CHAPTER - III

Methodology
The main thrust of the present research was to study certain conditions which may occur as a consequence of prolonged stress. While the ideal situation could be to manipulate the variables of stress and to create condition of stress for one group and continue them for a particular period of time, which would bring it in the category of prolonged stress, and compare this group on desired dimensions with a control group, this procedure is not possible due to ethical considerations. Therefore, the only method to select for study a group of persons which were placed through their life circumstances in situations of severe prolonged stress. Unfortunately, such groups exist in abundance. A comparable sample of those who had not been subjected to severe prolonged stress would also need to be studied.

Due to these conditions, the turmoil-hit areas of Kashmir where tension and uncertainty prevails (in varying degrees in different areas) from last twelve years was selected for the study.

Two types of locales of Kashmir, one in which stress and trauma was unabated over the years and the other those in which there were rare or occasional incidents were selected, selecting both areas from the Kashmir valley was desirable because socio-cultural differences in the two groups would be equalized.

Thus, the sample drawn out from areas under continuous tension comprised our prolonged stress group. High tension areas of Kashmir are those where the frequency of attacks, blasts, firing encounters and protests are high whereas the low tension areas are those where the above
incidents are less and people go about their business of living with comparative normalcy.

A prolonged state of tension takes its toll on the individual. Not only does the person become confused and uncertain, it may lead to behaviour which reflects a deep psychological trauma. When resolution of a problem does not seem visible or possible and negative situations continue, this status of unrelieved stress may affect the individual at a very deep level and lead to behaviours that reflect disintegration and unhealthy functioning. Depersonalization and hopelessness are two possible outcomes of prolonged stress.

However, it is also a fact that all persons undergoing prolonged traumatic stress may not suffer psychological malfunctioning and those do suffer, suffer to varying degrees. Certain characteristics possessed by the individual may make him more or less vulnerable, social intimacy and religiosity are hypothesized as the moderator variables which would buffer the effects of prolonged stress.

Thus the present study involves:

a) identifying locations and areas of Kashmir where tension is continuous, unabated and areas of comparative normalcy.

b) comparing individuals undergoing prolonged stress with those not undergoing prolonged stress on 'depersonalization' and 'hopelessness'.

c) finding out whether social intimacy and religiosity moderate the occurrence of depersonalization and hopelessness.
SAMPLE

A sample of 150 individuals residing in different parts of Kashmir was studied. The sample was drawn from two types of location. (i) Those where tension is consistently high and (ii) those areas which can be termed as low tension areas. Under the first category were the areas where continuous insurgencies and militant attacks were found, two districts were taken viz Srinagar and Kupwara; further the actual areas included Lal Chowk, Lal Bazar, Zainakadal, Hawal, Khanyar Lolab, Warne and Sogam. The low tension areas were those where the attacks may occur but with much less frequency and people can go about their life normally. These districts were Budgam and Pulwama and the areas chosen were Bag-i-Mehtab, Hyderpora, Barzulla, Rawalpora, Zainpora, Shopian, pampora and Tral.

Since the variable under study was prolonged stress which cannot be directly manipulated, the socio political climate which resulted in some areas coming under uninterrupted stress was taken cognizance of. Individuals belonging to such areas formed our prolonged stress group (PSG) subjects, while from the other type of comparatively tension free area subjects were treated as non prolonged stress group (NPSG). While random sampling is undoubtedly the most desirable procedure to draw out the sample of this nature, purposive sampling when carried out in an organised manner with a conscious effort to avoid bias turns out to be the best method of drawing the sample when a problem of this nature is being studied.
Therefore, the researcher used purposive sampling to draw out the sample. The sample size drawn was 150. It was carried out on both adult male and female group of subject. The family system was also taken into consideration i.e. Joint and Nuclear family system. Age was categorised in two group varying from (18-35) and (36-65).

**TOOLS**

The effects of prolonged stress were to be studied in terms of two important dimensions, namely depersonalization and hopelessness. Further, it was hypothesized that social intimacy and religiosity might buffer and moderate the impact of prolonged stress. Therefore the following tools of study were used by the investigator:

i) Scale to measure social intimacy
ii) Scale to measure religiosity
iii) Scale to measure depersonalization
iv) Scale to measure hopelessness.

While appropriate questionnaires were available for measuring social intimacy, religiosity and hopelessness, the researcher had to design tool to measure depersonalization. Details of the measuring tool are given when the scale is discussed.

