, 1991). Again, because resources have been cut rapidly, broadly, and deeply, the usual arsenal of coping responses in damaged in way that leaves people much less capable of responding to stress.

Freydy, Shaw, Jarrell and Masters (1992) inquired the victims of Hurricane Hugo about their resource loss, coping behaviour and personal characteristics (gender, marital status and household income). Levels of subsequent psychological distress were also assessed. Personal characteristics explained 9.5 percent of the variance in psychological distress, and the aggregate of all coping behaviour explained 7.9 percent of the variance in psychological distress. Resource loss, in contrast, explained 34.1 percent of the variance in psychological distress. Women and men with high loss had four to eight times the likelihood of experiencing clinically significant psychological distress than men and women who experienced low levels of resource
loss, respectively. These findings strongly support the central role of resource loss in disaster responding.

Freedy et al. (1992) also examined the COR based hypothesis that loss would motivate more coping behaviours. This prediction contrasts with the assumption that negative events paralyse victims or that victims become helpless. They found that both favourable (e.g., problem-focussed coping) and unfavourable coping (e.g., disengagement) were positively related to greater loss. This finding provides insight into the process of responding to stress by suggesting that victims become active in initiating whatever patterns of coping behaviours are contained within their repertoire. Some of this responding produces beneficial outcomes and some creates further difficulties, but underlying both mechanisms is the attempt to cope. When we examine their data more closely, it is of further interest that although women reported more losses than men, men with high levels of resource loss were more likely to report clinically significant levels of psychological distress. This suggest that examining resources loss may circumvent problems with males' traditional underreporting of psychologically relevant symptoms as their reports of loss reveal a fuller picture of the extent of potential impact following a traumatic event.

**Principle 3: Loss and Gain Spirals**

This principle follows from preceding assumptions and principles. If (1) stress follows loss, threat of loss or failure to gain;
(2) loss in more heavily weighted than gain; and (3) people must rely on resources to offset resource loss, then it follows that initial loss will make individuals more vulnerable to further loss. Loss spirals can begin very quickly. They also may have a long term course affecting individuals for years after the original event.

**Resource loss and Resource gain Spirals**

After confronting initial resource loss, people have fewer or less potent resources for the additional challenges that come in the wake of the first loss circumstance. Self-esteem or sense of mastery may be lower, favours may have been used up, and such resources as money, and insurance may have been fully or partially depleted. Now, with the exposure to secondary stressors, further loss occurs, each loss resulting in an increasing level of vulnerability as resources are further depleted.

Gain spirals follow a similar process. Initial gain creates a system more resistant to stress and more capable of further gain. However, since loss is weighted greater than gain, there are two attributes of loss cycles that differentiates them from gain cycles. Specifically, loss cycles are more potent than gain cycles and occur at greater acceleration. This difference becomes critical when considering traumatic stress, as the initial stressor is, by definition, one that threatens or creates major resources loss. Following initial loss, many traumatic stressors may contribute to a sequence of further losses, each attacking the individual, group, or community which has ever-decreasing resources.
A number of intervention principles are highlighted here that follow a theoretical understanding of the mechanism of loss and gain spirals. If loss spirals occur with a steeply increasing slope of speed and ever greater impact, then it follows that is critical to intervene early, before momentum is gained. Intervention should be mobilized in a matter of hours after impact of the extreme stress. The later intervention occurs, the harder it is to offset the spiral's damaging impact. Early intervention can often offset loss cycles and either stabilize stress reactions or even set the stage for a gain cycle (Hobfoll & Jackson, 1991). Gain cycles, on the other hand, occur more slowly. For many important areas of gain meaningful milestones are only accomplished in terms of months and years. A fire can destroy a home or business in moments. To build a business or save enough to purchase a home may in contrast require years of investment. More intangible resources operate similarly. e.g., trust can be destroyed by a single failure of supporters to come to survivor's aid following victimization whereas building a trusting relationship can require years. These insights help underscore the consequences of exposure to traumatic stressors, as they influence loss cycles and interfere with long term gain cycles.

**Coping with Traumatic Stress**

The study of stress and coping has become quite popular in recent years, particularly in regard to traumatic life events. Although the area is broad and the coping process is complex, there is a striking coherence in much of the literature. This coherence is based on two
concepts central to an understanding of coping with trauma; approach and avoidance. In essence, this pair of concepts refers to two basic orientations towards stressful information, or two basic models of coping with stress; approach and avoidance are short hand terms for the cognitive and emotional activity that is oriented either toward or away from threat.

