SUMMARY AND CONCLUSION

The present study was designed to investigate ‘the effect of insurgency in the psychological adjustment of the Mizo’ and explicate the level of anxiety, depression, frustration caused by the insurgency among those volunteers and non-volunteers who experienced fatal and non-fatal situations and it attempt to find out how they cope with the experience.

Insurgency is a struggle between a non-ruling group and the ruling authorities in which the non-ruling group consciously uses political resources (e.g. organizational expertise, propaganda and demonstrations) and violence to destroy, reformulate, or sustain the basis of legitimacy of one or more aspects of politics (Bard O’Neill, 1990). Insurgency is a movement - a political effort with a specific aim. An insurgency, or insurrection, is an armed uprising, or revolt against an established civil or political authority. Persons engaging in insurgency are called insurgents, and typically engage in regular or guerrilla combat against the armed forces of the established regime, or conduct sabotage and harassment in the land in order to undermine the government's position as leader; the government established by an invading force counts as "collaborators", not "established authority". An insurgency differs from a resistance both in its political overtones and in the nature of the conflict: an insurgency connotes an internal struggle against a standing, established government, whereas a resistance connotes a struggle against invading or occupying foreign forces and their collaborators.

War has always taken a toll. Accounts throughout history tell of nightmares and other emotional problems associated with the horrors of war. It seems that we repeatedly discover the effects of trauma on humans every time we go to war. Terms like "combat fatigue" and "shell shock" were used in the past to describe some of the effects of combat.

It is self-evident that stress will play a far more important role during a war-situation, when the demands, which are made on the population in general, and on the combatants in particular, exceed those normally experienced. Moreover, during
guerrilla warfare there will probably be more factors involved causing stress and the impact of these will tend to compound.

The impact of war are terrible, many may suffer immediate pain, horror, destruction and even death. Mental anguish during and after warfare should not be under estimated compared to more visible wounds. The invisible wounds may result from the combat itself, living in or near a combat zone, personal or simply exposure to war from afar as the member of a warring population, etc. Much psychological harm may be suffered by the civilian victims, for they have not been groomed by the expectation of military training to manage the stress, shock, and fright of violence and loss as soldiers have. And prepared or not the deep neural pressure to survive put on soldiers by their own chemical instincts when triggered by circumstances typically exceeds health with its repetition, constancy and force. Adrenaline which promotes survival in the short term fatigues and wears dangerously on people in the long term, as soldiers find. The stress of combat commonly produces psychotropic if not psychopathic effects (Barth, 2003).

Any suffering embedded into the soldier’s life (whether or not a soldier dies in war or comes back hurt physically or psychologically) indeed introduces psychological repercussion to the lives of close family members and friends. At the home of soldiers there are presence of instability among the family due to more absence and worry during absence causing depression and abuse.

Life events are not equally stressful to all people, and it appears that some combination of the environmental stresses or demands that people face and the resources they have available together affect their way of coping.

The present research “The Effects of Insurgency in the Psychological adjustment of the Mizo” was designed to explore how much psychological impact it had upon the Mizo and how did they respond and adjust to it. The participant, i.e. The Mizo, who were selected for the present study experienced the Insurgency from the onset (1966) till the ‘Peace Accord’ was signed (1986) between the MNF and the Government of India.

The history of the Mizos can be divided into three broad periods; the Pre-British Period begins with the origin of the Mizos shrouded in mystery and
culminates with the ‘Chin-Lushai expedition’ of 1889-1890. Before the advent of Christianity, the Mizo who then considered themselves as powerful militant people took great pride in subduing their rival tribes and raiding their neighbours. Apart from the inter-clan clashes, raids were directed towards the people in the plains of Cachar, Manipur, Sylhet, Tripura and the Chittagong Hill Tracts.; the British Period (1890 – 1947) begins with the annexation of Mizoram by the British Authority in 1890 and comes to its end along with Independence of India in 1947; and the Post-Independence Period (1947 – till date) witness the vast array of development in the social, political, economic and religious sphere at both the individual and population level, since the Indian Independence of 1947 perturbed by the period of insurgency.

To meet the objectives, 200 Mizo participants between 50-70 years of age experiencing the insurgency in Mizoram were randomly selected from different part of Mizoram to serve as subjects for the present study. The structured interview questionnaire pertaining to the perceived causes and impact of insurgency in Mizoram based on psychological measures of anxiety, depression, frustration and coping were administered to determine the psychological impact of insurgency in Mizoram.

