

Post Traumatic Stress Disorder (Ptd) Among Flood Victims in Kashmir Valley

Mohammad Amin Wani^{1*}, R Sankar² and Rakshantha P³

¹Ph.D Research Scholar of Psychology Annamalai University, Tamil Nadu, India

²Assistant Professor Department of Psychology Annamalai University, Tamil Nadu, India

³Student M. Sc Clinical Psychology Department of Psychology Annamalai University, Tamil Nadu, India

*Corresponding Author: Mohammad Amin Wani, Ph. D Research Scholar of Psychology Annamalai University, Tamil Nadu, India.

Received: October 05, 2016; Published: November 28, 2016

Abstract

Background: Posttraumatic stress disorder is the common anxiety disorder found among the general population influenced and affected by natural disasters viz Floods, Tsunamis or Earth quick. The purpose behind the present study was to investigate the level of posttraumatic stress disorder among flood affected people in Kashmir valley.

Design: This study is based on sample of 300 subjects equally divided into two groups on the basis of gender (150 males and 150 females). Further these two groups subdivided into two more groups on the basis of age (adolescents and adults). Investigator used PTSD Check List Civilian Version (PCL-C) constructed and standardized by Weathers et al., for data collection. Independent Sample t-Test and Pearson Correlation Method were applied for statistical analysis and hypothesis testing.

Findings: The findings confirmed that female and adolescents have high level of PTSD than male and adult Subjects. It was also found that gender and age are negatively significantly correlated with PTSD.

Conclusion: On the basis of our findings it may be concluded that female and adolescents are inclined to PTSD.

Keywords: PTSD; Gender; Age; Flood

Abbreviations

PTSD: Post Traumatic Stress Disorder; DSM-IV: Diagnostic and Statistical Manual of Mental Disorders 4th; M: Mean; S.D: Std. Deviation; SEM: Std. Error Mean; df: Degree of Freedom

Introduction

Posttraumatic stress disorder (PTSD) is an extreme, severe, constant passionate response to a traumatic event that seriously debilitates one's life. It is an anxiety disorder classified in the diagnostic and statistical manual of mental disorders (DSM-IV), in which fear and related manifestations keep on being experienced long after a traumatic event like extremely stressful, shocking, horrifying, frightening, troubling or distressing events. PTSD is found among people experienced or witnessed life threatening events viz horrible road accidents, prolonged sexual abuse, army combat, being held hostage, terrorist assaults, natural disasters viz severe floods, earthquakes or tsunamis, extreme injuries, even violent personal assaults like rape. People who experience or witnessed any one among these events have flash-backs or nightmares, irritability, difficulty sleeping, poor concentration, hyper-vigilance and feel indifferent or estranged [1]. If the person experiences these symptoms continue after a month, then he is diagnosis of posttraumatic stress disorder. The symptoms of PTSD may start either not long after the traumatic events or a few months or years subsequently.

Citation: Mohammad Amin Wani., et al. "Post Traumatic Stress Disorder (Ptd) Among Flood Victims in Kashmir Valley". *EC Psychology and Psychiatry* 1.5 (2016): 164-170.

This disorder is distinguished from acute stress disorder on the basis of the fact that in the latter, the symptoms occur within four weeks of the traumatic event and are resolved within these four weeks, if the symptoms persist for more than a month and meet the criteria for PTSD, and then the person should consult the psychiatrists [2].

Posttraumatic stress disorder can occur at any stage of life and can affect ones personal, marital, social as well as occupational life. Post traumatic stress disorder is commonly found among elderly and is associated with death of loved ones like spouse, children, parents or other close relatives [3].

Genetic factors may influence dopamine and nor-epinephrine reactivity in response to trauma has risk of PTSD [4,5]. People with PTSD may experience depression, substance abuse or suicidal ideations. PTSD occurs when the individual involves in such horrific events, where he cannot reconciled with their view of the world [6]. Studies show that 55 % of Kashmir population is suffering from mental trauma among them 800,000 individuals have PTSD. Institute of mental health and neurosciences Srinagar reports that in Kashmir 15% female have stress and prolonged trauma, 70 - 80% have acute depression and 16% have PTSD [7]. Posttraumatic stress disorder can be treated by behavior modification therapy by applying behavioral and cognitive methods after trauma if the individual develops PTSD [8].