**1. SOCIAL INTIMACY:**

Social intimacy scale was developed by Miller and Lefcourt in 1982. It consists of 17 items, 6 of which require frequency ratings and 11 requiring intensity ratings on a 10 point scale. Two of these items (2 and
14) are opposite keyed, so that a rating of 10 is scored 1 and vice-versa. This scale was designed to assess the degree of intimacy experienced with a person to whom the subject felt closest. In the original study of Miller & Lefcourt (1982) subjects were asked to describe their relationships with their closest friend. High scores indicate a high degree of intimacy.

The authors of the test have painstakingly calculated the reliability and validity of the test. The magnitude of the Cronbach alpha coefficients alpha = .91; alpha = .86 reveal that the 17 items assess a single construct as was intended. A test-retest reliability of \( r = .96 \) (\( P < .001 \)), over a 2-month interval and \( r = .84 \) (\( P < .001 \)), over a 1 month interval suggests that there is some stability in the maximum level of intimacy experienced over time.

Convergent validity was calculated by relating scores on this scale with scores on two validated scales. With Interpersonal Relationship Scale (IRS) (cited in Guerney, 1977) subjects also scored high on the MSIS (\( r = .71, P<.001 \)). Subjects who described themselves lonely on the UCLA loneliness scale also scored low on the MSIS (\( r = -.65, P<.001 \)). Discriminant validity of this scale was established with Need for Nurturance subscale on which females with high intimacy scoring high on MSIS scored high (\( r = .44, P < .04 \)), and males were characterized by high needs for affiliation (\( r = .41, P < .5 \)); Dominance (\( r = .46, P < .05 \)); and exhibition (friendly extraversion, \( r = .57 \) \( P < .05 \)) and low need for Aggression (\( r = -.42, P < .05 \)). Correlations with the Marlowe Crowne Need for Approval scale were .36 for males and .02 for females, neither of which was statistically significant.
RELIGIOSITY

The religiosity scale was developed by Deka and Broota in 1985. The scale consisted of 44 items out of which 25 were positive and 19 were negative. The presence of both positively and negatively worded items is essential, for it avoids the tendency of the respondent to develop a response set, that might occur, were the items only positive or only negative.

The reliability of the final scale was established using the split half technique. The items of the scale were split into two equivalent forms using the odd-even methods. The reliability coefficient of the half tests was .91 (using Pearsons product moment).

The obtained value was corrected for length using Spearman Brown formula and was 0.96. Thus the reliability co-efficient for the religiosity scale was .96 for an adult sample of subjects.

There are several ways that scale can be validated. Scales which are measures of attitudes and values however are extremely difficult to validate against external criteria or overt behaviour.

Attitude scores need not correlate with overt behaviour, e.g. an individual who rejects the churches, temples and mosques as being centres of corruption, may still continue to visit them because of social reasons. Therefore, most attitude scales can only claim face validity (Freeman, 1965).

This religiosity scale being an attitude scale, also claims to have face validity since the items that make up the scale are self evident, the items refer to belief in and dependency on God or some supernatural...
being. The items also attempt to tap the extent of a subjects' adherence to the doctrines of his religious faith. Furthermore, the validity of each item has been determined by procedure of item analysis by setting up two criterion groups using the upper 27% and lower 27% of the cases from the try-out sample (Guilford, 1954).

The present scale has been cross validated by Sreekisoon and Chaudhary (1983) on a sample of college students belonging to 4 different faith groups namely, Muslim, Christian, Sikh and Jain religions. Islamic faith stresses the concept of belief in and dependency on a personal God. Jainism does not speak of belief in any God or Godesses, it merely stresses the need for right conduct and the sacredness of every life form.

Since the scale is a measure of belief in and dependency on a supernatural being of God, the two religious faith groups, Muslims and Jains should differ significantly. Sreekisoon and Chaudhary (1983) reports significant difference between the two groups (p < .01). This validates that the religiosity scale developed, is a valid measure of attitude of religiosity of an individual.

DEPERSONALIZATION

Since depersonalization was being studied not as a dissociative disorder, for which DSM-IV has suggested that the structured Clinical Interview for DSM-IV Dissociative Disorders (SCID-D, Steinberg, 1993) can be used for evaluation, but as a condition which may come under category of 'normal depersonalization' or 'transient depersonalization; it
was necessary that an appropriate tool be designed by the researcher. The construction of a scale is a serious business. It does not mean writing out certain statements and taking responses. According to Kelly (1969) and Hasan (1997) there are three strategies of construction of questionnaires:

i. Rational theoretical
ii. Empirical
iii. Factor analytic

The rational theoretical approach was adopted for the construction of depersonalization questionnaire. In rational theoretical approach, common sense becomes the basis of decision of what is to be assessed, what items are initially included in the pool of items to be considered for inclusion in the instrument, what responses are to be considered as the evidence of presence/absence of a trait.