The participants were randomly selected from different part of Mizoram affected by the MNF movement, with due care of extraneous variables to identify true representation. Lists of people who are a member of PAMRA, Ex-MNA, Widow of MNA and Mizoram Elder Association (MUP – Mizoram Upa Pawl), Mizoram Civil Pensioners Association who had experienced the Mizoram insurgency were obtained. From these lists the participants were randomly selected. The ‘Volunteer’ with consideration of ‘Suffering’ and ‘Non-suffering’ were selected from the list of Ex-MNF (PAMRA and MNA – Association on Hnam Run, Office of the MNF Party Headquarters.). Following the same procedure of the sample selection, the ‘Non-volunteer’ were selected from the list of the members of Mizoram Elder Association (MUP), Mizoram Civil Pensioners Association and the Widows of MNA( Association of Hnam Run). ‘Gender’ was not included in the design as very few members of female volunteers could be identified.

The study was design with manifold objectives. The first objective aimed to elucidate the psychometric adequacy of the behavioural measures of (a) Symptom Questionnaire (SQ; Kellner, 1987), (b) Frustration Test (FT; Chauhan & Tiwari,
1872), (c) Coping Inventory for Stressful Situation (CISS; Endler & Parker, 1999). These analyses revealed that specific items of all measures were endorsed within the optimal limits.

Psychometric analyses of the behavioural measures included the analysis of (i) item-total coefficient of correlation (as an index of internal consistency and item validity) was ascertained for the scales/subscales of the behavioural measures with the criterion of items showing item-total coefficient of correlation \( \geq 0.01 \) for the whole sample to be retained for further analysis, (ii) Reliability coefficients (Cronbach alphas & Split-half) of the specific subscales, (iii) inter-scale relationships (in the instances where there were two or more sub-scales/sub-factors). Following the broad format of analysis, the psychometric properties of the four classes of behaviour measures of (i) anxiety, (ii) depression, (iii) frustration and (iv) coping styles were analyzed by employing PASW Statistics 18 (2009), Statistica 8.0 (2008) and Microsoft Office Excel 2007.

The psychometric properties of behavioural measures were computed which confirmed the adequacies of the psychometric properties of the selected scales for measurement purposes for the present study. The reliability coefficients emerged to be strong indicating the dependability of the test scales for measurement purposes in the project population (Mizo). In sum, the Item-Total coefficient correlation, the reliability coefficients (Cronbach alpha and Spearman Brown Coefficient), and the Inter-scales/subscales of Coping inventory for stressful situation (CISS), Symptoms Questionnaire (SQ) and Frustration test (FT) are conforming to the findings reported in literature (Kelnner, 1987; Endler & Parker, 1999; Chauhan & Tiwari, 1972; Varte, 2005).

The bivariate relationships between the scales/subscales of the behavioural measures were computed and it indicated the relationships among the scales/subscales of the behavioural measures accounting for ‘Volunteer’ (Volunteer, who joined the MNF personally and Non Volunteer, who does not joined the MNF personally during the insurgency in Mizoram), along with the ‘Fatal’ (Fatal are those who experienced fatal episode, and Non Fatal, who did not have experienced fatal episode personally).
Anxiety, Depression, Anger-Hostility, Frustration-Regression, Frustration-Fixation, Frustration-Aggression, Task oriented coping and Emotion oriented coping all showed significant positive relationship with each other, where a very high positive relationship is found between Frustration-Regression and Frustration-Fixation. They all appeared to have significant negative relationship with Somatic Concern, Frustration-Resignation and Avoidance oriented coping, which showed very high positive relationship with each other.

Results of the 2 x 2 ANOVA on Frustration Test measures revealed that there is a significant effect of ‘Volunteer’ and ‘Fatal’ in the entire test. The result stated that the Frustration Test measures attributed 84% to ‘Volunteer’ and 61% to ‘Fatal’. Volunteer showed greater mean score as compare to Non Volunteer except in Frustration-Resignation measure. The mean scores also showed that ‘Fatal’ as compare to ‘Non Fatal’ (Volunteer and Non Volunteer) scores higher than ‘Non Fatal’ (Volunteer and Non Volunteer) in Frustration Test Measures except for the Resignation measures where the ‘Non Fatal’ scores higher mean than the ‘Fatal’.

The depressed subjects reported greater levels of hostility and anger experience than the normal subjects did (Williams & Wilkins 1989).

