Commentary

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Conflict Exposure and PTSD Implications among Young Adult Students in Kashmir: A Short Commentary

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Commentary

History bears witness of conflicts and clashes between states, cultures, religions, kingdoms and so on. As a result, people worldwide are exposed to a diversity of traumatic events because of mass violence and instability specific to every conflict. These intergroup intractable conflicts which are typically characterised by confrontations last for years together and constitute a major source of trauma and destruction to individuals exposed to such stressful experiences [1,2]. Exposure to armed conflict is a severely traumatic event with potentially long-lasting effects on the mental health of those exposed to it, and most of the people living amidst the rages of conflict usually suffer from psychological disorders like PTSD [3,4].

While the influence of exposure to traumatic events on the prevalence of stress disorders from different types of war related trauma is widely known, little is known about the predictive values of stressors among the Kashmiri youth still living in the fear of more than two and half decades long conflict. However, studies addressing the impact of prolonged or on-going conflict on civilian mental health are limited in number as compared to post-conflict studies and it becomes imperative to understand the effects of on-going conflict and its toll on mental health of the individuals in order to devise treatment and interventions programmes for the affected population.

The purpose of this study was to highlight the prevalence of and the risk factors associated with PTSD among young adults who have been exposed to stressful experiences related to long-standing conflict in Kashmir.

In this study the authors sampled 1000 young college students from Baramulla, Kupwara and Bandipora districts of the northern region of the Kashmir valley. The fact is that these districts are being reported as the most affected with violence as a result of armed-conflict. Dasgupta (2009) [5] argued that these three districts are the most violence-prone districts of Kashmir division because they include the LOC (line of control) neighbouring Pakistan-administered Kashmir. The point is that this part of Kashmir comprises of dense forested areas that make it a source of good militant hideouts. Such features made this area highly populated with armed forces, which led to more encounters between the militants and the armed forces with public caught in between fighting parties thereby inviting more fear and intense protests.

The findings of this study demonstrated the significant role of conflict exposure in increasing the risk for PTSD symptoms as assessed by Exposure to Kashmir Conflict Checklist [6] and PTSD Checklist–Civilian Version [7]. The study showed a high prevalence of PTSD symptoms (49.81%) among the respondents [8]. The results also suggested that direct or perceived exposure to armed conflict was associated with an increased risk of developing PTSD symptoms. This heightened risk was significantly associated with both the nature and frequency of traumatic events experienced by the respondents [8]. Factors like the feeling of living in conflict, a family member being killed or missing due to the conflict, perceived risk to life, media coverage of the violence, and higher level of personal exposure to conflict emerged as key predictors of posttraumatic distress [8].

Trauma Exposure and PTSD Implications

Traumatic events in life can have a considerable impact on those who are exposed to them directly or indirectly. For instance, for some people, experiencing stressful life events can leave them depressed, disorganised, and more and more vulnerable to succeeding traumatic events. The trauma literature has found a number of traumatic life events to be the risk factors for the development of variety of mental disorders, such as anxiety, depression and posttraumatic stress disorder (PTSD) in severe and extreme cases.

Extensively literary work on the consequences of traumatic or stressful life events has documented the negative reactions like, depression and anxiety [9,10] and cognitive disturbances like, intrusive thought patterns and ruminations of traumatic events which interferes with the successful adjustment of the affected individual [11,12]. Those claims are supported and directed by cognitive processing theories and theory of assumptive world. Horowitz's [11] and Silver and her associates [13,14] propose that various negative effects of stressful life events result from an individual's tough effort to modify stressful thoughts of the

traumatic experiences into possible cognitive structure. Both suggest that this cognitive modification is carried by repetitive thought cycles of intrusion and denial, thereby gradually serving to fit those stressful thoughts into a stable and possible cognitive framework. Substitute to cognitive perspective, is Janoff-Bulman's [15] assumptive world theory for understanding the nature of traumatic events in terms of their negative impact on an individual. The theory of assumptive world proposes that unaffected or non-traumatized individuals uphold a positive perception of them and the others around, and also hold their belief in a meaningful, benign, and a just world. When these basic "fundamental world assumptions" gets shattered by a potentially traumatic event, thereby causing negative distressful effects [15-17] and re-establishment of the possible cognitive beliefs to understand oneself and the world around him becomes a key factor to recovery.

