Available online at www.elixirpublishers.com (Elixir International Journal)

Psychology

Elixir Psychology 43C (2012) 6865-6871

ISSN: 2229-712X

Kashmir earthquake survivors: a psychological probe

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ARTICLE INFO

Article history:
Received: 21 January 2012;
Received in revised form:
30 January 2012;
Accepted: 11 February 2012;

Keywords
Coping, Death anxiety, Earthquake survivors, Mental health, Psychological interventions.

ABSTRACT
An earthquake measuring 7.6 Richter that rocked Kashmir (India) on October 8, 2005 struck without any warning, wreaking a trail of death and destruction. But the psychological after-effects among the survivors can last longer and are generally overlooked because the immediate focus is on the rescue-and-relief operations. Even as the disaster left people, already reeling under years of unremitting terrorist violence, shaken, it also underscored the lack of disaster management in seismically active, remote mountainous areas. The deaths led to the emotional and psychological trauma among those who survived the tragedy. While the physical and material relief poured in, the psychological help for the survivors struggling to come to terms with the trauma was, however, starkly missing.

Introduction

No natural disaster in the living memory of the Kashmir residents compares with the recent one in terms of scale of death and destruction. Official agencies were caught in the dilemma of prioritizing the resources . While the pressing challenges such as saving the survivors, preparing for another earthquake (after-tremors), retrieving the bodies buried under rubble – all made tougher by geographical restraints – were the prime concerns, the psychological intervention, so urgently needed at that crucial time, was overlooked in the flurry of relief operations.

Evidence suggests that severe earthquakes can cause long-standing morbidity (Salcioglu, Basoglu, and Livanou ,2007) . Whereas, some researchers (such as Tedeschi and Calhoun, 1995) have focused on the positive impact of earthquake trauma, in the sense that it may send strong vibrations to others which may evoke social support, others (Patel and Revi, 2009; Sharma, 2001) have viewed this as having negative impact (such as breaking down of social connectivity, anxiety or depression). Prasad (1935; cf. Misra and Mohanty, 2002) found that rumours during major earthquake were anxiety inducing, and thus justify the fear experienced by the earthquake victims.

In view of the negativity and trauma associated with the natural disasters, it is impertinent to probe the mental health of the earthquake survivors. Since, the earthquake survivors face death like situations and have to cope with the aftermath of earthquake, an investigation into their death anxiety and coping strategies being used by them, can help in designing their treatment programmes and can also help to bring them back to the normal routine. Blease(2010)also found that the people who experience disasters have emotional and behavioural problems that seem to be related to the disaster.

However, for some, those problems may also be related to other stress events in their lives. Being near the epicenter of earthquake can have a serious impact on the inhabitants. In case of 2005 Kashmir earthquake, Uri which was nearer to the epicenter was worst affected whereas Srinagar which was farther away from the epicentre suffered lesser causalities. So, the impact of earthquake was felt more in Uri and surrounding areas as compared to the capital city of Srinagar. Besides, Uri is a mountainous area whereas Srinagar is a valley.

Due to this also, the impact was profound in Uri. Being a conservative society, women are more confined to homes and in Uri the difficult terrains make their socialization more strenuous and taxing. Researchers have found females to be affected more negatively than males when natural disasters strike.

Regarding the gender differences, Lazarus and Paparrigopoulos (2008) found that six months after the earthquake, women had more often recurrent dreams of earthquake and distress than did men; and were the more vulnerable group for the psychological effects of the events. Salcioglu, Basoglu, and Livanou (2007) in a study done 20 months after the 1999 earthquake in Turkey found more severe PTSD symptoms to be related to greater fear during the earthquake and female gender. Investigators studying the role of coping strategies in dealing with the natural calamities found approach coping to have a “buffering effect “and avoidance coping to have an “intensing effect” (Tang, 2008). Researchers have also reported the impact of earthquake to be severer near the epicentre. Basoglu, Kiliç, Salcioglu, and Livanou (2004) in a study done 14 months after the earthquake in Turkey on 2 randomly selected samples from the epicentre (n = 530) and a suburb of Istanbul 100 km from the epicentre (n =420) found that the rates of PTSD and depression co morbid with PTSD were, respectively, twenty three and sixteen percent at the epicentre and fourteen and eight percent in Istanbul.