Besides damaging the property, natural disasters like floods, additionally cause extensive variety of psychosocial and mental illnesses like phobias, anxiety, psychological distress, mood disorders and post traumatic stress disorder. Same is the case with devastating and horrible flood in September 2014 witnessed by people of Jammu and Kashmir State. This flood was recognized as the worst flood in last 109 years it affects about 5 million people in 2600 villages 12.50 lakh families were directly or indirectly affected about 400 villages in Kashmir were completely submerged [9]. The flood kills 281 people, damaged private as well as public properties like homes, residential hotels, business units, educational institutions, hospitals, orchards, paddy fields, and government establishments. This flood damage the property of 1, 00,000 crores approximately. Kashmir always remains the hub of psychological problems, every year there is numerous increase in various psychological disorders because of conflict. Psychiatrists in Kashmir said that before floods of 2014, they were treating PTSD patients because of conflict. Now days they have PTSD patients who lost their loved ones, property even hardly save themselves during floods. Doctors in GMC Srinagar also reports that the huge number of patients with anxiety, stress and depression as well as with PTSD [10]. After the September 2014 floods, the psychological as well as mental health issues increase rapidly and are in alarming stage. The record of people who visit psychiatric hospital Rainawari Srinagar was break in 2015 when 180000 patients visit in the same hospital.

In present days, psychological issues following by disaster has gained incredible attention across the globe larger number of researchers conducts numerous studies to find the effect of these disasters on physiological, psychological, economical as well as sociological aspects of individual life. Among these researches various studies show that natural disasters like floods, earth quacks etc. are main cause of posttraumatic stress disorder (PTSD). Researchers like Sankar & Wani [11] undercover that female subjects are statistically significantly in anxiety, stress and depression. Falguni, *et al.* [12] investigated that female flood victims shows higher levels of intrusion than males. Eriega, *et al.* [13] found significant difference between males and females in development of posttraumatic stress disorder. Findings also shows that females are more easily predisposed to develop posttraumatic stress disorder as compare to males. Acierno., *et al.* [14] revealed that in western countries posttraumatic stress disorder was found as a common mental health problem among natural disaster victims. Shuidong., *et al.* [15] PTSD is significant associated with social supports while investigating 25,478 people, 2336 (9.7%) were diagnosed as having post traumatic stress disorders. Fran., *et al.* [16] found that people who experienced mass casualties and displacement during Mexico floods showed 24% - 46% of PTSD. Delisi., *et al.* [17] reported that there are significantly more symptoms of PTSD in females than males. Tolin & Foa [18] unveiled that females are more prominent seriousness and higher rates of PTSD than males. Kessler, *et al.* [19] also found highest level of PTSD among women. Similarly, Dorte & Maj [20] under covered that females shows more posttraumatic stress disorder symptoms than male.

Year	Number of patients
1985	775
1989	17,00
1994	18,000
1996	20,000
1999	35,000
2001	38,000
2002	45,000
2003	50,000
2005	70,000
2006	82,000
2013	10,0000
2015	1,80000

Source: valleys lone psychiatric hospital and ABS News 2014 and greater Kashmir news Nov 2015

Methodology

Statement of the Problem: To investigated the level of PTSD amongst flood victims in Kashmir valley.

Objectives

1. To find the level of PTSD among male and female.
2. To find the level of PTSD among adolescents and adults.
3. To find the correlation between gender and PTSD.
4. To find the correlation between age and PTSD.

Hypotheses

1. Female would report higher mean scores of PTSD than male.
2. Adolescents would report higher mean scores of PTSD than adults.
3. There would be significant correlation between gender and PTSD.
4. There would be significant correlation between age and PTSD.

Variables: In the present study, there are two experimental variables viz gender (male and female) and age (adolescents and adults) and the criterion variable is posttraumatic stress disorder (PTSD).

Sample: The present study is based on sample of 300 subjects, equally divided into two groups (150 males and 150 females). Further these two groups are divided into two more sub groups (75 adolescents and 75adults) in each group.

Measuring Tool: PTSD check list civilian version (PCL-C) constructed by Weathers, Litz, Huska, and Keane was used for data collection. The check list consists of 17 items with 5 responses (not at all, a little bit, moderately, quite a bit and extremely). Each item is scored 1 - 5 (1 = not at all, 2 = a little bit, 3 = moderately, 4 = quite a bit and 5 = extremely) respectively. The minimum score is 17 and maximum is 85.

