

Increase in Depression among the People of Kashmir Due to Insurgency

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ABSTRACT

The present research article has been written as it highlighted the influence of insurgence on the people of Kashmir. It has shown the depression among the people has increased in their life and affected their mental health. The routine life of Kashmiri people got affected by the various issues of conflict. These elements have changed the normal life of people into depressive life.

Keywords: *Depression, Insurgency, Mental Health*

Major depressive disorder (MDD) is frequent, costly, and disabling (Greden, 2001; Nierenberg and DeCecco, 2001; Ustün et al., 2004). The World Health Organization has finished that MDD is the utmost cause of disease burden in North America (Mathers and Loncar, 2006). Depression is a condition of low mood and repugnance to activity that can affect a person's thoughts, behaviour, judgment and sense of well-being. Persons with a depressed mood can feel sad, anxious, unfilled, discouraging, helpless, worthless, guilty, bad-tempered, humiliated or restless. They may lose interest in activities that were once pleasurable, experience loss of appetite or overeating, have troubles concentrating, remembering details or making decisions, and may consider, attempt or commit suicide. Insomnia, extreme sleeping, fatigue, aches, pains, digestive exertion or abridged energy may also be present. Depressed mood is a characteristic of some psychiatric syndromes such as main depressive disorder, but it may also be a customary reaction to life proceedings such as grief, a symptom of some bodily ailments or a side effect of some drugs and medical treatments. The UK National Institute for Health and Care Excellence (NICE) 2009 guidelines point out those antidepressants should not be routinely used for the initial treatment of mild depression, because the risk-benefit ratio is poor.

Mental, physical and social health, are imperative strands of life that are intimately interwoven and deeply interdependent. Mental disorders impinge on people of all countries and societies,

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Increase in Depression among the People of Kashmir Due to Insurgency

individuals at all ages, women and men, the rich and the poor, from urban and rural environments. Depression is more likely subsequent particular classes of experience – those connecting conflict, disruption, losses and experiences of humiliation or trap. Many people living amidst the rages of conflict experience from post-traumatic stress disorder.

A current World Health Assembly called on the World Health Organization and its member states to take stroke in this direction (WHO, 2012). While depression is the leading cause of disability for both males and females, the burden of depression is 50% higher for females than males (WHO, 2008). Mental, physical and social health, are fundamental strands of life that are strongly interwoven and deeply mutually supporting. Depression is more likely following meticulous classes of experience – those involving conflict, disruption, losses and experiences of humiliation or entrapment. World Health Organization has positioned depression as the fourth among the list of the most pressing health problems worldwide and has predicted it to become number two in conditions of disease burden by 2020 overriding diabetes, cancer, arthritis etc.

KASHMIRIS AND DEPRESSION

Violence is occurrence intrinsic to class-based societies which are intrinsically imbalanced and oppressive. Violence here may either take implied forms in the approach of institutionalized oppression and inequality, or a more explicit form of state ascendancy through the use of state authorized institutions, such as the police, the armed and courts. It could even assume a more unswerving form, whereby civilians administer the task of a destabilized state through militia groupings. Large-scale violence may also take the form of mass uprisings in opposition to the oppression of dominant classes. Civilians are increasingly being beleaguered in these episodes of current violence. To lessen military casualties, civilians are used as protective shields; torture, rape and executions are conceded out to undermine morale and to eradicate the cultural links and self-esteem of the population. Most civilians witness war - interrelated traumatic events such as shooting, killing, rape and loss of family members. The degree of psychosocial troubles that results from this mass revelation to traumatic events can ultimately threaten the prospects for long-term stability in society. Depression is the most common psychiatric problem faced by adults and is associated with functional impairment, suicide, future academic failure, marital difficulties, unemployment, substance abuse, and legal problems. In depression, there can be a sense of powerlessness, hopelessness and an all-pervasive gloom. The most important thing to understand is that when a person is depressed, it becomes a rotating cycle. The more depression a person feels, the less stress they can tolerate. It can also be ongoing or it can appear and disappear. Researchers have proved that occurrence of depression symptoms are more likely in females than males. The term "depression" covers a variety of negative moods and behavior changes. Some are normal mood fluctuations and others meet the definitions of clinical problems. The mood change may be temporary or long lasting. It may range from relatively minor feeling of melancholy to a deeply negative view of the world and an inability to function effectively. Depression is an affective, or mood disorder. It is an illness that immerses its

Increase in Depression among the People of Kashmir Due to Insurgency

sufferers in a world of self-blame, confusion and hopelessness. It is an illness of the mind and the body. Some could argue depression is a way of coping with life's pressure (Schwartz and Schwartz, 1993). Mayer-Gross, Slater and Roth (1960) have suggested that approximately three or four out of 1000 people suffer from affective disorders that require treatment. Roth (1959) suggested that the incidence of the disorder may be as high as 4 per cent in men and 8 per cent in women. The major mood disorder as listed in DSM-IV, are major depression also referred as unipolar depression and bipolar disorder.