People make use of different coping styles to deal with the stressful situations. Use of problem focused or emotion focused or dysfunctional coping strategies can influence the psychological health of an individual. In wake of disasters, people can indulge in dysfunctional coping strategies which can be harmful in the long run. Vinayak (2008) studied coping in people facing negative stressful situations .They were found to be using more of emotional or dysfunctional coping depending upon how negatively they perceived the situation. Kumar and Kumar(2005),Upadhyaya and Havalappanavar (2008) found

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religion to be of great help in dealing with an aversive event. Besides, the coping strategies used by males and females may also vary (Gray and Buffrey, 1971).

The importance of studying the impact of earthquake at the earliest has been emphasized. Crisis theory postulates that most crisis situations are limited to a period of four to six weeks (Roberts, 2000; cf. Zoellner and Foa, 2002). Though some studies on the long term consequences of natural disaster are available (Bodvarsdottir and Elkit, 2008; Briere and Elliot, 2000; cf. Schlenger, Cadell and Ebert; 2002), there is a dearth of research on the immediate psychological impact of earthquake on the survivors, especially in Kashmir, India.

Programs which aim at coping with the natural disasters immediately were somehow missing in the quake-struck Uri region which not only highlighted the official apathy but also made the survivors more vulnerable than they should be. Since it is a closed-knit society, it is very important to first establish rapport and convince them that the investigator is not from the government or terrorist agency. Braving cross-border terror for so many years, it is very important to make them talk to you again and again on the similar topic to cross check their responses. The semi-structured interview can provide important information on various related issues and can instill confidence in participants about genuineness of the investigator. Since, after the disaster, they were in need of emotional support, the interview provided an opportunity to the participants to vent out their pent-up emotions.

The current study was undertaken within four weeks of the Kashmir earthquake with the following aims: (1) To compare death anxiety in earthquake survivors (males as well as females) in the worst-affected Uri area (epicentre) and in Srinagar, the capital city which received severe tremors but was spared human loss. (2)To investigate mental health of survivors (males as well as females) both in Uri and in Srinagar, and the coping strategies used by them. The term death anxiety denotes anxiety regarding death, and death related issues. Mental health in the present investigation is used to designate one who is functioning at a high level of behavioural and emotional adjustment and adaptiveness and not for one who is, simply, not mentally- ill. The term mental health used here focuses on neuroticism.

The following hypotheses are formulated:

H1. It is expected that survivors in Uri (epicentre) will exhibit higher death anxiety than those in Srinagar.

H2. It is expected that women will exhibit higher death anxiety than males in Uri as compared to those from Srinagar.

H3.Mental health of the Uri survivors is expected to be poorer than those from Srinagar, and it is expected to be poorer in females than males.

H4. Males and females are expected to differ on the coping strategies, in Uri as well as Srinagar.

Besides, an attempt will be made to get an insight into the survivors' perceptions about the materialistic relief, their stresses and anxiety, and problems faced by them after the earthquake.

Method

Sample

Initially hundred individuals each from Srinagar and Uri district in age range 25-35 years, married, with no history of past psychiatric illness, having 2-3 children and having knowledge of English and Hindi were randomly approached. About 95% were staying in tents and about 5% were staying in a corner of the remains of their homes. In order to have a representative sample, sections were randomly selected after stratifying the region and the size of their house before the earthquake. The locals were involved in identifying the individuals matching the inclusion criteria. Then within each section, the homes and tents were selected using procedure of randomized routes. Those who volunteered were taken for the present study. The study was conducted on 120 participants with sixty subjects (with equal number of males and females) each from Uri and Srinagar .All the participants were devout muslims. While the subjects in Uri were the survivors who had suffered human and material losses, those from Srinagar experienced severe tremors and had their kin in Uri among the victims.