Coping has played a central role in adaptation but yet there is no universal agreement on the definition of coping. Because coping has always been linked to the concept of stress, its recent popularization has been occasioned by a marked growth of interest in the stress concept. The links between stress and coping is an inevitable feature of the human condition. In everyday language an individual's ability to cope refers to their successfully accomplishing a task of dealing with a situation. Health psychologist have followed the everyday use of the term coping.

*Coping: Nature and Definitions*

The concept of coping has been studied in various disciplines. Sociologists, e.g. refer to the ways in which a social order adjusts to a crisis, and biologists speak of the adjustment of a tissue system of the body the noxious events as in Seley's (1956, 1976) "General Adaptation Syndrome". However, coping is primarily a psychological concept. In psychological usage, there are many definitions of coping, but all share a central theme, namely, the struggle with external and internal demands, conflicts, and distressing emotions.
Coping refers to a person's active efforts to resolve stress and to create new ways of handling new situations at each life stage (Erikson, 1959). This idea emphasizes the importance of the personal resource and competencies that are used to deal with new challenges. Coping emphasizes mastery of the situation while defense emphasizes protection of the self. This is not to imply that coping occurs with no regard for the self. The coping process requires an effective person who actively engages each life challenge.

White (1974) identified three components of coping. First, coping requires that the person be able to gain and process new information. New information is needed to understand a difficult situation more fully or to establish a new position in the face of threat. Second, coping requires that the person be able to maintain control over his or her emotional state. This does not mean doing away with emotional responses. Rather, it suggests the importance of correctly interpreting emotions, expressing them when necessary, and limiting their expression when necessary. Third, coping requires that the person be able to move freely in his or her environment.

The goals of coping include the desire to maintain a sense of personal integrity, and to achieve greater personal control over the environment. In each situation, the person uses physical, cognitive, social, and emotional resources to understand what is needed. Then they modify some aspects of the situation or the self in order to achieve a more adequate person-environment fit. Coping then is behaviour that
occurs after the person has had a chance to analyze the situation, take a reading of his or her own emotions, and to move to a closer or more distant position from the challenge.

The term coping has two meanings in literature. The term has been used to denote the way of dealing with stress, or the effort to master conditions of harm, threat or challenge when a routine or automatic response is not readily available (Lazarus, 1974). Coping refers to efforts to master conditions that tax or exceed adaptive resources (Monet & Lazarus, 1977). At a general level, coping has been broadly defined as "any effort at stress management" (Folkman & Lazarus, 1980). The term coping is viewed as a stabilizing factor that may help individuals maintain psychological adaptation during stressful period (Folkman & Lazarus, 1985).

Definitions given by Menninger (1963), Haan (1977), and Vaillant (1977) imply a hierarchy of adaptationally focussed efforts with "coping" representing mature ago processes and "defenses" representing immature and less serviceable variations of the same essential cognitive processes.

Pinkerton et al. (1985) have defined coping as the minimization of emotional distress. This places coping as the dependent variable and looses the notion of different coping cognitions/behaviours being enacted in an attempt to limit the effects of stress.

The most commonly used definition of coping is put forward by Folkman and Lazarus. They see coping as a psychological mechanism
for managing psychological stress (Lazarus & Folkman, 1984). This mechanism may be both action oriented and intrapsychic and is intended to avoid or mitigate the consequences of stressor (Cohen, 1987).

Lazarus and Folkman (1984) recognised the value-laden nature of certain traditional ways in which coping has been defined. They define coping at the psychological level of analysis as "the process of managing demands (external or internal) that are appraised as taxing or exceeding the resources of the person". This definition has several important functions. First, it emphasizes "process" as distinguished from trait or style. Second, it speaks of management rather than mastery; since many human problems (e.g., terminal illness, ageing) cannot be mastered, they must be redefined, tolerated, endured, or accepted for optimal adaptation. Third, the term "appraisal" indicates the central role of psychological mediation. Finally, they view coping as establishing the mobilization of effort.

Investigators have employed two different approaches to study of coping. On the one hand, some researchers (e.g., Byrne, 1964; Goldstein, 1973) have emphasized general coping traits, styles or dispositions, while, on the other, some investigators (e.g., Cohen & Lazaras, 1973; Katz et al., 1970; Wolf & Goodell, 1968) have preferred to study the active ongoing strategies in a particular stress situation.