Research involving combat veterans has shown that anger and rage are prevalent emotions in post-traumatic stress disorder. Soldiers in a combat zone are subjected to multiple stressors, including threats from enemy combatants, environmental hardships, and lack of physical comforts, which contribute to feelings of anger, frustration, and rage (Reyes and Hicklin, 2005).

Results of the 2x2 ANOVA { 2 Volunteer (Volunteer & Non Volunteer) x 2 Fatal (Fatal x Non Fatal)} in Coping styles indicated that there is significant effect among the scores on Task oriented coping style, Emotion oriented coping style and Avoidance oriented coping style. The results revealed that the attribution to the ‘Volunteer’ (86%) in the Coping styles is more than the attribution to the ‘Fatal’ (71%) in Coping styles. In Task oriented coping ‘Volunteer’ showed greater mean score than the ‘Non Volunteer’, higher mean scores can also be seen on the scores of ‘Fatal’ (Volunteer and Non Volunteer) as compared to ‘Non Fatal’ (Volunteer and Non Volunteer). Similarly, the ‘Volunteer’ showed higher mean score as compared to
the ‘Non Volunteer’ in Emotion oriented coping measures and the ‘Fatal’ (Volunteer and Non Volunteer) showed higher mean score than ‘Non Fatal’ (Volunteer and Non Volunteer). But in the Avoidance oriented coping measures the ‘Volunteer’ showed lower mean score as compare to ‘Non Volunteer’, it also showed lower mean score for ‘Fatal’ (Volunteer and Non Volunteer) as compared to ‘Non Fatal’ (Volunteer and Non Volunteer).

Results of the 2 x 2 ANOVA on Symptom Questionnaire revealed that there is a significant independent effects among the scores of Anxiety, Depression, Somatic Concern and Anger-Hostility. The results stated that the Symptom Questionnaire measures attributed 90% to ‘Volunteer’ and 72% to ‘Fatal’. The score comparison showed that ‘Volunteer’ showed greater mean score than ‘Non Volunteer’ in Anxiety measures and it also indicated that ‘Fatal’ (Volunteer and Non Volunteer) exhibit higher mean scores than ‘Non Fatal’ (Volunteer and Non Volunteer) in Anxiety measures. Same score comparison can be seen in Depression measures and Anger-Hostility measures where the mean scores of ‘Volunteer’ as well as ‘Fatal’ (Volunteer and Non Volunteer) are greater than the mean scores of ‘Non Volunteer’ and ‘Non Fatal’ (Volunteer and Non Volunteer). In the Somatic Concern measure ‘Non Volunteer’ mean score is higher than ‘Volunteer’ and also higher mean score can be seen on ‘Non Fatal’ (Volunteer and Non Volunteer) as compare to ‘Fatal’ (Volunteer and Non Volunteer).

High anxiety and depression levels of the ‘Volunteer’ is supported by the latest Pentagon survey assessing the mental health of troops in Iraq, which found one-third of the soldiers and marines in high levels of combat report anxiety, depression and acute stress.

Study done by Riley, Treiber and Woods (1989) reported that their study subject depressed group showed greater levels of hostility and anger experience than the normal group.

Post-traumatic stress disorder ((Anxiety disorder) was the most common condition reported, affecting 13 percent of all Iraq or Afghanistan veterans who sought VA (Veteran Administration) services, according to the study. That is slightly less than the 15.2 percent reported in the general population (CNN, 2007)
For many, the cause of anxiety is not just the dangers of being out on combat patrols or missions in enemy-held territory. The loneliness of separation from family and loved ones can be an emotionally draining situation, whether one is in war or not.

Depression and post-traumatic stress disorder (PTSD) are mental conditions that often go hand-in-hand. Many people develop post-traumatic stress disorder after experiencing or witnessing a traumatic event. This can cause them to relive the traumatic event and have nightmares and flashbacks of the event.

In many cases, PTSD (Anxiety disorder) becomes so severe that sufferers retreat remarkably from their everyday activities. They withdraw, isolate themselves and can begin to be depressed.

Symptoms of post-traumatic stress disorder are still reported by a fifth of the heavy combat veterans (Elder & Clipp, 1988) including sleep disturbances, depression and anxiety and flashbacks of combat scenes.

