METHODS AND PROCEDURE

Sample:

The study was designed to determine the effect of ‘Volunteer (‘Volunteer’ as who joined the MNF personally, and ‘Non Volunteer’ as who had not joined MNF during Mizoram insurgency) and ‘Fatal’ (‘Fatal as who experienced fatal episode personally and with the family member, and ‘Non Fatal’ as who did not have experienced fatal episode personally and with the family member) due to insurgency in Mizoram on the behavioural measures.

Based on psychological measures of: anxiety, depression, frustration, and coping test questionnaires were administered to determine the psychological impact of insurgency in Mizoram, which include 200 participants between 50 to 70 years of age experiencing the ‘Insurgency in Mizoram’. Purposive sampling technique was adopted in the subject selection with equal proportion of participants under each cell of the design (n=50) for the ‘2x2, this is because of the nature of the concept and participants under consideration. ‘Gender’ was not included in the design, as very few members of female volunteers could be recognized, but the background information of the subjects like – birth order, educational qualification, employment status, family structures (joint or Nuclear), size of family, monthly income, space facilities available for each number was recorded for consideration.

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 Peace Accord MNF Returnees Association (PAMRA), Ex-Mizoram National Army Association (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 Widow of MNA. ‘Gender’ was not included in the design as very few members of female volunteers could be identified.

**Figure - 4:** Showing the 2 x 2 factorial designs of the study.

**Psychological tools:**

The data collection incorporated the aid of questionnaires tapping 4 psychological constructs namely - anxiety, depression, frustration, and coping styles shall be recorded maintaining anonymity of the participants.

The details of the psychological measures are summarily described to make lucid the behavioral gamut’s that are investigated across samples of the study.

1. **Symptom Questionnaire** (SQ; Kellner, 1987): The Symptom Questionnaire (SQ) is a yes/no questionnaire with brief and simple items. It contains state scales of depression, anxiety, anger-hostility, and somatic symptoms. The psychometric properties of the SQ are somewhat different from those of similar scales. In double-blind, crossover studies, they tended to be more sensitive than other scales in discriminating between the effects of a psychotropic drug and placebo and were found to be highly sensitive in discriminating between distress levels of groups. In studies with small or moderately sized samples in which the sensitivity of scales is important or in populations that include subjects with poor verbal skills, the SQ seems to have
advantages. The SQ is suitable for the measurement of distress and hostility in research and as a checklist in clinical work.

The psychological measure consists of 92 items with four sub-scales of anxiety, depression, somatic concern and anger-hostility; each sub-scale has 17 items tapping the symptom and 6 well-being items. Bi-polar response choice of 1 (one) for each symptom with 0 (zero) representing its absence leads the maximum possible score for each sub scale is 17 (Seventeen) and each well-being sub scale is 6 (Six). This self-rated scale measures distress and well-being. The patient is instructed to read quickly through a list of 92 psychiatric and somatic conditions and choose the response (yes or no, true or false) that best describes how she has been feeling. Respondents are given a rating of 1 for each symptom that is checked “yes” or “true” and for each statement of well-being that is checked “no” or “false.” A higher score indicates more distress than a lower score.

2. Frustration Test (Chauhan & Tiwari, 1972): This test consists of 40 items out of which each four modes- Regression, fixation, resignation and aggression of frustration has 10 items each. Each item having six possible response choice with 0 (zero) representing absence of the corresponding mode of frustration and the intensity to be indicated from 1-very less, 2-less, 3-ordinary, 4-much and 5-very much. The higher scores indicated higher frustration potential, employed to identify the effects of frustration upon the quality of the person’s behaviour as a whole.

3. Coping Inventory for stressful situation (CISS, Endler & Parker, 1999): The Adult version of CISS which is consisting of 48 items is a self report measure of coping styles. It has tree sub scales Sixteen items assess task oriented, sixteen items assess emotion oriented coping, and sixteen items assess avoidance oriented coping. There are two sub-scales in avoidance oriented scales: distraction and social diversion coping styles. Subject rate each items on a 5 points scale ranging from ‘not at all’ (1) to very much (5).

Individuals who score high on Task Oriented Coping use behavioral or cognitive problem-solving techniques when confronted with stress. Emotion Oriented Capers respond to stressful situations with emotional outbursts, self-preoccupation, or
fantasy. Avoidance Copers rely on social supports or distract themselves with other activities.

The Coping Inventory for Stressful Situations (CISS) is a valuable tool that allows you to effectively measure three major types of coping styles in an individual, including Task-Oriented, Emotion-Oriented, and Avoidance Coping. As well, two types of Avoidance patterns, Distraction and Social Diversion, can also be identified.

The CISS is especially useful in assisting with assessment and placement decisions for psychiatric patients, correctional populations, college counseling centers, employee hiring and counseling situations, medical patients, stress and wellness programs and any other situations where it is useful to assess an individual’s coping style and ability.