Dewe and others (1979) defined coping as an individual's attempted response to reduce feeling of discomfort. To Burke and Wier (1980) coping process refers to "any attempt to deal with stressful
situations when a person feels he must do something about, but which
tax or exceed his existing adaptation response patterns". Maddi and
Kobasa (1984) have discussed two forms of coping: (1)
Transformational coping involves altering the events so they are less
stressful. To do this, one has to interact with the events and by thinking
about them optimistically and acting toward them decisively, change
them in a less stressful direction. (2) Regressive approach to coping
includes a strategy wherein one thinks about the events pessimistically
and act evasively to avoid contact with them.

Houston (1986) proposed the more extensive classification
system that can be applied to stimulus, process, or other response
based definitions of stress. He defined coping as a response or
responses whose purpose is to reduce or avoid psychological stress
(negative feelings). It is pointed out such responses may or may not be
successful in reducing psychological stress.

Definitions and conceptualization of coping have spanned a
wide range of views including: (a) coping as a personality trait or
disposition versus coping as a situational-based or state-like effort;
coping strategies as inherently adaptive, reality-based, conscious, and
purposive approaches versus coping or defense strategies as global,
primarily intrapsychic reality-distorting, rigid and maladaptive
processes; and (c) the nature of coping classification (e.g. approach
versus avoidance coping, instrumental / active versus affective / passive
coping; adaptive versus maladaptive coping (Billings and Moos, 1984;

Types of Coping

Several different formulations of the coping behaviour is followed by the researches in the field. There is no individual technique and widely accepted models for categorizing differences in coping styles. There are studies which observe responses to specific kinds of stress. Coping strategies include feeling incapable of being hurt: denial of stress; worrying when you know stress is coming and resilience in recovering from stress. The distinction between "problem focussed" and "emotion-focussed" coping has been made by Mechanic (1974), Kahn et al., (1964) and White (1974). Problem-focussed coping refers to efforts directed at doing something constructive about the conditions that harm, threaten or challenge. Emotion-focussed coping refers to efforts directed at regulating the emotion itself, whether the focus of such regulation is in behaviour and expression.

Lazarus (1975), suggested two categories of coping, viz., "direct action" and "palliative modes". Direct action deals the behaviour of actions which are performed by the organism when it is in the face of stressful situation. Palliative approach of coping refers to those thoughts or actions which purport to relieve the organism of any emotional impact of stress.

According to Lazarus and Launier (1978), coping is the "effort, both action oriented and intrapsychic to manage (i.e. to master,
tolerate, reduce and minimize environmental and internal demands and conflicts among them) which exceed a person's resources". McGrath (1976) believed that an array of covert and overt behaviour patterns, which can help prevent, alleviates or respond to stressful experiences is known as coping. In the more recent literature on coping with stress, approach-avoidance distinction is a core idea. One is struck by the extent to which the concepts of approach and avoidance underlie the personality or individual difference variables studied in the anticipatory threat literature, and also the dimensions of coping studied in traumatic stress reaction research (Roth & Cohen, 1986).

Wilder and Plutchick (1982) have proposed eight basic coping styles to reduce stress: suppression (avoid and stressor), help seeking, replacement (engage in direct stress reducing activities), blame (other and system), substitution (engage in indirect stress-reducing activities), mapping (Collect more information), reversal (act opposite to the way one feels), minimization (minimize the importance of the stressful situation). Individuals rate their styles on a 100-point scale on eight coping styles used by him/her in reducing stress. Then, they review functionality and dysfunctionality of these styles for different situations and develop more effective ways of coping.

Pareek (1983) proposed two types of coping strategies which people use as the ways of dealing with stress. One way is that the person may decide to suffer, accept or deny the experienced stress or put the blame on somebody (self or others) for being in that stressful
situation. These are passive or avoidance coping strategies and are termed as "dysfunctional" styles of coping. Another way is that the person faces the stress consciously and takes action to solve the problems themselves or with the help of other people. These are active approaches of coping and are termed as "functional" style of dealing which stressful situations.

Pareek (1983) has proposed eight coping strategies and styles: "Impunitive"; "Intropunitive"; "Extrapunitive"; "Defensive"; "Impersistive"; "Intropersistive"; "Extrapersistive" and "Interpersistive". These strategies can be categorized into two types: dysfunctional and functional.