Unipolar depression is marked by profoundly sad mood and disturbances of appetite, weight, and sleep and activity level, (becoming either lethargic or agitated). The formal DMS-IV diagnosis of a major depressive episode requires the presence of five of these symptoms nearly every day for at least two weeks. Either depressed mood or loss of interest and pleasure must be one of the five symptoms.

- 1) Sad, depressive mood.
- 2) Loss of interest and pleasure in usual activities.
- 3) Difficulties in sleeping (insomnia), not returning to sleep after awakening in the middle of night, and early morning awakening or in some patients, a desire to sleep a great deal of time.
- 4) Shift in activity level, becoming either lethargic (psychomotor retardation) or agitated.
- 5) Poor appetite and weight loss, or increased appetite and weight gain.
- 6) Loss of energy great fatigue.
- 7) Negative self-concept, self re-approach and self-blame, feeling of worthlessness and guilt.
- 8) Complaint or evidence of difficulty in concentrating such as slowed thinking and indecisiveness.
- 9) Recurrent thoughts of death or suicide.

Major depression is one of the most widespread of disorder with a life span prevalence rate between 4-5 percent (Weissman et al., 1988). The average age of onset is between forty and fifty and is more common in women than in men. It is also more frequent among members of the lower socio-economic classes (Hirserfield and Cross, 1982).

The critical symptoms of bipolar disorders are the irritable mood, talkativeness and hyperactivity of mania, as well as episodes of depression. Bipolar disorder occurs less often than major depression, with a prevalence rate of about 1% of the population, (Myers et al., 1984). The average age of onset is thirty, and it occurs equally often in men and women.

Over the last 20 years, various methods have been suggested for reducing depression. One such method is to provide social support to depressed people. Security concerns are surrounded by the overriding themes in the minds of people living in Kashmir. This owes to the fact that death,

Increase in Depression among the People of Kashmir Due to Insurgency

injury, annihilation of belongings is the notable characteristics of life here due to conflict, disturbances and turmoil for the last 28 years. Traumatic events can have a profound and long-lasting impact on the emotional, cognitive, behavioural and physiological implementation of a personality. No age cluster is immune from exposure to trauma, and its consequences. The sound effects of trauma in terms of psychopathology are well understood in the case of adults, while as in the case of children they have only lately begun to be understood. In a turmoil situation, civilian casualties have been found to outnumber armed casualties by the most widespread traumatic event experienced is witnessing the killing of a close relative, followed by witnessing the arrest and torture of a close relative

Causes and Risk Factors in Depression

Depression-related inconveniences are not caused by a lone factor. The aetiology of depression is evidently multi factorial in nature, casing biological, psychological and social factors. The onset of depression is predisposed by adverse life events, and other factors may increase a person's susceptibility to depression or may impulsive the condition. Depression has a familial happening indicating that genetic susceptibility plays a role. Twin studies have shown the role of heredity: the concordance for depression in identical twins was more whereas in non-identical twins it was less. The hereditary pattern, however, is neither simple nor clear-cut and, of course, other explanations than genetic may also account for this familial occurrence. Adoption studies have customary that both heredity and environment have a role as risk factors. Neurochemical research of depression has grown rapidly since the 1950s when the first antidepressive drugs were launched. It has been exposed that several neurotransmitters of the brain have a role in the development of depression, the most important being noradrenaline, serotonin and dopamine systems. Most of the anti-depressive drugs amplify the amount of these neurotransmitters in the brain, especially that of noradrenaline and/or serotonin. Other biological disturbances in depression occur in the hormonal systems.

Treatment for Depression

- Even when depression is predictable, people may not get sufficient treatment. However, once the right therapy is found, the huge majority of people with depression can be treated successfully, which progresses quality of life and reduces the risk of suicide and premature death from other medical conditions.
- An amalgamation of antidepressant medications and psychotherapy (talk therapy) is often the most effectual approach to treatment, especially in older persons Current antidepressants influence the function of neurotransmitters. Three main types of antidepressants are available: tricyclic antidepressants, monoamine oxidase inhibitors, and selective serotonin reuptake inhibitors (SSRIs).
- Psychotherapy is an imperative part of depression treatment, particularly in older people. The most effective types of psychotherapy for depression include Cognitive-Behavioural Therapy (CBT) and Interpersonal Therapy (IPT)

Increase in Depression among the People of Kashmir Due to Insurgency

- Electroconvulsive Therapy (ECT) remains one of the most effective yet most stigmatized treatments for depression.

CONCLUSION

Depression is a mental disorder that is persistent in the world and affects us all. Unlike many large-scale intercontinental troubles, a resolution for depression is at hand. Efficacious and cost-effective treatments are reachable to get better the health and the lives of the millions of people around the world torment from depression. On an individual, community, and national level, it is time to educate ourselves about depression and prop up those who are suffering from this mental disorder. The depression is making normal life of people very hard and people with depression are getting very weak. The day today life people with depression are also getting affected to greater extend.

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Increase in Depression among the People of Kashmir Due to Insurgency

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