Procedure

The investigator collected the data from 300 samples selected through random sampling technique in Srinagar, Baramulla and Budgam districts of Kashmir region, by applying PTSD check list civilian version (PCL-C). Before administrating the check list, all participants were informed about the purpose of the meeting individually. After the willingness of the subject the check lists was given to him/her and were requested to read all the instructions carefully before giving their responses. The administrator also read the instruction before those who find difficulty in comprehension. Hence after 10 minutes the subject handover the check list to investigator and were expressed gratitude toward for their participation accordingly the information was collected. The obtained PTSD scores were assigned for different responses according to the item and were arranged in tabular form, than inserted in SPSS 16.0 where t-Test and Pearson Correlation was applied for obtaining the results.

Results

The obtained results are shown in the Figure 1 and tables 1-3 given underneath.

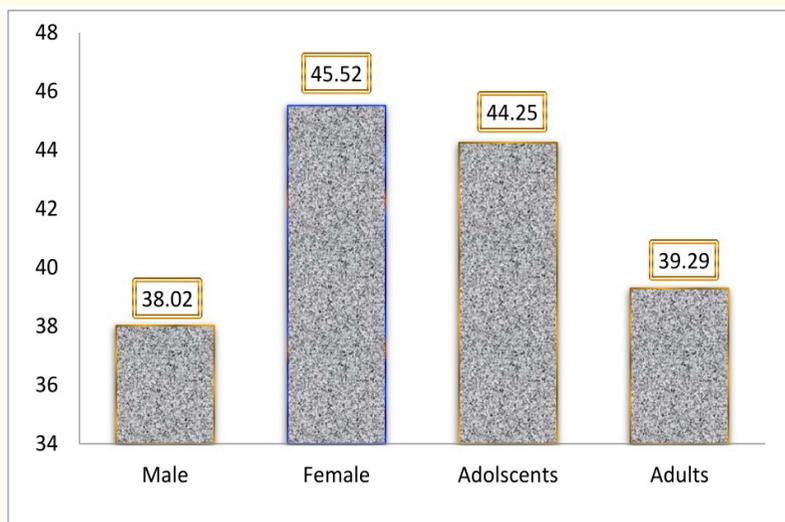


Figure 1: Graphical representation of mean scores.

Gender	N	Mean	Std. Deviation	Std. Error Mean	df	t- value
Female	150	45.52	12.89	1.05	298	5.27**
Male	150	38.02	11.73	0.958		

Table 1: Showing Mean, S. D, SEM and t- value of gender.

** Significant at the 0.01 level

Age	N	Mean	Std. Deviation	Std. Error Mean	df	t- value
Adolescents	150	44.25	12.54	1.02	298	3.40**
Adults	150	39.29	12.75	1.04		

Table 2: Showing Mean, S. D, SEM and t- value of age.

** Significant at the 0.01 level

	PTSD	Gender	Age
PTSD	1	-0.292**	-0.193**
Gender	-0.292**	1	0.091
Age	-0.193**	0.091	1

Table 3: Correlations between variables.

** Correlation is significant at the 0.01 level (2-tailed)

The results of present study validated that female and adolescents have high level of PTSD than male and adults. The results show significant differences between the mean scores of female and male subjects. The mean score of female group (45.52) is more than the mean score of male group (38.02). Which represents that females have high level of PTSD than males; hence our first hypothesis is accepted. Similarly our second hypothesis is also accepted as adolescent’s shows high level of PTSD than adults. As their mean score (44.25) is more than mean score of adults (39.29) respectively. Our findings are supported by researchers like Tolin & Foa [18], Kessler, *et al.* [19], Breslau, *et al.* [21], Eksi., *et al.* [22], Ditlevsen & Elklit [23] who found the same results in their researchers.

The mean, S.D, and SEM of females and males was found [(M = 45.52, S.D = 12.89, SEM = 1.05), (M = 38.02, S.D = 11.73, SEM = 0.96)] respectively and t- value (5.27) with df 298 which was found significant at 0.01 level of significance. Similarly, the mean, S.D, SEM and t- value of adolescents and adults was found [(M = 44.25, S.D = 12.54, SEM = 1.02), (M = 38.02, S.D = 11.734, SEM = 0.958) and (t-value = 3.40, df 298)] which is more than tabulation value at 0.01 level of significance.

Findings also shows negative significant correlation between PTSD and Gender (-0.292), PTSD and Age (-0.193). Both the obtained results were found significant at 0.01 level. Therefore we can say that gender and age are negatively significantly correlated with PTSD. Therefore our 3rd and 4th hypotheses are also accepted. Thus we can say there is significant correlation between gender and age with PTSD.

