Stress, Somatic Complaints and Anxiety : A Comparative Study of The Adolescents of Jammu and Kashmir Regions.

***Nila Majied **Mahmood S. Khan**

Abstract

Armed conflict, political uncertainty and unavoidable circumstances prevalent in the state of Jammu and Kashmir since last two decades has a lasting and profound implication on the emotional, psychological ,behavioural and other aspect of personality on the people of these regions. It needs a specific mention that the adolescents experiencing 'storm and stress 'seemingly to be the most consistently affected and are at extreme risk of psychological trauma during armed conflict. Keeping these ideas in mind the present study was designed to examine the level of stress, somatic dysfunction and anxiety among the adolescents of Jammu and Kashmir .Data was collected from 200 adolescents studying in different higher secondary schools of two regions; Kashmir valley (considered to be high conflict region)and Jammu (considered to be relatively low conflict region). General Health questionnaire -28(GHQ-28) developed by Goldberg (1978) and Stress measuring scale developed by Chashu &Khan (2009) was used to gather the response from adolescents. GHQ-28 questionnaire has four subscales: Somatic complaints(1-7), Anxiety – Insomnia(8-14), Social dysfunction(15-21), Major depression(22-28).For the purpose of this study only 2 dimensions, Somatic complaints(1-7), Anxiety – Insomnia(8-14) were taken in to consideration. Data was analysed by applying t-test as it fulfils the purpose of the study. The trend of the result showed that adolescents belonging to Kashmir region have higher level of stress and somatic symptoms, and lower level of anxiety as compared to adolescents belonging to Jammu region. Further comparing male and female adolescents of Kashmir region it was found that female adolescents scored high on all the above mentioned three variables than the males. While in case of adolescents belonging to Jammu region it was found that both male and female have almost same scores on somatic complaint and anxiety but females outscore males on the scores of stress. Showing that female adolescents of Jammu region are more stressful than male counterparts.

Keywords: *Armed conflict. Stress, Somatic Complaints , Anxiety ,Adolescents.*

Introduction :

The WHO estimated that, in the situations of armed conflicts throughout the world, "10% of the people who experience traumatic events will have serious mental health problems and another 10% will develop behaviour that will hinder their ability to function effectively. The most common conditions are depression, anxiety and psychosomatic problems such as insomnia, or back and stomach aches".People witnessing armed conflict and repeated political violence often experience a continued threat to life and to their sense of safety as well as disruption of daily functioning. The state of Jammu and Kashmir has been witnessing a conflict situation for more than 20 years, with thousands of people dead, injured and handicapped, many missing or confined, thousands of children orphaned, and women widowed, a enormous damage to the property, and a damage to the cultural ethos including en-mass migration of a minority community.

Stress caused by feeling of insecurity and dependency can deplete physical and psychological buoyancy leading to many mental problems, this has happened in most cases of Jammu and Kashmir. According to Chang's Dictionary of Psychology Terms, stress is "a state of physical or mental tension that causes emotional distress or even feeling of pains to an individual" (Lai et al., 1996). Bronfenbrenner's in his stress model (1977) explains adolescents stress at each level of environment to create a more complete picture of factors affecting the adolescents .The first level is the micro system and involves stressors immediately affecting the adolescents. Adolescents experience of stress may affect their emotions. The effect of stress from immediate environment on the self are well accepted (Lovallo,2005).The second level is the meso system and involves the interaction of various components at the level of micro system. Multiple social risks like poverty,terrorism,larger house holds create greater stress and lead to impared child outcome(Burchinal,Roberts,Zeisel,&Rowely,2008).Experiencing social stressors seems to affect adolescents health outcomes in a variety of adolescents area including caregiver relationships ,child academic achievements and child personality factors .The third level is the exosystem and involve stressors resulting from settings not having a direct influence on the adolescents. Socioeconomic andenvironmental demands place adolescents in apposition more vulnerable to stress .The fourth level is the macrosystem and involves stressors resulting from broader factors like cultural norms and laws. The final level is the chronosystem and is a recognition that the adolescent and their environment are consistently interacting .Exposure to stress, particularly multiple exposures, makes adolescents vulnerable to experience negative health outcomes such as psychopathology or maladaptive behaviour.

Childhood exposure to trauma has been associated with increased rates of somatic symptoms (SS), which may contribute to diminished daily functioning. The term "somatization" describes a tendency to experience and communicate psychological distress in the form of physical symptoms. Somatic symptoms often occur in reaction to stressful situations and are not considered abnormal if they occur periodically. Some individuals, however, experience continuing somatic symptoms, attribute them to physical illness in spite of the absence of medical findings, and seek medical care for them. Somatization thus is characterized by the presence of physical symptoms that are not better explained by a medical condition (Janssens et.al; 2010 , Garralda,1999& Huasainet.al2007). Somatization is quite common in childhood and adolescence and is responsible for a significant number of visits to pediatric care centers Sandberg,2008; Masiet.al2000). According to the health officials in Kashmir, somatization (headaches, palpitations) is widely used to express 'tension'(Kaz De Jong 2000).

