Research Paper

Effect of Disappearance on Psychological Distress, Coping Response and Quality of Life among Families of Disappeared Persons in Kashmir Valley- A Meta Analysis Study

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ABSTRACT

Enforced disappearance occurs when an individual is forcibly abducted, detained and arrested or any other form of deprivation followed by a refusal to acknowledge liberty, fate and whereabouts of the disappeared person, which places such a person outside the protection of law. Nature of the research is qualitative and consists of 15 studies. The aim of the research was to see the effect of disappearance on psychological distress, coping response and quality of life among affected families in Kashmir Valley. The results of the studies revealed better quality of life of affected families who experienced good coping strategies and less psychological distress.

D isappearance is a worldwide problem, disappearance have an effect on the individual, his/her family and the community as a whole. Families of the disappeared persons revealed psychological, physiological and mental complications and mostly suffers from sleeplessness, nightmares, trauma, emotional complications, irritability, and aggressiveness. Children of disappeared persons have become half orphans, undergoing high level of psychiatric problems. Most of the family members affecting from disappearance of their loved once reported experiencing nightmares and truculent behavior. As a result, they often find it hard to cope with necessary activities at work and at home as well. (Bhat & Shah 2015).

Enforced disappearance is one of the most serious forms of human rights violation, because it violates a serious of fundamental rights, including the right to life, integrity, free development of the personality, personal liberty and security. Enforced disappearance remains one of the worst human rights violations ever practiced. (Sarkin 2011).

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Every individual irrespective of his/her caste, creed, race, sex, gander, nationality or any other status is entitled to enjoy human rights in all situations. Enforced disappearance is a major and unforeseeable crime that violates not just one but multiple human rights. The United Nations with the view to protect human rights of every individual of all the countries in the international sphere various conventions were made. Various laws are made the legal frames in the domestic level of each state and country to protect and safeguard the rights and personnel liberty of every individual (Sweetline & Pandiaraj 2018).

Regimes in Haiti, Brazil, and Guatemala in the 1960s were using enforced disappearance as an "instrument to control society at large and repress all political opposition". In Asia, from the 1970s enforced disappearances were practices in Philippines, Sri Lanka, India, Nepal, Pakistan, Indonesia, Thailand, and China and in Afghanistan. Latin America experience of enforced disappearance in 1970s and 80s. Argentina, Chile, Columbia, Mexico, Peru, Uruguay, Paraguay and Venezuela have also a history of enforced disappearances. North Africa and Middle East suffered mostly in 80s and90s (Iran, Iraq, Algeria, Morocco, Egypt, Turkey, Yemen, Arabia, Syria, Israel and Jordan). (International Convention for the protection of all persons from enforced disappearance 2009).

Key Concepts
Psychological distress:
Psychological distress is largely defined as a state of emotional suffering characterized by symptoms of depression (e.g., lost interest, sadness, hopelessness) and anxiety (e.g., restlessness, feeling tense). In particular tenants of the psychological stress-distress model posit that the defining features of psychological distress are the exposure to a stressful event that threatens the physical or mental health, the inability to cope effectively with these stressors and the emotional turmoil that results from this ineffective coping (Mirowsky & Ross 2002).

Coping Response:
Coping is broadly perceived as implicit and explicit behaviors employed to dynamically lessen the reaction to strain including situations. (Parveen & Shafiq, 2014).

Coping strategies are defined as constantly changing cognitive and behavioral efforts to manage specific external or internal demands that are far beyond existing resources of the person. In other words, coping includes those efforts to deal with the new occasions that are potentially threatening and challenging (Lazarus & Folkman 1984).

Coping is "an individual variable" that is apparent in important occasions and is the medium of various stressful incidents and their consequences such as anxiety, mental helplessness, and physical complaints (Moos & Billings1981; Pearlin & Schooler, 1987).

Concept of Quality of Life:
The World Health Organization defines the Quality of Life as "an individual's perception of his/her position in life in the context of the culture and value system in which he/she lives and in relation to his/her goal expectations, standards and concerns". Quality of life is measured as physical and social functioning, and perceived physical and mental well-being. World Health Organization defined health as not only by the absence of disease and infirmity, but by the presence of complete physical, mental and social well-being (WHOQOL Group 1994).

Concept of family:
Family is generally regarded as a major social institution and a locus of much of a person's social activity. It is social unit created by blood, marriage or adoption and can be prescribes as nuclear (parents and children) or joint (extended) Family structure is grouping of two marital parents and their offspring live at the same place. A joint family is a group of individuals living in one home and consists more than one married couple who shares meal and property and also takes part in family worships. A single-family system consists of minimum family members i.e., parents and their children, single families are more independent and free from duties and responsibilities to other family members such as grandparents, uncle, nieces and aunt etc. (Pannilage, U. 2017).

Disappearance in Kashmir Valley
Forced disappearance is one of the most serious forms of human rights violation in Kashmir valley, because it violates a serious of fundamental rights, including the right to life, integrity, free development of the personality, personal liberty and security. Disappearance occurs when an individual is abducted or kidnapped against his/her will and moreover his/her whereabouts are not known to his/her relatives and upon reliable information, has been reported missing by competent State authority. The missing persons are neither declared dead nor are their whereabouts known to their family members and government agencies. The enforced disappearance is widely used to spread terror and fear not limited to disappear family members, but also affects communities and societies as whole. (Bhat & Shah 2015).