**Demographic Profiles** includes subject’s name, father name, age, monthly income of the family, joining age of MNF, duration of serve, nature of suffering, and so on which will supplement and also cross validation of the information.

**Procedure:**

The selected psychological measures: a) Symptom Questionnaire (SQ; Kellner, 1987), b) Frustration Test (FT; Chauhan & Tiwari, 1972) and Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1999) were originally English, which are translated in to Mizo language as the participants mostly speak in Mizo and then back to English language to confirm the reliability of the translated scale. The original and translated psychological tests were compared by three language experts who were both well verse with English and Mizo, they accepted as not losing the originality. Through pilot study the translated scales are confirmed to be reliable and were found reliable (.83) for the present study. Even though the reliability of the translated scales were previously proved reliable in the same population, it was administered again to confirmed the reliability.

Firstly, the researcher obtained the necessary consents, rapport and careful explanations of instructions for completing the questionnaires were done; subjects required filling out the questionnaire sets anonymously in order to minimize the
potential influence of social desirability response sets. The background demographic sheets will then be distributed and filled up by each subject with assured confidentiality. Each testing session will last for approximately one hour. Then, the researcher asked the subjects to fill up the demographic profile then only administered to the participants. The selected participants were carefully given instructions that are required for the conduction of the psychological measurement and request them to complete the questionnaires in a retroactive manner, as they happened during the insurgency. The participants were asking to fill up the demographic profile first. The participants were given the questionnaire sets after cautious preparation and were requested to fill up the questionnaire sets completely and also gave them assurance that confidentiality and anonymity of the subjects should be maintained with that security they should not hesitate to give free and unbiased information.

The subjects were ensured regarding the confidentiality of their response patterns and requested to respond unanimously so as to take care of the components of social desirability, biases in the response mode(s) and Pattern(s) on each measure. After successful completion of all questionnaires, scoring were done separately for Volunteer (Fatal & Non Fatal) and ‘Non Volunteer’ (Fatal & Non Fatal) and were subjected to close examination for inferential conclusions of the findings.

The participants were both tested under individual and group condition in the presence of the researcher. After completion of the test, the researcher carefully checks the response sheets. From the data collected the researcher carefully checks the response sheets and rejected those that are incomplete and those that were highly differed from other participants. Finally, after screening the responses of of a large participants, 200 participants were selected for analyses.

**Design of the Study:**

Each participant completed a package containing the background demographic sheets and the psychological measures. Comprehensive scores on the scales or sub-scales of the behavioural measures are arranged in order for the project population and the effect of the ‘Volunteer’ (Volunteer and Non Volunteer) and ‘Fatal’ (Fatal
and Non Fatal) on the perceived impact as indicated by the psychological measures of :
(a) Symptom Questionnaire (SQ; Kellner, 1987), b) Frustration Test (FT; Chauhan & Tiwari, 1972) and Coping Inventory for Stressful Situations (CISS; Endler & Parker, 1999) are determined.

The study incorporated two-way classification of variables: the independent variables are the ‘Volunteer’ (Volunteer and Non Volunteer) and ‘Fatal’ (Fatal and Non Fatal), while the dependent variables are the psychological measures of anxiety, depression, frustration and coping styles. Thus, a 2 x 2 Factorial design (2 Volunteer x 2 Fatal) was imposed on the dependent measures with the participants equated and matched for the demographic variables.

Statistical Analyses:

Keeping in view of the problems of the study, the methodological refinements were done in a step-wise manner. Firstly, the preliminary psychometric analyses of the behavioural measures on the sampled equated and/or matched on the demographic variables included the statistical analyses of psychometric adequacy including: item-total coefficient of correlation, Cronbach alpha and split-half reliability coefficient and inter-scale relationships as the psychological of their proven psychometric adequacy cannot be assumed to carry their psychometric properties when transported and applied in any other cultural setting.

The analyses of the preliminary psychometric analyses subscribes to the admonition of researchers in culture specific and cross-cultural studies: that scale constructed and validated for measurement of theoretical construct in a given population when taken to another cultural milieu may not be treated as reliable and valid unless specific checks are made (Berry, 1974; Witkin, et al., 1975); and that cultural researches employing the derived-etic approach assume that each group that occupies an ecological niche is equivalent to that of the other and the study is free of systematic bias (Pootinga, 1989).

Secondly, 2 x 2 factorial design (2 Volunteer x 2 Fatal) with appropriate Post-hoc mean comparison was employed to highlight the independent and interaction
effects of the independent variables on the dependent measures. The analyses incorporated preliminary check of the assumptions underlying the analysis of variance.

Thirdly, Multiple regression analyses were employed for the prediction of the psychological symptoms from the other behavioural measures for clarity and precision.

The responses of the subjects were computerized and analyzed employing statistical software by following the objectives set forth for this study. The overall analyses of results are presented and discuss in the chapter to follow.