Endler and Parker (1990) have considered the coping response from a multidimensional perspective and have identified three coping styles: task-oriented, emotional-oriented and avoidance-oriented. Task-oriented coping emphasizes the achievement of problem resolution through purposeful efforts on cognitively restructure the problem or alter the situation. Emotion-oriented coping delineates a set of reaction (e.g., tension, anger) of a self oriented nature which occurs in response to a problematic events. Avoidance oriented coping involves reactions or responses which have the effect of destructive or diverting individuals attention from stressful situation.

The stress-strain relationship is a function of coping strategies or mechanisms used by the individual. Adaptive coping reduces stress and promotes long term health whereas maladaptive coping reduces stress but promotes long term ill-health. Positive thinking and problem
focussed responses in the face of stressors are normally referred to as adaptive coping strategies; negative thinking and avoidance responses are referred to as maladaptive coping strategies (Nowack, 1990).

**Coping as Trait, Style or Process**

In recent years much attention has been paid to the distinction between coping as trait, style, or process. A "coping trait" means that a person is disposed to engage in given coping behaviour under certain conditions. The more general the trait, the less it is limited to any particular situational context. Thus, a coping trait is stable tendency from which a prediction is made about how the person will cope in some or all types of stressful encounters.

"Coping style" refers to a characteristic way of handling situations. The term "style" as in Adler's "style of life", tends to imply a very broad and encompassing disposition. There is something about the connotation of style that suggests sustained, complex strategies for relating to the world. Many of the concepts related to coping style are derived from one particular theoretical formulation, namely psychoanalytic ego psychology. There are a large number of coping styles schemes which have been described and classified by the researchers as coping behaviour.

A "coping process" refers to (1) "what the person actually does in a particular encounter", and (2) "how what is done changes" as the encounter unfolds (Lazarus & Folkman, 1984; p.827), or from encounter to encounter when they are united by some common theme. Process is
analogous to 'state' because it refers to what actually happens in specific contexts, and to how it changes. By definition, process means change. State is evanescent so is process. To Burke and Weir (1980), coping process refers to "any attempt to deal with stressful situations when a person feels he must do something about them, but which tax or exceed his existing adaptation response pattern".

**Approaches to Coping**

Psychologists interested in "coping with stress" have carried out empirical studies by following three approaches to coping.

The first model is derived from *drive-reinforcement learning theory* and is largely centered on animal experimentation. From this perspective, coping consists of acts such as escape and avoidance, that successfully control aversive environmental conditions, thereby lowering the psychophysiological disturbance or degree of disequilibrium created by the aversive conditions. Among those using this model, primary theoretical and research interest is centered on a set of variables relevant to stress reduction, namely, the predictability and controllability of the environment, and feedback from the environment about the effects of coping. Earlier studies focussed objective environmental display, observable coping actions, and psychophysiological response, which includes both autonomic nervous system reactions and adrenal medullary and adrenal cortical hormonal secretions. These physiological changes are commonly assimilated into a unidimensional concepts of degree of disequilibrium or arousal.
The second model of coping is centered on psychoanalytic ego psychology concepts. Coping is understood as a set of ego processes which develop from infancy and are centered on ways of thinking about relationships between the self and the environment. The essential task of living or to survive and flourish in the human social environment, and this requires that instinctual drives be gratified while at the same time socially based dangers and constraints are managed realistically. This model of coping is hierarchical. Coping is regarded as the most advanced or mature set of ego processes; events are handled realistically and flexibly in such a way as to maintain and promote mental and physical health. Defense mechanisms represent more primitive, neurotic processes characterized by greater rigidity and poorer reality testing.

A third model of coping emphasizes cognitive appraisal processes and a fluid transactional, and process-centered approach to coping and its assessment. Coping is viewed as responsive to contextual variables, temporal factors, and feedback from the flow of events which affect adaptational outcomes. It is defined as efforts to manage demands that tax or exceed the person's resources. The word "mange" in this definition means that coping can include toleration of harm or threat, redefinition of past events, acceptance, and putting a positive light on the situation - a set of ways for managing oneself and one's thoughts and feelings as well as mastery of the environment. By referring to demands that tax or exceed resources coping is limited to conditions of stress in which one must mobilize to deal with new
situations and draw on resources not typically used, and is distinguished from automatized adaptational behaviours that draw upon readily available habits of response involving minimal effort. Two major functions of coping are delineated-problem-focussed and emotion-focussed - the latter representing forms of coping that include the traditional defenses.