Evidence concerning the long-term effects of war neuroses can be found in the report of a 5-year follow-up study by Futterman and Pumpian-Mindlin. This study of 200 combat veterans seeking treatment at the Veterans Administration Mental Hygiene Clinic in Los Angeles provided evidence of fresh cases of traumatic war neuroses that had not previously sought treatment since the war. Common symptomatology among these veterans included: intense anxiety, recurrent combat-related dreams, startle reactions, depression, guilt, and a tendency to sudden, violent behavior. Secondary symptoms included a tendency to avoid people, fear of criticism, difficulty in making decisions, and various sleep disturbances. Similar findings were reported by Archibald, Long, Miller, and Tuddenham in their 15-year follow-up report on gross stress reactions resulting from combat during World War II. Questionnaire data were obtained from 57 combat veterans and 48 noncombat control subjects. The data indicated that the combat veterans were bothered by problems of tension, irritability, depression, diffuse anxiety symptoms, headaches, startle reactions, dizziness, blackouts, avoidance of activities similar to combat experience, internalization of feelings, insomnia, and nightmares. Eighty-two percent of the combat veterans reported that their psychological symptoms had interfered with their abilities to provide for their families.
The findings are in consistent with the findings done by Robert. H. Stretch (1989) which state that 15.2% of all male Vietnam-theater veterans are currently experiencing symptoms of PTSD (Anxiety disorder). Among female Vietnam-theater veterans, the current PTSD (Anxiety disorder) prevalence is estimated to be 8.5%. These rates are considerably higher than the rates for either Vietnam-era veterans (males = 2.5%, females = 1.1%) or civilian counterparts (males = 1.2%, females = 0.3%). These figures represent individuals with symptoms that qualify for a clinical diagnosis of PTSD (Anxiety disorder).

The present study also showed that subjects who score high on the anxiety scale also scores high on depression, as it can be seen that ‘Volunteer’ scores are high on anxiety measures as well as depression. One study revealed that, 85 percent of those with major depression were also diagnosed with generalized anxiety disorder while 35 percent had symptoms of a panic disorder. Other anxiety disorders include obsessive-compulsive disorder and post-traumatic stress disorder (PTSD). Because they so often go hand in hand, anxiety and depression are considered the fraternal twins of mood disorders.

The Multiple regression analyses in the prediction of the symptoms of psychopathology from the behavioural measures of Anxiety, Depression, Somatic Concern, Anger-Hostility, Frustration and Coping orientations was employed to determine the antecedents and consequences relationship among the behavioural measures of the theoretical construct as envisioned. Frustration Test (FT) and Coping Inventory for Stressful Situations (CISS) as a predictors and Symptom Questionnaire (SQ) as a criterion in the regression model were computed.

The regression model with Task oriented coping, Emotion oriented coping, and Avoidance oriented coping as predictors and Anxiety as the criterion emerged to be statistically significant. The result supported by the normality and the homogeneity of the regression slope revealed that on scores of Anxiety with Task oriented coping as a predictor explain 53% of variances, Emotion oriented coping explain 47%, and Avoidance oriented coping explain 55%.

Frustration-Regression as a predictor for Anxiety explains 52% of variances, Frustration-Fixation explain 54%, Frustration-Resignation explain 62% and
Frustration-Aggression explain 43%. The result was supported by the normality and the homogeneity of the regression slope.

The regression model with Task oriented coping, Emotion oriented coping, and Avoidance oriented coping as predictors and Depression as the criterion emerged to be statistically significant. The results revealed that on the scale of Depression, Task oriented coping as a predictor explained 58%, Emotion oriented coping explained 56%, Avoidance oriented coping explained 67%.

Frustration-Regression as a predictor for depression explains 62% of variances, Frustration-Fixation explain 61%, Frustration-Resignation explains 69% and Frustration-Aggression explains 53%.

Consistent to the findings with regards to Anxiety and Depression, one study revealed that Avoidant coping may be positively associated with stress, anxiety and depression as it fails to remove minor stressors (Holahan et al. 2003). After a period of time, these stressors may become bigger, leading individuals to experience an enduring pattern of stress and consequently greater psychological distress (Holahan et al., 2003).

Hokanson (1961) also demonstrated that the subjects who admit to strong feelings of anger on personality tests manifest more of an anxiety type of physiological response following frustration.

Coping research has found emotion-focused coping to be both positively and negatively associated with psychological distress (Ben-Zur, 1999; Billings & Moos, 1982c).

The regression model with Task oriented coping, Emotion oriented coping, and Avoidance oriented coping as predictors and Somatic Concern as the criterion and the results emerged to be statistically significant. The results revealed that on the scale of Somatic Concern, Task oriented coping as a predictor explained 59%, Emotion oriented coping explained 54%, Avoidance oriented coping explained 72%.

