ABSTRACT

The changing socio-political environment, increased violence, terrorist attacks, insurgency and feeling of being of oppressed in various parts of this country arising due to group dominance to grab power, economic disparity, denial of rights create sense of insecurity in the minds of people exposed to traumatic events directly/indirectly seems to disturb the mental health, increase the level of stress and aggressiveness among the inhabitants of disturbed regions. What is happening is in contrary to one’s expectations. People want to live in peace and harmony, but frequent violence in Jammu and Kashmir region has created the intense feeling of loss of life and property which would have serious psychological consequences. The Kashmir has been the victims of violence associated with substantial sufferings in the population of the state and its adverse impact on physical and mental health is alarming. It has transformed into a place where human life has lost its value and violence dominates. The entire area, rich in many natural beauties and nice mountain resorts, famous for its intense spirituality and religious tolerance, is now wrapped in a warlike atmosphere. An atmosphere of fear prevails all over the valley affecting people’s everyday life. These kinds of circumstances have direct bearing on
their mental health. Stress caused by the feelings of insecurity and dependency depletes physical and psychological buoyancy leading to varied mental health problems. For adolescents, response to such type of disasters or terrorism is the complex interplay of pre-existing vulnerability, differing stressors like-severe threat to life or survival of the young person, unnatural death of close family member / friend, relocation / frequent moves, continuing stress effects and disruption in social support network. Excessive exposure to traumatic events may heighten vulnerability in adolescents who may experience a range of reactive processes.

The present work is undertaken and related to Jammu and Kashmir regions where the rate of violence has increased in the span of 2-3 decades that has dogged every aspect of life of people. The decades long violence and the adverse living circumstances prevailing in the valley has transformed the mental health status of the majority of the inhabitants in the negative sense. With killings, extortions, custodial and other form of torture, have become a daily routine. The continuous threat to life and security has led to feeling of insecurity among the masses. In any conflict zone, adolescents have been found to be the worst hit. Stress and mental health ailments have shown an alarming increasing when compared to pre conflict days in 1989. Taking into consideration all these factors, the present
research was an attempt to examine the level of stress, aggressiveness and mental health of adolescents in the state of Jammu and Kashmir regions.

The whole study is divided into four chapters. In the chapter-I (Introduction). The variables incorporated in the study i.e., Stress, Aggressiveness and Mental Health are described in an elaborative manner including historical perspective, meaning, concept and nature. The literature review regarding these three variables is also discussed simultaneously. Chapter-I also includes rationale, objectives and research questions, in the light of which results are discussed.

Chapter-II is concerned with methodology. In this chapter, the methodology adopted for this research work is discussed regarding research design, selecting standardized tools, choosing appropriate sample through appropriate sampling technique, undertaking sound procedure for collecting data, tabulating the data and the analysis of the data by means of suitable statistical technique.

The sample was taken from two types of locations, (1) those areas where exposure to insurgency is consistently high (Kashmir region), and (2) those areas where exposure is relatively least (Jammu region). Sample comprised of 400 S, 200 from each location (100 from each gender). Self developed Stress measuring device, mental health inventory by Jagdish and
A.K Srivastava (1983) and Aggression questionnaire by Buss and Perry (1992) were administered on the subjects. The data is analyzed by using descriptive statistics, Kolmogorov-Smirnov test, Mann-Whitney test, Two-way ANOVA and regression analysis to see the equation of mental health on stress, aggression and its subscale.

In chapter-III results and discussion is given. The results reveal that adolescents of Kashmir and Jammu region differ on all the three variables. There is statistically significant difference between the adolescents of Kashmir and Jammu region on stress level (Z = -4.75, P = 0.0005 < 0.001). Adolescents of Kashmir region scored significantly higher, which means they are more stressful as compared to the adolescents of Jammu region. Which may be attributed to the high risk conditions prevailing in the valley. Besides, on comparing male and female adolescents, it was found that they also differ significantly (F = 105.25, p = 0.0005 < 0.001) with females showing high stress level than those of their female counterparts as far as the mental health is concerned, same trend has been observed in both the groups. Significant difference between the adolescents of Kashmir and Jammu region has been found (t = 14.39, p = 0.0005 < 0.001) the adolescents of Jammu region scored significantly high as compared to those of the adolescents of Kashmir region, which means adolescents of Kashmir
region are poor in mental health as compared to their Jammu counterparts. Significant difference is also found to exist between all the six dimensions of mental health – Positive Self Evaluation (PSE) \( Z = -7.52, P = 0.0005 < 0.001 \), Perception of Reality (PR) \( Z = -5.37, P = 0.0005 < 0.001 \), Integration of Personality (IP) \( Z = -6.55, P = 0.0005 < 0.001 \), Autonomy (AUTNY) \( Z = -5.90, P = 0.0005 < 0.001 \), Group Oriented Attitude (GOA) \( z = -8.78, p = 0.0005 < 0.001 \) and Environmental Mastery (EM) \( Z = -8.70, P = 0.0005 < 0.001 \). Jammu participants have reported greater scores, i.e. they are good on all the dimensions of mental health than those of the participants of Kashmir region. As far as the gender difference is concerned, significant difference has been found to exist between male and female participants \( F = 25.00, p= 0.0005 < 0.001 \) on total mental health scale and on the dimensions PSE \( F = 43.46, p = 0.0005 < 0.001 \), IP \( F = 21.40, p = 0.0005 < 0.001 \), GOA \( F = 33.93, p = 0.0005 < 0.001 \) and PR \( F = 38.66, p = 0.0005 < 0.001 \), with females scoring significantly higher on PSE, PR and GOA than their male counterparts, which means that females are better on these three dimensions of mental health, where as the male participants scored high on IP, i.e. male adolescents are better on this dimension of mental health than the female adolescents. On the remaining two dimensions – AUTNY and EM, they did not differ.
Aggression also predominates among the adolescents of Kashmir region as compared to the adolescents of Jammu region showing significant difference (\( z = -5.18, p = 0.0005 < 0.001 \) and also on the dimensions Physical Aggression (PA) (\( z = -5.33, p = 0.0005 < 0.001 \)) and Hostility (H) (\( z = -2.91, p = 0.004 < 0.01 \)), whereas there is not a significant difference on Verbal Aggression (VA) and Anger (A). Gender difference is found to exist here also showing significant difference on VA (\( F = 22.45, p = 0.0005 < 0.001 \)) and H (\( F = 5.16, p = 0.024 < 0.05 \)), the female participants scored high, thus showing means they showed higher verbal aggression and hostility as compared to those of their male counterparts. However, they are not found to differ in case of Physical Aggression and Anger. On doing regression analysis, only Physical Aggression has come out as a significant predictor of mental health.

Findings obtained revealed that the violence or threat of violence had adverse effect on the mental health of the adolescents of Kashmir region. Excessive exposure to traumatic events has developed the tendency towards aggressive behavior and stress reactions among the adolescents who are the worst hit of these types of circumstances.

Chapter-IV deals with conclusion, implication and suggestions. In the conclusion section, the findings obtained are summarized. The findings
strongly indicate that there is a need to address the problem with urgency. In the light of the high level of stress reported by adolescents, there is a need to equip both school administration, teachers and parents with the skills and special training that will allow them to act professionally to deal with the problems of their children. Seeing the intricacy of the problems there is an urgent need for the implementation of interventions and assistance programmes for awareness and confidence rebuilding.