Measures

Death anxiety scale (Thakur and Thakur, 1984) This is a rating scale meant for Indian population to measure the death anxiety. The score ranges from 16 -80. Test- retest reliability is reported to be 0.86. Mental health questionnaire (Verma, Wig and others, 1976) .It contains 60 items to measure the various aspects of mental health of adults in Indian population. Reliability of 0.88 has been reported.

Coping scale developed by Carver, Scheier, and Weintraub (1989) is a four point rating scale with 60 items. Fifteen coping styles are given viz.

(a) problem focused: active coping, planning, restraint coping, seeking social support for instrumental reasons, and suppression of competing activities;

(b) emotion focused: positive reinterpretation and growth, religion, humor, acceptance, seeking social support for emotional reasons ;

(c) dysfunctional coping: focus on and venting of emotions, denial, behavioural disengagement, mental disengagement, alcohol/drug use. Alpha reliabilities of 0.60 and above for all except mental disengagement (.45) has been reported.

Besides a semi-structured interview schedule is used for this investigation. The questions are like: what bothers you more after the earthquake? How do you feel these days? What did you feel immediately after the earthquake? What are your fears? Comment on the type and quantity of relief extended by various organizations? How are you feeling for the last two weeks? Any particular health problems being faced by you after the earthquake? Why are they not approaching the authorities for relief?

Procedure

Each individual (from the final sample) was contacted at his/her native place, was administered scales and interviewed separately. As the worst-hit hamlets were sparsely scattered over vast mountainous areas rendered inaccessible by the collapse of roads and bridges, the researcher had to trek on foot for hours to access the survivors. At places, the investigator stayed in the relief shelters along with the victims to get first hand information.

Results

Descriptive statistics and 2 (Location: Uri, Srinagar) x 2 (Gender: Males, Females) ANOVA was applied to death anxiety scores, mental health and coping scores (Tables 1). Results revealed significant main effect of location at df (1,116) in case of death anxiety ($F= 5.20$, $p<0.05$), mental health ($F=4.98$, $p<0.05$), and in some of the coping styles: positive reinterpretation ($F=3.95$, $p<0.05$), active coping ($F=4.13$, $p<0.05$), planning ($F=5.21$, $p<0.05$), seeking social support for emotional reasons ($F=7.12$, $p<0.05$), acceptance ($F=5.21$, $p<0.05$), religion ($F=6.25$, $p<0.05$) focus on &venting of emotions ($F=4.21$, $p<0.05$), suppression of competing activities ($F=4.32$, $p<0.05$), mental disengagement ($F=4.33$, $p<0.05$), behavioural disengagement ($F=6.20$, $p<0.05$), denial ($F=3.98$,

p<0.05), restraint coping (F=3.95, p<0.05), alcohol/drug use (F=6.95, p<0.01), and humour (F=6.01, p<0.05).

Significant main effect of gender at df (1,116) was obtained in case of death anxiety (F= 4.76, p<0.05), mental health (F=4.18, p<0.05), positive reinterpretation (F=4.0, p<0.05), planning (F=6.90, p<0.05), seeking social support for emotional reasons (F=10.72, p<0.05), acceptance (F=4.43, p<0.05), focus on &venting of emotions (F=8.34, p<0.05), suppression of competing activities (F=7.24, p<0.05), mental disengagement (F=6.72, p<0.05), behavioural disengagement (F=7.0, p<0.05), denial (F=4.12, p<0.05), restraint coping (F=3.98, p<0.05), alcohol/drug use (F=7.12, p<0.01), and humour (F=5.98, p<0.05).