Frustration-Regression as a predictor for Somatic Concern explains 66% of variances, Frustration-Fixation explains 66%, Frustration-Resignation explains 70%.
and Frustration-Aggression explains 57%. The results were supported by the normality and the homogeneity of the regression slope.

The regression model with Task oriented coping, Emotion oriented coping, and Avoidance oriented as predictors and Anger-Hostility as the criterion and the results emerged to be statistically significant. The results supported by the normality and the homogeneity of the regression slope revealed that on scores of Anger-Hostility with Task oriented coping as a predictor explained 62% of variances, Emotion oriented coping explained 62%, Avoidance oriented coping explain 62%.

Frustration-Regression as a predictor for Anger-Hostility explains 56% of variances, Frustration-Fixation explains 56%, Frustration-Resignation explains 67% and Frustration-Aggression explains 50%.

The result findings can be summarized in accordance with the outcome of the quantitative analyses of the perceived impact of the Insurgency. The finding suggested that Frustration and Avoidance oriented coping appeared to be the main predictors of Anxiety, followed by Task oriented coping and then comes Emotional oriented coping as the predictor of Anxiety. Frustration and Avoidance oriented coping, again emerged to be the main predictors of Depression, followed by Task oriented coping and then Emotion oriented coping as the predictor of Depression. Then again, Frustration and Avoidance oriented coping emerged to be the main predictors of Somatic Concern, followed by Task oriented coping and then comes Emotion Oriented coping as the predictor of Somatic Concern. Finally, Frustration and Avoidance oriented coping again appeared to be the main predictors of Anger-Hostility, followed by Task oriented coping and Emotion oriented coping, which equally predicted the Anger-Hostility.

Amongst the participants, Task oriented coping is mostly associated with Anger-Hostility, followed by Depression, then Frustration-Regression, Frustration-Fixation and Frustration-Aggression subsequently. Emotion oriented coping is mostly associated with Anger-Hostility, followed by Depression, and then comes Anxiety, Frustration-Fixation, Frustration-Regression and Frustration-Aggression subsequently. The Avoidance oriented coping is mostly associated with Frustration-Resignation followed by Somatic Concern.
The result findings of this study are summarized in the followings, in relation to the theoretical expectation set forth for the study.

‘Volunteer’ exhibited greater anxiety scores than ‘Non Volunteer’; this finding supported the theoretical expectation (hypothesis) No.1 set forth for the study (Insurgents may exhibit greater anxiety scores than Civilians).

This finding is supported by one study done on male Australian Korean war veterans. The study compared surviving male Australian veterans of Korean war with similar aged Australian civilian men who were residing in Australia at the time of the Korean war. The study found that there exist an excessive level of anxiety, PTSD (Anxiety disorder) and depression aming the veterans as compared to the civilians.

‘Volunteer’ exhibited greater depression scores as compared to ‘Non Volunteer’; this finding is in conformity with the theoretical expectation (hypothesis) No.2 set forth for the study (Insurgents may exhibit greater mean scores than Civilians).

‘Volunteer’ exhibited greater mean scores on frustration measures as compared with the ‘Non Volunteer’; this finding supported the theoretical expectation (hypothesis) No.3 set forth for the study (Insurgents may exhibit greater mean scores on frustration measures than Civilians).

‘Volunteer’ showed greater mean scores in task oriented and emotion oriented coping styles than the ‘Non Volunteer’, where as the ‘Non Volunteer’ showed greater mean scores on avoidance oriented coping style; this shows that the task oriented coping style as well as the emotion oriented coping style are more exercised by the ‘Volunteer’ as compared to the ‘Non Volunteer’ and avoidance oriented coping styles is more exercised by the ‘Non Volunteer’ than the ‘Volunteer. This finding supported the theoretical expectation (hypothesis) No.4 set forth for the study (Insurgents are expected to manifest either or both of task and emotion oriented coping styles, while civilians are expected to manifest avoidance oriented coping styles).

Avoidance coping, such as not thinking about the problem, relying on externalization and wishful thinking, and engaging in emotional discharge (e.g., crying, shouting) to vent negative affect (Moos, 1993) is associated with greater PTSD (Anxiety disorder) severity (Bryant & Harvey, 1995; Sutker et al., 1995),
personality disorders (Vollrath, Ainaes, & Torgersen, 1998), violence risk (Kotler et al., 1993), hostility (McCormick & Smith, 1995), suicide (Linehan, Chiles, Egan, Devine, & Laffau, 1986), and comorbid psychopathology among substance use patients (Mezzich, Tarter, Kirisci, Hsieh, & Grimm, 1995). For example, Fairbank, Hansen, and Fitterling (1991) found that former World War II prisoners of war (POWs) with PTSD (Anxiety disorder) reported more coping characterized by self-isolation, wishful thinking, and self-blame than did former WWII POWs without PTSD (Anxiety disorder). Sutker et al. (1995) also noted an association between avoidance coping and PTSD (Anxiety disorder) symptoms among soldiers assessed within one year of their return from Operation Desert Storm.