In many studies, somatization has been associated with psychopathology, particularly anxiety and depression(Beck,2008; Campo2004). Anxiety is an unpleasant emotional state characterised by fearfulness and unwanted and distressing physical symptoms. It is a normal and appropriate response to stress but becomes pathological when it is disproportionate to the severity of the stress, continues after the stressor has gone, or occurs in the absence of any external stressor. Anxiety is best understood when

compared with the emotion of fear. Children and youth experience different levels of anxiety, and cope with anxiety in more, or less effective ways. Anxiety becomes a problem when it prevents individuals from enjoying normal life experiences for a long period of time. Anxiety disorders are the most prevalent class of mental disorders, with lifetime prevalence rates found to be 28.8%, (Kessler and Wang 2008). Among youth, anxiety disorders are also the most common psychological disorders (Cartwright-Hatton 2006; Costello et al. 2005). Hawker and Boulton (2000) found that peer victimization is associated with social anxiety.

Previous studies have revealed that children and adolescents are especially vulnerable to traumatic events such as terrorist attacks and are prone to developing post-traumatic stress disorder (PTSD): re-experiencing intrusive thoughts, avoidance, and arousal (Barenbaum, Ruchkin & Schwab Stone, 2004; Garbarino, 2001) and developing somatic complaints such as headaches, stomach-aches, fatigue, attention difficulties, or behavior problems (Vogel & Vernberg, 1993). Lavi (2002) reported a very high incidence of PTSD symptoms among Israeli children in these times of recurrent terror and armed conflict.). These studies found that the levels of distress or PTSD symptoms were related to the amount of exposure to violent political acts. Solomon and Lavi (2005)in their study found that the variance in PTSD rates has been related to level of exposure, type of exposure, measures of posttraumatic stress, and socio-cultural contexts. Mental health disorders, behavior problems, somatic complaints, and impaired cognitive functioning were reported for children living in countries with continuous violent conflicts (Macksoud & Aber, 1996; Straker et al., 1996). Youth growing up in urban environments with high levels of poverty, overcrowding, and violence show a wide range of maladaptive outcomes, including internalizing symptoms such as anxiety, post-traumatic stress symptoms, depression, academic failure, and school disengagement (Gibbs 1984; Lorion et al. 1999; Myers et al. 1992; Osofsky et al. 1993; Singer et al. 1995). In a previous study,10 we investigated the effect of longstanding armed conflict (Intifada, between 1987 and the Oslo peace treaty in 1993) on Palestinian children. Many (41%) reported moderate to severe post-traumatic stress reactions and high rates of anxiety and behavioural problems (27%). Baker11 also established a high frequency of problems such as fears leaving home (28%), fears of soldiers (47%), and nightmares (7%), during the same period of political and military violence. Although studies suggest that physical proximity to traumatic events is related to a greater likelihood of experiencing traumatic symptoms (e.g., Schelenger et al., 2002; Schuster et al., 2001), people who do not experience the event directly also may report stress reactions (e.g., Pfeferbaum et al., 2001).

Objectives

1. To examine the level of Stress,somatic symptoms and anxiety among the adolescents of Jammu and Kashmir Regions.
2. To examine whether the adolescents of Kashmir region differ from that of Jammu region on the scores of stress, somatic symptoms and anxiety.
3. To examine the gender difference amongst the adolescents of Jammu and Kashmir Region.

Method

Setting

The sample was collected from various higher secondary schools of district Anantnag and Srinagar from Kashmir region(considered to be high conflict region) ,and from district Ramban and main Jammu city of Jammu region (considered to be relatively low conflict region) .

Participants

The sample of the study consisted of 200 hundred adolescents out of which 100(50 male ,50 female) were taken from Kashmir region and 100(50 male ,50 female) from Jammu region. The sample was collected through systematic random technique. The age range of participants was 16-20 years.

Procedure

Researcher first seeked the permission from the principals of the schools from where the data was to be collected. Informed consent for participation was taken from the students. Then Questionnaires were administered in the class room school during free hours epically allotted for conducting the study. Before the questionnaires were distributed to the voluntary participants a good rapport was build .Detailed instruction on how to fill the questionnaire were also provided. Further participants were assured of the confidentiality of their responses.

Instruments : All the participants completed the set of questionnaires in paper pencil format .The set of questionnaires included a demographic sheet ,Stress measuring device , and General health Questionnaire -28(GHQ-28).