Conclusion

To sum up, taking into account the results of the current study, we might conclude that female reported more PTSD symptoms than males; simultaneously adolescents have also high symptoms of PTSD than adults.

AUTHORS



M. Amin Wani



Dr. R. Sankar



Rakshantha P

Bibliography

1. American Psychiatric Association. "Diagnostic and Statistical Manual of Mental Disorders, 4th ed". *Washington, DC: American Psychiatric Press* (2005).
2. Vimala V S. "Anxiety disorders, Psychological assessment and treatment". *Sage Publications India Pvt Ltd* (2002).
3. Boananno G A and Kaltman S. "Toward an integrative perspective on bereavement". *Psychological Bulletin* 125.6 (1999): 760-776.
4. Mustapic M., *et al.* "Dopamine beta hydroxylase (DBH) activity and 10121 C/T polymorphism of DBH gene in combat related post-traumatic stress disorder". *American Journal of Medical Genetics B Neuropsychiatric Genetics* 144B.8 (2007): 1047-1089.
5. Voisey J., *et al.* "The DRD2 gene 957 > T polymorphism in association with posttraumatic stress disorder in war veterans". *Depression and Anxiety* 26.1 (2009): 28-33.
6. Horowitz M J. "Stress response syndromes: a review of posttraumatic and adjustment disorders". *Hospital and Community Psychiatry* 37.3 (1986): 241-249.
7. Rita P. "Post Traumatic Stress Disorder the Kashmir scenario". *IBTC* (2013).
8. Cordova M J and Ruzek J I. "Posttraumatic stress disorder (PTSD)". *Encyclopedia of health psychology New York: Kluwer* (2004).
9. Ahmed M. "Over 100 dead, 2600 villages submerged as floods ravage Kashmir". *Rediff News* (2014).
10. Farzana S. "Psychological disorders on rise in valley". *Kashmir Times Newspaper* (2015).
11. Sankar R and Amin W. "Study of anxiety, stress and depression among flood affected people in Kashmir valley". *The International Journal of Indian Psychology* 3.2 (2015): 181-187.
12. Falguni M P, *et al.* "Posttraumatic stress disorders in adult victims of 2006 flood in Surat, Gujarat". *Journal of Research in Medical & Dental Science* 3.4 (2015): 303-306.
13. Eriega E G., *et al.* "Personality & demographic factors as correlates of posttraumatic stress disorder (PTSD) among flood victims". *British Journal of Psychology Research* 2.3 (2014): 82-88.
14. Acierno R., *et al.* "Psychological sequel resulting from the 2004 Florida hurricanes: implications for post disaster intervention". *American Journal of Public Health* 97.1 (2007): S103-S108.
15. Shuidong F, *et al.* "Social support and posttraumatic stress disorder among flood victims in Hunan, China". *Annals of Epidemiology* 17.10 (2007): 827-833.
16. Fran H N., *et al.* "Post disaster PTSD over four waves of a panel study of Mexico's 1999 Flood". *Journal of Traumatic Stress* 17.4 (2004): 283-292.
17. Delisi L E., *et al.* "A psychiatric survey of the people of New York City 4-5 months subsequent to the September 11, 2001 terrorist attacks". *American Journal of Psychiatry* 160 (2003): 780-783.
18. Tolin D F and Foa E B. "Sex differences in trauma and posttraumatic stress disorder: A quantitative review of 25 years of research". *Psychological Bulletin* 132.6 (2006): 959-992.
19. Kessler R C., *et al.* "Posttraumatic stress disorder in the National Co-morbidity Survey". *Archives of General Psychiatry* 52.12 (1995): 1048-1060.
20. Dorte M C and Maj H. "Accounting for sex differences in PTSD: A multi-variable mediation model Citation". *European Journal of Psycho Traumatology* 6 (2015).

21. Breslau N., *et al.* "Trauma and Posttraumatic stress disorder in the community: The 1996 Detroit Area Survey of Trauma". *Archives of General Psychiatry* 55.7 (1998): 626-632.
22. Eksi A., *et al.* "Risk factors for the development of PTSD and depression among child and adolescent victims following a 7.4 magnitude earthquake". *International Journal of Psychiatry Clinical Practice* 11.3 (2007): 190-199.
23. Ditlevsen D N and Elklit A. "The combined effect of gender and age on post traumatic stress disorder: do men and women show differences in the lifespan distribution of the disorder". *Annals of General Psychiatry* 9 (2010): 32.

Volume 1 Issue 5 November 2016

© All rights reserved by Mohammad Amin Wani., *et al.*