‘Fatal’ (Volunteer and Non Volunteer) exhibited greater anxiety scores than ‘Non Fatal’ (Volunteer and Non Volunteer); this finding supported the theoretical expectation (hypothesis) No.5 set forth for the study (Bereaved insurgents and civilians may exhibit greater anxiety scores than Non bereaved insurgents and civilians counterparts).

‘Fatal’ (Volunteer and Non Volunteer) exhibited greater depression scores than ‘Non Fatal’ (Volunteer and Non Volunteer); this finding supported the theoretical expectation (hypothesis) No.6 set forth for the study (Bereaved insurgents and civil may exhibit greater depression scores than non-bereaved insurgents and civilians counterparts).

‘Fatal’ (Volunteer and Non Volunteer) exhibited greater frustration scores than ‘Non Fatal’ (Volunteer and Non Volunteer); this finding is in conformity with the theoretical expectation (hypothesis) No.7 set forth for the study (Bereaved insurgents and civilians may exhibit greater mean score on frustration measures than non-bereaved insurgents and civilians).

‘Fatal’ (Volunteer and Non Volunteer) showed greater mean scores in emotion oriented coping styles than ‘Non Fatal’ (Volunteer and Non Volunteer), where as the ‘Non Fatal’ (Volunteer and Non Volunteer) showed greater mean scores on avoidance oriented coping style; this shows that the emotion oriented coping style are more exercised by ‘Fatal’ (Volunteer and Non Volunteer) as compared to the ‘Non Fatal’ (Volunteer and Non Volunteer) and avoidance oriented coping styles is more exercised by the ‘Non Fatal’ (Volunteer and Non Volunteer) than the ‘Volunteer. This
finding supported the theoretical expectation (hypothesis) No.8 set forth for the study (Bereaved insurgents and civilians are expected to manifest emotion oriented coping styles, while the non-bereaved insurgents and civilians are expected to manifest avoidance oriented coping styles).

Since the data were obtained in retrospective manner, the level of anxiety, depression and frustration might be not as high as the level during insurgency period which date back to 25 years ago. It is believed that the level of anxiety, depression and frustration during that time to be higher than the recorded data for this study. No abnormally high levels were found in the data, the reason for this is believed to be the nature of the Mizo society. The Mizo society is a closed knit society, they like to do things as a group, so everyone got roles to take part in different activities such as churches and NGOs, etc and so helping and supporting each other. These participation and activities play important means in coping with their war anxiety, depression and frustrations.

Even though the study of the psychological analyses of Insurgency in Mizoram is exploratory in nature, the finding of the present study on the whole provided empirical bases sufficient enough in conformity to the theoretical expectations set forth for conduction of the study and provided empirical background pertaining to the impact of insurgency on ‘Insurgents’ or ‘Volunteer’ (Fatal and Non fatal) and ‘Civilians’ or ‘Non Volunteer’ (Fatal and Non Fatal) on measures of the dependent variables, and ‘Insurgents x Civilians interaction effect.

Although, it was designed to be the systematic and authentic research, the present study is not free from limitations. One limitation is that, since the study try to extract the psychological condition that date back to more than 25 years, psychological changes could happen, as there is a saying that ‘time change people change’, psychological changes over time would changed the original feeling. Psychological distress such as divorce, illness, unemployment, death of family member etc that came in to existence after the Peace Accord can alter the psychological condition of the participants, which set some limitations on the study. Another possible limitation of the study is that since the self-report questionnaires were used participants’ social desirability could have influenced their reporting.
Suggestions for further research: Studies could examine whether coping styles change over time. The coping literature has shown that people seek more social support as they grow older (Cronkite et al., 1998) however; few studies have conducted longitudinal research to better understand how coping styles change and develop over time.

Another interesting area of research to investigate is whether the association between coping styles and psychological distress are different across different ages.

Future research could also explore whether the presence of external stressors influences the association between coping styles and psychological distress. Research has shown that people experience greater stress at certain points in their life (Adlaf et al., 2001).