General Health Questionnaire 28 (GHQ 28):To assess the level of somatic symptoms and anxiety among adolescents researcher used a general health questionnaire with 28 items developed by Goldberg in 1978(Goldberg1978) . A general health questionnaire 28 (GHQ 28) is a multiple choice paper pen questionnaire. It is designed to detect current non psychotic psychiatric disorders in the general population. The questionnaire has four subscales: Somatic complaints (1-7), Anxiety – Insomnia(8-14), Social dysfunction(15-21), Major depression(22-28). Foe the present study only two sub-scales, Somatic complaints (1-7), Anxiety – Insomnia(8-14), were taken into consideration.

Stress measuring scale: To asses the level of stress, Stress measuring scale developed by Chashu &Khan (2009) was used .This scale was specially designed to asses the stress level of adolescent living in conflict areas.the scale has 20 of items.

Result:

Table 1;Mean ,S.D and t-value of the adolescents of jammu and Kashmir for Stress.

Regions	N	Mean	S.D	Std. Error Mean	t
Kashmir	100	64.8	12.05	1.20	1.55
Jammu	100	62.47	9.06	.960	

The table 1 reveals the comparison of adolescents living in Jammu region with the adolescents living in Kashmir region in terms of stress. From the table it is clear that the two groups do not differ significantly,but the trend of result shows that adolescents from Kashmir have high stress score than those belonging to Jammu region.

Table2;Mean ,S.D and t-value of the adolescents of jammu and Kashmir for somatic symptoms.

Regions	N	Mean	S.D	Std. Error Mean	t
Kashmir	100	31.48	11.40	1.14	2.41**
Jammu	100	27.80	10.14	1.01	

** significant at 0.05

The table 2 shows the comparisons of adolescents living in Jammu region with the adolescents living in Kashmir region in terms of somatic symptoms. The above table clearly shows that the two groups differ significantly ,with adolescents living in Kashmir region showing more somatic symptoms than those living in Jammu region.

Table 3 ;Mean ,S.D and t-value of the adolescents of jammu and Kashmir for Anxiety.

Regions	N	Mean	S.D	Std. Error Mean	t
Kashmir	100	18.46	6.87	.68	2.19**
Jammu	100	20.48	6.15	.61	

** significant at 0.05

The table 3 reveals the comparison between adolescents from Jammu with that of belonging to Kashmir region in terms of their score on Anxiety. Results from the table shows that the groups differ significantly. with adolescents living in Jammu region showing more anxiety level than those living in Kashmir region. It indicates that adolescents from Jammu have more anxiety than Kashmiri adolescents.

Table 4 :. Mean ,S.D and t-value of the male and female adolescents of Jammu and Kashmir regions for Stress

Cc	Gender	N	Mean	S.D	Std. Error Mean	t
Kashmir	Male	50	60.74	9.47	1.34	1.76
	Female	50	64.86	13.96	1.97	
Jammu	Male	50	60.32	9.56	1.35	3.45*
	Female	50	66.62	8.64	1.22	

** significant at 0.01

Table 4 shows mean comparison of male and female adolescents from Jammu and Kashmir region on stress. The mean score of males of Kashmir region is 60.74 and for females M=64. Showing that female adolescents are more stressful in Kashmir than males. The mean score of males of Jammu region is 60.32 and that for females M= 66.62 and the t-value is 3.45, which shows that groups differ significantly from each other. In both the cases females were more stressful than males.

Table 5 : Mean ,S.D and t-value of the male and female adolescents of Jammu and Kashmir for Somatic complaints.

Regions	Gender	N	Mean	S.D	Std. Error Mean	t
Kashmir	Male	50	29.58	12.06	1.70	1.681
	Female	50	33.38	10.48	1.48	
Jammu	Male	50	27.82	9.74	1.37	.020
	Female	50	27.78	10.62	1.50	

Table 5 shows comparison between male and female adolescents of Kashmir region and of Jammu region on Somatic symptoms .The mean score of males of Kashmir region is 29.58and for female adolescents M=33.38 and t =1.68.From the scores it is evident that although the groups don't differ significantly female adolescents tend to show more somatic symptoms than their counterpart in Kashmir region. The mean score of males of Jammu region is 27.82 and for females it is 27.78 and t=.020 which show that there is almost no difference between male and female adolescents of Jammu region on the parameter of somatic symptom.

Table 6: Mean ,S.D and t-value of the male and female adolescents of Jammu and Kashmir for Anxiety.