Significant interactions of gender x location at df (1,116) were obtained in case of death anxiety (F= 5.22, p<0.05), mental health (F=3.95, p<0.05), positive reinterpretation (F=3.99, p<0.05), seeking social support for emotional reasons (F=4.35, p<0.05), focus on &venting of emotions (F=5.47, p<0.05), suppression of competing activities (F=6.23, p<0.05), mental disengagement (F=6.75, p<0.05), behavioural disengagement (F=6.08, p<0.05), alcohol/drug use (F=9.21, p<0.01), and humour (F=7.66, p<0.01). Besides, post-hoc analyses was done .Since both gender and location have two levels each, t test was used for post-hoc analysis. Means and SD values (table 1) were used for findings the t values for different groups.

Significant gender differences were found in case of death anxiety in case of Srinagar (t=5.97, p<0.01), on mental health of survivors of Srinagar (t=3.08, p< 0.01), as well as of Uri (t=4.88, p<0.01), and in coping strategies used: active coping (t=2.87, p<0.01 and t=10.25, p<0.01 for Srinagar and Uri respectively), planning (t=9.49, p<0.01 for Srinagar), social support for emotional reasons (t=11.69, p<0.01 t=4.39, p<0.01 for Srinagar and Uri respectively), social support for instrumental reasons (t=4.17, p<0.01 t=5.73, p<0.01 for Srinagar and Uri respectively), acceptance (t=4.011, p<0.01 t= 15.14, p<0.01 for Srinagar and Uri respectively), religion (t=9.98, p<0.01 t=5.18, p<0.01 for Srinagar and Uri respectively), focus on &venting of emotions (t=9.74, p<0.01 t=17.53, p<0.01 for Srinagar and Uri respectively), mental disengagement (t=10.71, p<0.01 t=3.67, p<0.01 for Srinagar and Uri respectively), behavioural disengagement (t=7.59, p<0.01 t=7.86, p<0.01for Srinagar and Uri respectively), denial (t=13.03, p<0.01 t=3.42, p<0.01 for Srinagar and Uri respectively), restraint coping (t=3.12, p<0.01 t=3.10, p<0.01 for Srinagar and Uri respectively), alcohol/drug use (t=10.73, p<0.01 t=9.54, p<0.01for Srinagar and Uri respectively), and humour (t=16.40, p<0.01 t=19.2, p<0.01for Srinagar and Uri respectively).

Significant differences between males of Uri and Srinagar (two locations) were found on death anxiety (t=4.251, p<0.01) mental health (t=19.85, p<0.01), and on coping strategies used: positive reinterpretation (t=17.62, p<0.01), active coping (t=32.92, p<0.01), planning (t=18.81, p<0.01), social support for emotional reasons (t=14.375, p<0.01), social support for instrumental reasons (t=3.05, p<0.01), acceptance (t=24.25, p<0.01), religion (t=21.10, p<0.01), focus on &venting of emotions (t=9.92, p<0.01), suppression of competing activities (t=16.28, p<0.01), mental disengagement (t=31.89, p<0.01), behavioural disengagement (t=30.43, p<0.01), denial (t=29.65, p<0.01), restraint coping (t=6.22, p<0.01), alcohol/drug use (t=14.19, p<0.01), and humour (t=19.44, p<0.01).

Significant differences between females of Uri and Srinagar were found on death anxiety (t=13.75, p<0.01) and mental health (t=14.14, p<0.01).Females from Uri and Srinagar differed significantly on coping strategies: positive reinterpretation (t=25.16, p<0.01), active coping (t=19.23, p<0.01), planning (t=5.76, p<0.01), social support for emotional reasons (t=6.309, p<0.01), social support for instrumental reasons (t=5.25, p<0.01), acceptance (t=32.37, p<0.01), religion (t=21.39, p<0.01), focus on &venting of emotions (t=22.10, p<0.01), suppression of competing activities (t=14.68, p<0.01), mental disengagement (t=33.3, p<0.01), behavioural disengagement (t=20.28, p<0.01), denial (t=28.61, p<0.01), restraint coping (t=6.45, p<0.01), alcohol/drug use (t=7.48, p<0.01), and humour (t=14.55, p<0.01).