It seems clear that denial/avoidant modes of coping have sometimes favourable and sometimes unfavourable outcomes. It is quite possible that what is more adaptive depends on when it in the course of a threat such coping modes are activated; early denial and numbing may be useful, if abandoned for more realistic modes of coping. Also the content and context of the threat itself for example, the type of trauma as a source of stress - may determine which mode of coping is more adaptive. The actual cognitive processes involved in a given form of coping could also be important. Perhaps denial of fact, puts the person at greater risk for damaging outcomes than denial of the implications of the fact.

Coping styles or strategies can be classified into three categories

1. **Cognitive Coping strategies** We can cope with a stressor or our emotions by problem solving, self talk, and reappraisal. Problem solving involves analyzing the situation to generate possible courses of action to evaluate the efficacy of the actions, and to select an effective plan of action (Janis & Mann, 1976). To continue with the hidden anxiety
emotion-oriented, self as target), or which classes to drop to reduce worry (emotion-oriented, environment as target), or on how to enlist the aid of fellow students to study, (problem oriented, environment as target). Self talk refers to covert statements or thoughts that are used to direct our efforts at coping with the stressful event and its associated emotional arousal. This internal talk directs attention to relevant stimuli, facilitates the formulation and implementation of coping strategies and provides corrective feedback (Meichenbaum, 1977).

Imagine some one is reclining in a dental chair and awaiting a root canal procedure. He might use the following self statements: "The dentist is a caring person: will take care not to hurt me:" (emotion-oriented, environment as target); "I'm really tense, need to take a couple of deep breaths to relax (emotion-oriented, self as target); May be I can make this easier by distracting myself with pictures on the ceiling" (problem-oriented, environment as target); or "I need to develop a plan to deal with this" (problem-oriented, self as a target). Reappraisal involves reducing the impact of a stressful event by altering how that event is interpreted. In other words, the event is given a different meaning. A student could deal with failure in examination by thinking. "The test was unfair" (problem-oriented, environment as target) or "I just had a bad day" (problem-oriented, self as target). The anger engendered by the failure could be reappraised by thinking, "The teacher is a real creep, I have a right to be angry" (emotion-oriented, environment as target), or "No big deal, this course isn't important anyway" (emotion oriented, self as target).
2. Behavioural Coping Strategies  Persons also respond to stress behaviourally. There are four general classes of behavioural responses to stress: seeking information, direct action, inhibition action, and turning to others. Seeking information refers to gathering data on the nature of the stressor and on possible coping strategies. An individual faced with a diagnosis of cancer, for example may seek information about prognosis from a health care provider (Hann, 1977). Information thus provides useful instrumental coping strategies and enhances feelings of control and predictability. Direct action refers to overt verbal and motor responses that alter stressors or stress related emotional arousal. An individual with a sprained ankle may rest, take pain pill, or see a physician to find relief. An individual who has recently experienced the death of a loved one may busy himself in his work or look at old pictures to deal with this grief. Inhibiting action involves not doing something in order to reduce stress and emotional arousal. A person with a persistent cough may stop smoking. Avoidance of anxiety provoking situations would also fit in this category. For example, a person frequently misses his appointments with health providers because of the pain and embarrassment associated with these visits. The last class of behavioural coping, turning to others, has been traditionally labelled social support. The phrase "turning to others" is used here because it emphasizes the active, international nature of this coping strategy. Our relationship with other persons provide an important resource in dealing with stress. We can gain material, emotional and informational support from others. Material support includes money, goods and services
available from significant others (Cohen & Mckay, 1984). Emotional support is the feeling of being loved and valued by others and the opportunity to reciprocate their feelings (Cobb, 1976). Informational support is available when others make suggestions about the meaning of stressful events or recommendations of coping efforts (Cohen & Mckay, 1984). Berkman and Syme (1979) for example, found social support to be a modest but significant predictor of mortality, even when controlling for initial health status, health impairing behaviours and social status. These persons with few social ties had higher mortality rates, social support may also mitigate the negative effects of stress that have already occurred. A large proportion of the problems most frequently reported by persons with the disease are interpersonal. These include difficulty communicating with significant others about the cancer, speaking with family members about the future, and gaining information from health providers (Wortman & Dunkel-Schetter, 1979). Health providers, family, and friends can provide cancer victims with clarification and reassurance about what is happening, show love and caring, and assist in developing strategies to deal with the physical and emotional demands of cancer and its treatment. Social support also promotes recovery by enhancing adherence to physical and mental health. The timing and manner in which social support is offered significantly influence its impact. Well-meaning assistance that is not wanted is not helpful, social support is not a reservoir from which a person passively borrows but rather an interpersonal exchange in which both parties are active (Cohen & Mckay, 1984) social support may also have negative effects.
Avoidance Coping Strategies According to Holahan and Moos (1986), avoidance coping is a response to threatening situations when personal and contextual resources are scarce. Also when severe stressors persist, individuals may gradually lessen their use of problem solving coping and increase their reliance on avoidance strategies (Moos, 1992). In avoidance coping, a personality to reduce tensions by drinking more alcohol), eating more and take tranquilizing drugs (sleeping pills)