Regions	Gender	N	Mean	S.D	t
Kashmir	Male	50	17.68	5.67	1.136
	Female	50	19.24	7.87	
Jammu	Male	50	20.84	6.74	.583
	Female	50	20.12	5.54	

Table 6 shows comparison between male and female adolescents of Kashmir region and of Jammu region on Anxiety .If we look at the mean value we will find that the mean score of males living in Kashmir region is 17.68 and that of female adolescents M=19.24 and t=1.13 which is not significant. But the trend of the result shows that Female adolescents living in Kashmir have high level of anxiety than males. The mean score of male adolescents from Jammu region is 20.84 and for females M=20.12 ,showing that male and female adolescents of Jammu region are almost same in terms of level of anxiety.

Table 7; Mean ,S.D and t-value of the male adolescents of Jammu and Kashmir for Stress, Somatic Symptoms and Anxiety.

Variables	Region	Mean	S.D	Std. Error Mean	t
Stress	Kashmir	60.74	9.47	1.34	.22
	Jammu	60.32	9.56	1.35	
Somatic symptoms	Kashmir	29.58	12.06	1.70	.80
	Jammu	27.82	9.74	1.37	
Anxiety	Kashmir	17.68	5.67	.80	.77
	Jammu	20.84	6.74	.95	

Table 7 shows the comparison of male adolescents of Jammu region with that of male adolescents of Kashmir region on the scores of stress, somatic symptoms and anxiety. The above score reveals that male adolescents belonging to Jammu do not differ much from those belonging to Kashmir region in terms of stress score. But they differ in terms of somatic symptoms and anxiety, although the difference is not significant, the trend of the result shows that adolescents belonging to Kashmir show more somatic symptoms than adolescents from Jammu region. And adolescents from Jammu region score more on anxiety than adolescents from Kashmir region.

Table8;Mean ,S.D and t-value of the female adolescents of Jammu and Kashmir for Stress, Somatic Symptoms and Anxiety.

Variables	Region	Mean	S.D	Std. Error Mean	t
Stress	Kashmir	66.62	8.64	1.22	.76
	Jammu	64.86	13.96	1.97	
Somatic Symptom	Kashmir	33.38	10.48	1.48	2.66*
	Jammu	27.78	10.62	1.50	
Anxiety	Kashmir	19.24	7.87	1.11	.65
	Jammu	20.12	5.54	.78	

* signiticant at 0.01

Table 8 reveals the comparison of female adolescents of Jammu region with that of female adolescents of Kashmir region on the scores of stress, somatic symptoms and anxiety. If we look at the mean scores we will find that females adolescents belonging to Jammu region differ from that belonging to Kashmir region in terms stress ,although the difference is not significant ,the trend shows that female adolescents belonging to Kashmir region have more stress than that belonging to Jammu region. They also differ significantly (with t=2.66)in terms of somatic symptoms, showing that female adolescents from Kashmir show more somatic symptoms than female adolescents belonging to Jammu. Female adolescents belonging to Kashmir region do not differ significantly with that of belonging to Jammu region on the scores of anxiety,but the trend shows that female adolescents belonging to Jammu region are more anxious than that belonging to Kashmir region.

Discussion

The results obtained clearly indicate that adolescents belonging to Kashmir region (considered to be high conflict region) show higher level of stress and somatic symptoms than adolescents belonging to Jammu region

(considered to be low conflict region). Fitzpatrick and Boldizar 1993; Freeman et al. 1993; Jenkins 1993; Martinez and Richters 1993 in their study also found that youth with higher levels of exposure to community violence (via incidence and/or severity) report significantly more distress than those with lower exposure. Mental health disorders, behaviour problems, somatic complaints, and impaired cognitive functioning were reported for children living in countries with continuous violent conflicts (Barenbaum et al., 2004; Macksoud & Aber, 1996; Straker et al., 1996) .From the tables it is also evident that adolescents from Kashmir exhibit lower level of anxiety than their counterpart.this can be explained in terms of the habituation or extinction model of fear according to which prolonged contact with fear-producing stimuli results in increased physiological reactivity and subjective distress. With repeated exposure, the physiological reactivity and anxious distress are followed by decreases in arousal and fear (i.e., the response habituates or is extinguished; Mowrer 1960). Repeated exposure to traumatic events has enable the adolescents to get adapted to such kind of situations, that is why Kashmiri adolescents show low level of anxiety. It is also revealed from the result that female adolescents either living in Jammu region or Kashmir region tend to show high level of stress, somatic symptoms and anxiety as compared to male adolescents . Khami (1998)& Zakrison et al.(2004) also in their study on Palestinian population living in the occupied territories and subjected to continuous violence, such as shooting, bombardment, and physical injuries found that, especially women and children, have developed severe psychological distress .Garber et.al (1991) in their study also found that girls endorse high rates of somatic symptoms.

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***Research Scholar, Department of Psychology, AMU, Aligarh.**

**** Professor, Department of Psychology ,AMU,Aligarh.**