The responses given to the various questions in the interview schedule were analysed and % of participants giving a particular response were found (Table 2).The questions were framed after interactions with a number of survivors and the problems reported by them. The similar questions were posed to all the participants. The responses given in the interview gives an insight into the overall picture of the worries, social disparities, health problems, worries about survival and so on in case of survivors from Uri as well as Srinagar.

Discussion

An earthquake measuring 7.6 Richter that rocked Kashmir (India) on October 8, 2005 left a trail of death and destruction. No natural disaster in the living memory of the Kashmir residents compares with the recent one in terms of scale of destruction. Official agencies were caught in the dilemma of prioritizing the resources and overlooked the psychological needs of the survivors. The current study was undertaken within four weeks of the Kashmir earthquake to probe into the, death anxiety, mental health, and coping in the Kashmir earthquake survivors from Uri and Srinagar.

The investigation reveals death anxiety to be higher in case of both male as well as female earthquake survivors of Uri (epicentre) as compared to the survivors from Srinagar (away from the epicentre), thus supporting the hypothesis which expected Uri survivors to exhibit higher death anxiety than the Srinagar survivors. Reason behind this could be that a close-shave with near-death situation has shaken Uri survivors psychologically, and has made them look for more secure future of their families and children. Constantly, they are reminded of the collapsing houses, with mountains on one side, with ditches on the other side and no escape, in case the giant boulders had also started coming down from mountains. This scary and unprecedented experience jolted people in Uri to the core as compared to those in Srinagar, (located in the valley with plain and open areas to escape the collapsing buildings). Other researchers have also found that direct experience of approaching death can be more frightening than the sudden death (Calgary, 2006; Siddiqui and Singh, 2004).

Males are higher in death anxiety than females in Srinagar. This could be due to the reason that the females in Srinagar are housewives and the males are more exposed to the terrorist violence on the streets. So, perhaps having male member alive make these women more secure than males and reduce their death anxiety.

Also, because the males are the sole bread earners, they have been more worried about their own death because of their perception that there is nobody to take care of their families in case of such eventuality. Due to this role differentiation prevailing in the society, one cannot just attribute the gender difference to earthquake.

The mental health issues related to the earthquakes are important and underlies the need to psychologically tackle immediate physical impact of the earthquake. Hypothesis which had expected poorer mental health among Uri survivors are

supported by the results. Also, females are found to have poorer mental health than males both in Uri as well as Srinagar. Basoglu, Kiliç, Salcioglu, Livanou (2005); Sharma (2001) also reported female gender to be associated with poorer mental health and stated that the impact can be profound at the sites of epicentre of the earthquake. Though exposed to cross-border violence for years, earthquake came as a surprise, and revealed the psychological health of these survivors. The reasons behind the results could be that Uri is the frontier district close to the Line of Control that divides Indian-administered Kashmir and Pakistan-controlled Kashmir.

Notorious as an ingress route for terrorists from the Pakistani side, Uri has also been witnessing frequent cross-border shelling making females easy targets. The participants suspected almost everyone lest the person is a police or terrorist informer. However, as Uri people had been facing the cross border firing and shelling for such a long time, they might have become immune or accustomed to it, and might have accepted it as a part of their daily routine. Porous borders might have mentally prepared them for insurgency-related violence. But earthquake came as a sudden and greater shock, for which they were not mentally prepared.

Being near the epicentre is also a contributing factor. Since the survivors of Uri as compared to those from Srinagar were surrounded by vast destructions, dead bodies, it reminded them of the horrifying experience. O' Connor (2002) had emphasized that altruistic concern about others is an important factor in poorer psychological health. It is also pointed out that such a concern for others can make one feel that one's loss is lesser than others or one may start feeling more low on seeing others plight. This might have also contributed to lower mental health in Uri males as well as females as compared to those in Srinagar. However, males as compared to females in Uri had better mental health. This might be due to their wider social networks and more mobility, which might have provided them a better chance to deal with the situation. Lower mental health in females might also be attributed to the reduced resources held by the survivors. Being a closely-knit community having common religion of Islam, the Uri communities, spread in far flung pockets of population, found themselves cut off and isolated by the earthquake which disrupted the road links and telecommunication. Being terrorism-ridden area, the natives generally were wary of mixing with the outsiders – a factor that might have further curtailed their support resources. This might have come in the path of rehabilitation and return to normalcy further pushing them to a situation where resource loss was critical.