However, it is understandable that traumatic life events can have long lasting negative effects on the traumatized individuals because of false cognitive reworking and shattered assumptions about oneself and of the world around them. When an individual is severely encountered by the negative experiences, he can find difficulty in the cognitive integration due to this disintegration the thought cycles of intrusion and avoidant can contribute to the development of his long-term distress [18,19] and can lead to the development of PTSD symptomatology in most severe and extreme cases [20]. These distressing thought cycles becomes so intense that the individual feels difficulty in coping and adjustment, thus making him more vulnerable to negative effects of later trauma.

Educational Implications of PTSD

The study was conducted on the young adult college students and PTSD symptoms were persistent among them. The students have witnessed a variety of traumatic events ranging from bereavement to threatened death. This exposure to traumatic events has resulted in fear and helplessness among the students. The repeated exposure to traumatic events results in symptoms like withdrawal, emotional numbness, detachment, intrusion in the form of flashbacks and nightmares, hyperactivity etc. Such symptom severity can have harmful effects in educations settings of which students forms a vital part. Students with PTSD may lose interest in things they used to enjoy earlier. They may have persistent frightening memories of the events and thoughts making them re-experience or relive the trauma in the form of flashbacks and nightmares. These type of feelings occur particularly when the students are reminded of the events, objects or the source of trauma, thereby making them to lose touch with reality and re-enact the traumatic event. They may also become impatient, impulsive and aggressive when they feel difficulty overcoming such disturbing feelings and thoughts. Their capacity for learning may get decreased as the distressing thoughts may impede in developing learning skills and provide a hindrance in performing previously acquired skills. The students may feel difficulty in concentrating and get easily confused which will affect their academic performance when preoccupied with the stressful experiences. This preoccupation may affect their interaction with the other students or classmates by avoiding other students or becoming quiet and due to loss of interest in activities which they enjoyed earlier with them.

Conclusion

The authors conclude that the findings of this study add to the understanding of PTSD and associated risk factors. The study added further evidence for the presence of a relationship between conflict exposure and PTSD symptomatology in a setting that requires attention in both research and practice. Moreover, the presence of PTSD symptomatology among the young adults surveyed in this study underscores the need for ensuring the availability of mental health services, especially in educational settings, to identify and manage psychological distress. As PTSD is diagnosed if the symptom severity last for more than one month and symptoms usually begin during that time period, but in some case it take more time to develop ranging from months to years. So it becomes imperative to make an early intervention, ideally just following the traumatic event and if the trauma is unknown, the intervention should follow after the immediate display of symptoms corresponding to PTSD.

A number of treatment approaches are used to deal with PTSD and are often used in combination. A support from family, friend and significant others can be effective while treating students with PTSD by making a support network available at the time of trauma and be open to listening and understanding the needs of the victim. Mental Health professionals can play an important role in educational settings to help students in coping the trauma and lead them towards recovery. The role a mental health professional can play in a school can be of a school counsellor, school psychologist, a skilled teacher etc. These roles should ensure that critical services are provided at the school level like the affected students are identified, assistance provided to restore normal functioning among them and skill based psychological first aid (PFA) provided to the students. The school staff should also be sensitised how to identify and respond to students following a traumatic event. By providing such services to affected students at school level can not only help them recover, but also help them attaining better academic adjustment and achievements.

Last but not least, the findings of this study attempt to spread this awareness and urge the health authorities to implement their stated policies and to prioritise the immediate implementation of community-based psychiatric and counselling services in Kashmir. The study also offers insight into the conditions of life in these areas which may enable the administration and non-governmental organizations to understand the best ways to develop and implement intervention programs focused on increasing resilience factors and minimizing risk factors. Establishing counselling cells and crisis intervention centres along with devising a mental health policy tailored to the needs of people in these conflict stricken regions is imperative.

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