Thus, individuals experiencing stress have to do something to deal with this and what is done to deal is referred to as coping. There can be several types of coping strategies such as cognitive, behavioural, avoidance or turning to others. There is no agreement as to who will use a particular type of coping strategy and who will use certain others. Persons use a mixture of several coping strategies.

In sum, the extent to which people of Kashmir living in high and low risk conditions experience traumatic life stress and its potential damaging effects depend on both the kinds of events they encounter and the ways in which they appraise them. People generally seem to cope better with major life events that are normal and expected part of daily living than with traumatic life events that they did not expect to occur and are not prepared to manage. The extent to which stress is harmful will then depend in part on the appropriateness and effectiveness of the coping styles the individual chooses. With this as background, the present study will examine the type of coping styles adopted by the individuals of Kashmir living in high and low risk conditions.
Measures of Coping

In recent years assessments have tended to rely on questionnaires or face to face interviews. The most widely used coping scale is the Ways of Coping Questionnaire (Folkman & Lazarus, 1980). It has been revised and also modified by other researchers to examine coping in different domains. Six tools or questionnaires are available for assessing coping. The Million Behavioural Health Inventory (MBHI) consists of a 150 items self-administered questionnaire from which eight coping strategies may be derived (Million et al., 1982). These are essentially trait measures and consist of introversion, inhibited, cooperated, sociable, confident, forceful, respectful and sensitive. The Miller Behavioural Style Scale (MBSS) has also been used as an assessment tool in coping. It examines the strategies monitoring and blunting by obtaining responses to four hypothetical stress situations (Miller, 1985). Viney and Westbrook (1982) report technique where patients rank order their likelihood of using a particular item which has been selected from six different coping strategies (action, control, escape, fatalism, optimism, interpersonal). This provides a trait measure of the tendency to utilize a particular strategy. Pareek (1983) developed an instrument know as role of PICS which measures two types of strategies know as dysfunctional and functional to cope with stress. Dysfunctional styles of coping include impunitive, intropunitive, extrapunitive, and defensiveness. Functional styles of coping include-impersistive, intropersistive, extrapersistive and interpersitivist.
Dysfunctional and Functional styles of coping imply avoidance-oriented and approach-oriented behaviours. Folkman et al., (1986) report eight factors in their factor analysis of their revised questionnaire. These factors are: problem focussed coping, wishful thinking, detachment seeking social support, focussing on the positive, self-blame, tension-reduction and keeping to oneself. Six of these factors represent emotion focussed coping, one problem focussed coping and the last a mixture of both modes of coping. The Cope Scale developed by Carver et al., (1989) is also used to assess coping styles and strategies. The cope scale comprised 30 items which measures fifteen scales, namely, active coping, planning, seeking instrumental social support, seeking emotional social support, suppression of competition activities, religion positive reinterpretation and growth, resistant coping, acceptance, focus on and venting the emotions, denial, mental disengagement, behavioural disengagement, alcohol / drug, and humour.

There is evidence that there are individual differences in preferences for coping strategies. Individual ways for coping strategies provide us the guideline how to cope with stress in different situations. A strategy or style that would increase stress for one person may reduce stress for another. A person who copes with a stressful situation depends upon his or her temperament, motives, intelligence and personality which help him to develop unique, personally meaningful strategies. There is a need to develop and encourage coping style that will be most adaptive for each person. Social support is one of the coping strategy which fosters continued growth.
The concept of traumatic stress and coping styles discussed above are mutually related. Both are equally important and play a vital role in Kashmiri people's lives. The present study is an arduous effort to focus on Kashmiri people living in high and low risk conditions by giving importance to these psychological concepts as a whole.