The poorer mental health in females of Uri could also be attributed to their cloistered existence where they had less opportunities for education and are more dependent on males for economic needs. An exposure to terrorist violence (mainly leading to the fear of rape), living with a fear of losing loved one and worrying about life after loss could be the factors behind these women reporting poorer mental health. Their condition has become more complicated as compared to their counterparts in Srinagar, due to difficult terrain leading to lesser connectivity with the rest of Kashmir.

Regarding coping styles it is revealed that in Srinagar, males bank more upon social support, active coping, planning, instrumental support and acceptance, while females use more of social support for emotional reasons, humour and positive reinterpretation and growth, as coping techniques. Unfortunately, horrific sights pushed Uri survivors to take refuge in behavioural and emotional disengagement and denial as coping strategies. The Kashmiris' fabled resilience and spirit of survival has never been put to such severe test in the past. Majority of males in Uri reported behavioural and emotional disengagement as coping strategies, while some used emotional coping and drug indulgence. Females in Uri relied more on emotional coping, and social support as coping strategies. The findings lend support to the hypothesis which expected males and females to differ on the coping strategies.

Kumar and Kumar (2005); Upadhyaya and Havalappanavar (2008); and Vinayak (2008) had found religion as a coping strategy being frequently used for mitigating or minimizing the stressful situations. All subjects in the present investigation were devout Muslims, who carried on with their routine five-times-a-day prayers even amidst death and destruction. However, the survivors in the present study did not rely much on religion as a coping strategy. The results are in line with the findings of Vinayak and Rani (2009) who reported no difference on religiosity in persons facing critical life situations and those who were not facing major crisis.

The interview schedule revealed that more survivors in Uri (males as well as females) as compared to those from Srinagar reported irrational fears, feelings of hopelessness, depression, sleeplessness, loss of appetite, dissatisfaction with relief material, heightened prejudice towards people of other castes and socio-economic status with regard to quickness & quantum of relief. Results are in line with the earlier findings of Jost, Glaser and Sullway(2003)who had found that inter-group rivalries surface in threat situations. Also, chances of aggression and hatred towards people from other groups might increase. Interviews also revealed that higher percentage of the subjects in Uri expressed over-possessiveness about their children (to the extent of not leaving them alone or even not sending them to schools or play away from the parents), over indulgence in drug use (in males), and difficulty in remembering things, as compared to those investigated in Srinagar. These are the worrying signs of their vulnerability to emotional breakdown in the face of a severe natural disaster. Chaturvedi, Upadhyaya and Rao(1992) and Vinayak(2003) also reported that stressful life events are related to lower general wellbeing and psychosomatic problems. The investigation has its limitations of inclusion of different socio-economic groups and of smaller sample because of the constraints of inaccessibility, time and resources. Besides, the study has the limitation of incorporating the effect of exposure to other traumatic events, such as proximity to the line of control, number of casualties in the family, extent of fear during the earthquake, rubble experience, disability ,injury etc. Given that the area is highly terrorism infested and lies close to the heavily-mined Line of Control (LOC) that divides between India and Pakistan, security imperatives afforded a limited time window to conduct the study.

Though the study has limitations of including the effect of exposure to other traumatic events, besides earthquakes, it can be the long term effects of continuous war like situation which could have led to poorer mental health. Psychological distress among earthquake survivors alongside experience of other problems is considered a serious issue for people's health status living in such difficult conditions.

So, it will be important for the future research to incorporate intervention programs involving locals and emphasizing on resource based models encouraging them to widen their resource networks.