The following steps which are involved in developing rational theoretical instrument were followed:

i. Defining the construct:

In this, the definition of the trait is to be enunciated. If the psychologist is depending upon some theoretical formulation in deciding what he has to measure, he can borrow the definition from the theoretical system. It may also be formulated by the psychologist who is developing the instrument if he makes use of common sense and rational thinking in deciding what he has to measure. In this case, since the definition had to be formulated by the researcher, the first step undertaken by the researcher was to define the construct. With the help of available
literature, findings of studies conducted in the area, discussion with senior colleagues it was concluded that the following behaviors defined the phenomena of depersonalization.

1. A state in which one feels as if he/she is out of his/her body and the self is not in one's control.
2. feeling of being unreal.
3. Loss of sense of self
4. Feeling as if one is in a state of dream
5. An altered perception of self
6. Persistent or recurrent experience of feeling of detached from, and as if one is an outside observer of one's mental processes or body.
7. Clinically significant distress or impairment in social, occupational or other important areas of functioning.
8. Intact reality testing.

A pool of items which reflected each of the factors defining depersonalization was created with the help of researchers and teachers of the department. Initially almost sixty items were formulated. Each item highlighted a situation reflecting a particular factor. For example the item number first and item number 30 -

(i) Life is meaningless and I feel as if I am not me. (ii) I prefer independence, so that I can enjoy this state of unreality for a pretty long time, would indicate the position of the subject an depersonalization.
(ii) Editing and improving language of items:

Since one of the fundamental assumptions of rational theoretical approach is that responses given by a subject are the verbal representation of his/her mental interior, the items in the instrument should convey the same meaning to all the subjects. Thus ambiguous, complex and vague statements should be avoided. This exercise was diligently followed and screening, rewording and pruning of items was done with the help of experienced researchers. In the end, thirty items were retained in the questionnaire.

(iii) Determining item Homogeneity:

In order to do this, the researcher conducted a pilot study and the scale was administered on (a) persons who markedly and distinctly showed symptoms of depersonalization and (b) those who appeared to show no such symptoms.

There was great difference in scores obtained by the two groups and the thirty items retained were those in which the two groups did not respond in the same way. Thus there was item homogeneity to a great extent.

In this way depersonalization scale consisting of 30 items was constructed. There were three response categories for each item -- Always, Sometimes, Never A score of 1,2,3 was assigned, such that response indicating presence of depersonalization was given the score 3. Therefore the maximum possible score on the scale was 90 and the minimum possible score was 30.
HOPELESSNESS

The Beck Hopelessness Scale, was developed by Beck and his colleagues in (1974). It is a 20 item measure designed to reflect a respondent's negative expectancies. The measure comprises of 11 negatively phrased and 9 positively phrased items.

Beck et al (1974) found the internal consistency for total BHS scores as .93, with item total correlations ranging from .39 to .76.

The validity of Beck's Hopelessness Scale scores have been well researched in clinical populations, and these scores have proven to be of considerable clinical worth (Nunn, Lewin, Walton, & Carr, 1996). Chang et. al. (1994) found a positive relationship between BHS scores and psychological stress as measured by the Deragatis Stress Profile as well as relationships in the expected directions between the BHS and the optimism and pessimism subscales of the life orientation Test (Scheier & Carver, 1985).

Procedure

The actual conduct of research is an important phase in an investigation. In a study of this nature it is also a very interesting phase because after literature search and other academic aspects of research planning, in this phase the researcher actively participates in the work chalked out. Further, when the research involves an understanding of many dimensions of behaviour, it is likely that interaction with subjects will be for a longer period. The researcher contacted subjects in their homes or place of work at their convenience which became possible after
creation of rapport. The questionnaires were thus administered individually in two or three sittings depending upon time which subjects could spare at a particular moment. However for one person there was a short gap and the second visit was kept as close as possible to the first. Many persons approached did not want to participate so the researcher spent a considerable time in this phase of work so that persons genuinely interested to cooperate would constitute our sample. The importance of this phase and research cannot be underestimated.

The information that we analyse and the conclusions that we draw depend upon the seriousness and genuineness with which data is collected. Therefore the researcher took all possible precautions in administering the questionnaires to subjects.

Statistical Analysis

The investigator had to compare two groups, one experiencing prolonged stress, the other not experiencing prolonged stress on two dimensions - depersonalization and hopelessness. Further, the influence of two moderator variables namely social intimacy and religiosity were needed to be assessed. The researcher therefore used the t-test so that the significance of the difference between means could be found. t is an inferential statistic and is commonly used to compute the significance of difference between two means. Since our research questions aim to answer questions relating to intergroup differences on certain dimensions, t-test was applied by the researcher.