REVIEW OF LITERATURE
- Present study had gone through 73 studies related to psychological distress, coping response and Quality of life, but I didn't find any article or study collectively on these variables.
- 47 studies were selected for review of literature.
- 08 articles rejected on the basis of prior publication i.e. before 2000.
- 12 studies were rejected because title doesn't match with current study.
- 06 rejected for not having proper references, figures, tables and conclusions.

RESEARCH METHODOLOGY
Selection of studies
A Meta – Analysis was conducted on previous research studies to examine the effect of Disappearance on Psychological Distress, Coping Response and Quality of Life among Families of Disappeared Persons in Kashmir Valley. Studies were retrieved from Google scholar, Research papers, research articles, magazines, books, journals and newspapers.

Selection of Articles and Journals

Features	Inclusive criteria	Exclusive criteria
Type of publication	Articles, journals and magazines	Magazines, conferences, seminars and periodicals.
Language of publication	English	All other languages
Sample participant	Young adolescent to middle adulthood	Children and late adulthood
Enforced disappearance	People's whereabouts are not known or disappeared	Dead or migrated persons

Coping Response and Psychological Distress:

Authors	Title	Sample and tools	Findings
Cassidy, T. & Taylor. L. (2005)	Coping and Psychological distress as a function of the bully Victim in older children.	236 sample, GHQ (Goldberg), control behaviour scale (Craig, Franklin & Andrew).	Coping affects psychological distress, age as predictor of psychological distress, social cognition, and optimism.
Ahlberg, K., et. al. (2004)	Fatigue, Psychological distress and coping in patients with uterine cancer.	60 sample, Sweden, Self report instrument for assessing of data.	Significant Correlation was found between fatigue and psychological distress, in relation to having better coping strategies and better QOL.
Shimazu, A., & Kosugi, S. (2003).	Coping strategies as predictors of Psychological distress among employees of Japan.	Sample 4487, Japan -Job Stress scale, job stressors, coping response, support of Japanese version	The results revealed that coping decreases psychological distress, avoidance increases severity of greater stress.
Young, M. A., Boyd, C., & Hubbell, A. (2000).	Prostitution, drug abuse, coping response and Psychological distress among S. African prostitutes.	203 samples, S. Africa, Open ended questions and survey method was used.	Drugs have greater impact on decreasing the coping responses and also weakening mental health of the participants.

Coping Response and Quality of Life

Authors	Title	Sample and tools	Findings
Boadi, M. & Asnate,O.K., (2017).	Psychological health and religious coping of Ghanaian women.	150 samples, Self-administered questionnaire of Psychological health and coping response, Brief symptoms inventory.	There was significant effect of positive and negative religious coping strategies with psychological distress, as religious practices help an individual to avoid mental stress.
Perez,.R.M., et.al.(2017).	Coping strategies and quality of life in caregivers of dependent elderly relatives	86 population, coping inventory of Spanish version (60 items) and WHOQOL-BREF model.	. Dysfunctional coping strategies related to worse QOL, better coping responses leads to higher QOL.
Tuncay, T. (2014).	Coping and Quality of life in Turkish women living with ovarian cancer.	228 women, coping measured by COPE scale.	Coping strategies and QOL are dependent on problem solving. Coping decreases psychological distress increases social and better psychological-well being of an individual.
Ibrahim, K., Taboonpong, S., & Nilmanat, K.(2009).	Coping and Quality of life among Indonesian undergoing hemodialysis.	191 people, WHOQOL-BREF (26 items), Jalowiec coping scale (40item), Thailand.	WHOQOL-BREF for accessing QOL, positive association as coping influences QOL and social well-being.

Quality of Life and Psychological Distress

Authors	Title	Sample and tools	Findings
Stanley,S., Balakrishnan, S. , & Ilangovan, S. (2017).	Psychological distress, perceived burden and quality of life in caregivers of persons with schizophrenia.	76 people. Tamil Nadu, + And – syndrome scale (key) Schizophrenia caregiver QOL scale. Depression, anxiety & Stress scale.	All the caregivers reported psychological distress, perceived burden and very low QOL. Family intervention like psycho educational approach lessens burden and stress.
Usain,N.M et.al.(2017).	Psychological distress and quality of life. A rational study in the rural areas of Bangladesh.	1500 sample (60-90 years), Psychological distress scale (10 items), WHOQOL-BREF, face to face interview.	. People with mental disorders have lower health related QOL, study suffer from external validity because of rural areas. Study will give unique opportunity to access mental disorders in rural areas.
Mendlowwicz.V.M., & Stein, B.M. (2000).	Quality of life in individuals with anxiety disorders.	130 people, Quality of life and satisfaction scale, Social adjustment scale, Illness rating inventory.	Impact on QOL will increase public awareness of mental disorders; burden associated with anxiety disorder may helpful in developing in strategies to deal with it.