Thus, it is essential to integrate the mental health needs of the earthquake survivors into the relief and rehabilitation programmes. To conclude, poorer mental health of earthquake survivors in remote Uri region cannot be ignored. Since social support has been widely cited as a coping strategy, it is important to sustain it. The present study has sensitized the authorities to focus, albeit belatedly, on the psychological impact of disaster, resulting in many Uri survivors being referred to the psychiatry ward of the hospital in Srinagar. The study underscores the pressing need to set up counselling cells in the disaster-prone areas and training the local psychologists to meet such exigencies as part of an overall disaster management plan . Besides, it emphasizes on a need to provide psychological help along with materialistic relief immediately after the disaster ; engage the survivors in meaningful activities for trauma ventilation and have counselling sessions or therapeutic interventions as per the needs of the survivors.

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Table 1 Mean and SD scores on death anxiety, mental health and coping

	Uri		Srinagar	
	M	F	M	F
Death Anxiety	46.27 (9.40)	48.27 (7.43)	36.33 (6.60)	28.67 (2.41)
Mental Health	48.00 (7.43)	55.20 (3.19)	17.53 (3.93)	22.40 (7.71)
Coping Strategies:				
Positive reinterpretation	2. 34 (0.43)	2.10 (.35)	10. 34 (2.45)	12 . 57 (2.25)
Active coping	1. 23 (0.31)	2 . 04 (0.31)	15 . 65 (2.38)	17 . 98 (3.75)
Planning	8 .35 (1.96)	9. 48 (3.35)	20.56 (2.97)	13. 86 (2.48)
Seeking social support for emotional reasons	19. 34 (3.27)	23 . 69 (4.34)	9. 32 (1.99)	17. 45 (3.25)
Seeking social support for instrumental reasons	19 .64 (3.26)	15. 31 (2.56)	22 .96 (4.99)	18 .72 (2.48)
Acceptance	5 . 62 (1.02)	2. 35 (0.59)	17.48 (2.48)	20 .32 (2.98)
Religion	2.13 (0.51)	3. 15 (0.96))	8. 46 (1.57)	13. 95 (2.59)
Focus on &venting of emotions	10. 23 (2.45)	22. 58 (2.98)	5.21 (1.30)	8.90 (1.63)
Suppression of competing activities	19.37 (3.22)	18. 97 (3.01)	8. 64 (1.63)	9.25 (2.03)
Mental disengagement	21.35 (2.98)	24.36 (3.37)	3.11 (0.97)	3. 56 (0.58)
Behavioural disengagement	18.32 (3.01)	12.21 (3.01)	1.52 (0.29)	1.11 (0.15)
Denial	15.22 (2.35)	17. 3 (2.35)	2.35 (0.34)	4. 37 (0.78)
Restraint coping	9.80 (3.48)	7.54 (1.95)	5. 58 (1.30)	4.19 (2.07)
Alcohol/Drug use	10.26 (2.47)	4.39 (2.30)	3. 45 (0.96)	1.10 (.740)
Humour	5.06 (1.02)	1.22 (0.39)	1.23 (0.34)	2.69 (0.40)

*M= Males, F=Females

Table 2

Results of the Interview Schedule (in percentage)

	Uri survivors		Srinagar survivors	
	Males	Females	Males	Females
Irrational Fears	100	100	20	33
Feeling of hopelessness	100	93	53	60
Depressive mood	93	93	33	33
Ethnic rivalry	80	53	13	20
Political affinities as a factor in relief distribution	93	20	20	20
Increased hoarding	70	60	40	13
Disproportionate distribution of relief goods	80	93	20	13
Inhibitions in approaching relief camps:				
(a) Self respect	53	27	93	93
(b) SES before earthquake	40	53	80	60
(c) Prejudice	33	27	20	33
Claustrophobia	93	100	00	13
High stress	93	100	80	80
Sleeplessness	100	100	13	20
Anxiety	93	93	53	60
Constant headache	93	87	13	07
Stomach upset	87	100	07	00
Loss of appetite	93	100	00	00
Difficulty in remembering things	80	93	00	00
Over-possessiveness about kids	87	100	13	13
Overindulgence in smoking/drug use	87	13	00	00