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Title of the Thesis: **Psychological Problems, Mental Health, and Coping among Female Relatives of Victims of Enforced Disappearances in Kashmir.**

This study assessed and compared psychological problems, mental health, and coping through a quantitative lens among mothers, wives, and daughters of the victims of enforced disappearances (ED) in Kashmir and their respective comparison groups of women; the relationship among these variables was also explored in order to better understand the interplay among them. Secondly, the perceived psycho-social stressors among mothers, wives, and daughters of the victims of ED were also assessed through a qualitative lens. It was hypothesized that a significant difference in psychological problems, mental health, and coping would exist among the female relatives of victims of ED and their respective comparison groups. The study used the pre-planned *sequential mixed-methods design*. In the first strand, quantitative inquiry, 120 female relatives of victims of ED, including 40 mothers, 40 wives, and 40 daughters, were approached with the help of the Association of Parents of Disappeared Persons (APDP), Kashmir. The comparison groups equaled this number and division. The tools included the Symptom-Checklist-90-R (SCL-90-R) for psychological problems, Mental Health Inventory (MHI) for mental health, and Brief COPE inventory for coping, which demonstrated adequate to excellent reliability coefficient on the current sample with a Cronbach's α range of 0.62 to 0.98. Using the Statistical Package for Social Sciences (SPSS-20.0), the group differences were tested using one-way analysis of variance (ANOVA) followed by Tukey's test. The relationship between psychological problems and total mental health was tested using the Pearson's Product Moment Correlation. The predictive role of coping in mental health was analyzed using hierarchical regression.

The results revealed that twenty-five to seventy-five percent of participants among the mothers and wives of the victims of ED met the criterion for clinically significant symptom dimensions of somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, global severity index, positive symptom distress, and positive symptom total. Among the daughters of the victims of ED, the percentage for anxiety, hostility, phobic anxiety, paranoid ideation, and positive symptom distress ranged from two percent to seventy percent. Among the corresponding comparison groups, the percentage of participants in mothers and wives who met the criterion for clinically significant symptom dimensions was

comparatively low, from twelve percent to forty-three percent. The mothers of victims of ED reported significantly greater anxiety than their comparison group. The wives of the victims of ED reported significantly greater depression when compared with wives from the general population. The daughters of the victims of ED reported greater interpersonal-sensitivity and anxiety when compared with daughters from general population. On MHI, a higher percentage of participants among the female relatives of victims of ED demonstrated poor mental health. The mothers and wives of victims of ED scored significantly low on total mental health when compared with their respective comparison groups. On Brief COPE, religion and self-blame figured as the most frequently used coping strategy. No participant reported reliance on substance use as a means of coping. A significant difference among the groups existed on active coping, use of emotional support, use of instrumental support, positive reframing, acceptance, and religion. The wives and daughters of the victims of ED reported significantly greater reliance on religion when compared with their respective comparison groups. The daughters of the victims of ED reported significantly greater use of active coping and instrumental support as compared to their comparison group, mothers, and wives from the general population. The wives of the victims of ED scored significantly higher on behavioral disengagement and self-blame when compared with mothers from the general population. A significant negative relationship between most dimensions of SCL-90-R and total mental health existed. Religion, active coping, acceptance, positive reframing, and humor emerged as significant predictors of total mental health. On the bases of these results, the hypotheses were partially accepted.

In the qualitative inquiry, a subsample including four mothers, four wives, and four daughters of the victims of ED were taken to assess perceived psycho-social stressors. Using the interpretative phenomenological analysis (IPA), specifically, four major psycho-social stressors of *incomplete mourning*, *social suffering*, *intense longing*, and *social ostracization* were found to injure the psychological state among these women. Some of the themes and sub-themes under *social suffering* and *social ostracization* validated several factors in the framework of psycho-social stressors by Holmes and Rahe (1967) and the DSM. Thus, the families of the victims of ED continue to suffer emotionally and psychologically; the ambiguity and helplessness in the situation exacerbates their distress. This study contributes to the existing body of literature on the subject; the findings may feed into the craft of psycho-social rehabilitation programs for the affected families.