Psychological Distress, Coping Response and Quality of Life

Authors	Title	Sample and tools	Findings
Robins, S. (2018).	Towards a victim-centred transactional justice: Understanding the needs of wives of the disappeared in Nepal.	74 persons, interview method, rural and poor economic group.	Economic support and social issues were their priorities; most women suffer from discrimination and harassment due to poverty.
Bhat,S. & Shah,S. (2017).	Study of mental health of the family members of disappeared persons in Kashmir.	109 families, 217 person's Mental health inventory by Daves et. Al (1998), Kashmir.	Most of the victims experiences depression, anxiety and loss of interest, Widow and nuclear families score higher results on negative dimensions of life.
Wani, A. M. (2017).	Study of mental health among the people affected by terrorism in Kashmir.	100 people (50M, 50 F), Mental health inventory by C.T Veil and J.E Ware (1983).	Both gender and marital status affects QOL of affected sample, t-test and correlation was used to find gender difference.
Hassan,A,. & Shafi, A. (2012).	Impact of conflict situation on mental health in Srinagar, Kashmir.	200 People. General health questionnaires. (Goldberg),	All affected people have multiple mental health problems, Govt. NGOs & community centers bring awareness about mental health issues

RESULTS AND DISCUSSIONS

The current research investigated that enforced disappearance has a great impact on quality of life among families of disappeared persons. Relatives of disappeared persons feel maladjustment at home and in society as well. Especially their parents face various psychological problems and socio-developmental deformities. Numerous researchers and authors tend to explain their studies on different aspects.

A study suggested that effected families have higher score on psychological distress and experienced lower quality of life as their coping response to bullies was not good, further

psychological distress was related to age, perceived control, and social dependency of life, significantly they were less optimistic, helpless in problem solving and experience anger, sadness, and fear. (Cassidy, T. & Taylor, L. 2005). The findings from this study found an association between psychological distress and coping responses and better coping strategies lead to problem-focused behavior, proactive, seeking social support and appears more adaptive. (Shimazu. A. & Kosugi. S. 2002). Results from this study revealed that knowledge about psychological distress and drug abuse among prostitutes who use cocaine, study expands upon work by suggesting that prostitutes increase their drug usage as a means to cope with the psychological distress which was caused by prostitution. He further described a similar relationship between drug abuse and prostitution and find that drug addiction was used as a means of coping which enabled them to deal with the distress brought by their occupation. (Young. M. A., Boyd. C. & Hubbell. A. 2000). Coping strategies are influential in patient's quality of life and psychological distress who suffered from ovarian cancer, findings of the study point out at taking individual coping strategies into consideration to see the impact of cancer on quality of life, supported by previous studies coping was seen as more active and functional, whereas avoiding coping responses could lead to avoidance of problem, withdrawal, long term stressors and fatalistic attitudes. (Tuncay. T. 2009). Affective coping methods have been found to be related to total quality of life among individuals who were suffering from hemodialysis, study have shown avoidance coping is related to poor quality of life, eye / vision problem, sexual dysfunction, motor or sensory limitations and renal dysfunction. (Ibraham. K. et.al. 2009). High perceived Burdon, greater psychological distress and lower quality of life were experienced by the caregivers who were suffering from schizophrenia. They also manifested high levels of anxiety, stress and depression. Low quality of life on various dimensions has been seen in the caregivers due to prolonged duration of illness. Stanly, S.; Balkrishnan, S.; & Iiangovan, S. 2017).

The study showes that poor mental health and lower quality of life observed by the affected families due to enforced disappeance by terrorism, the victims were seen experiencing depression, OCD, PTSD, anxiety, distress, fear etc., study also shows that there was gender difference pertaining to mental health of men and women, here we can clearly say that terrorism directly affects the mental health of male and female as well as married and unmarried people. (Wani, M. A. 2014). The study discovered the impact of conflict on mental health and quality of life and found that mental illness or psychological distress was more seen in females than males, the affected people don't find enjoy in their life as their quality of life get deteriorate due to mental problems after missing their dear ones. We also found other problems like stress, depression, re-experiencing of events, aggressive behaviour, and nightmare at greater levels. (Hassan, A.; & Shafi, A. 2013). A study towards victim- centred disappearance came to conclusion that wives of disappeared persons were facing social, economic, cultural and political weakness, further poverty in rural areas was more than urban and developed areas, victims observed trauma, and in particular PTSD. (Robins, S. 2018). Patients experienced high grade of fatigue and psychological distress but their quality of life was also good, besides there was closes association between coping resources and general fatigue, as a result of which better coping responses leading to good quality of life. (Ahlberg, K. Et. Al. 2004). The results of the study showed that majority of the affected family members scored very high in negative dimensions of mental health viz. Anxiety, depression, loss of sleep and loss of emotional control, and scored low in positive dimensions of life like life satisfaction, joy, emotional ties, general positive effect, further this study observed nuclear families were more prone to psychological distress where as joint families were having good mental health because the disappeared person may be the

sole bread earner for nuclear families, yet another reason was nuclear or single families were lacking coping skills which were available to the joint families in the elder ones and other resources. (Bhat, S. A.; & Shah, A. S. 2015).

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