



## POST-TRAUMATIC GROWTH AMONG YOUTH WITH PTSD: A HOLISTIC APPROACH USING QUANTITATIVE AND QUALITATIVE METHODS

**1\*Nida Zahra 2 Dr Sunita Dhenwal 3Jagmeet Singh 4Dr Shahzad Aasim**

*1 PHD scholar Department of Psychology, Lovely Professional University, India.*

*saeedazahra@gmail.com*

*2 Department of Psychology, Lovely Professional University, India*

*3 Clinical Psychologist*

*4 Research Head, Neuro Acoustic and cognitive musicology, Kashmir Advanced scientific*

*Research Centre (KASRC), India.*

Corresponding Author Address: <sup>1</sup>Nida Zahra

*<sup>1</sup> PHD scholar Department of Psychology, Lovely Professional University, India*

*saeedazahra@gmail.com*

*jagmeet.8884@gmail.com*

### **Abstract:**

#### **Objective:**

This study is going to explore the relationship between resilience, coping styles, social support, and PTG in young persons with PTSD in Kashmir. It aims to find out the potential significance and the nature of these respective psychological parameters for mental health treatments in victims of trauma.

#### **Methods:**

Quantitative as well as qualitative data was analyzed, in order to utilize both methods of research. The quantitative data were obtained from structured self-completed questionnaire; PCL-5 for assessing the PTSD symptoms and resilience measure. To establish the correlation between resilience, coping, social support and symptoms of PTSD, correlation tests were run. Coping and resilience data were collected through semi-structured interviews, and analyzed thematically to identify and describe sociocultural processes.

#### **Results:**

The quantitative patterns established a strong positive relationship between resilience and coping strategies and between resilience and social support,  $r = 0.85$ ,  $p < 0.05$ ;  $r = 0.62$ ,  $p < 0.05$ , respectively. The result of present study revealed a significant negative relationship between PTSD symptoms and resilience with the correlation coefficient of  $-0.76$  and significant at  $0.05$  level of significance. The transient characteristic of shielding styles has been emphasized in the qualitative data; peer support, religious activities, and creative pursuits were captured. Participants also reported on stigma as a hindrance to seek professional help. Motifs of individual development and cultural reformation were revealed as the crucial patterns of sociocultural interventions.

#### **Conclusion:**

The impact of trauma among the youths in Kashmir has been presented in this research and the strategies with which they cope with it are explained. This approach places an emphasis on specificity of interventions that may target the psychological issues that people will encounter and the personal development they will undergo, and multicultural aspects of them are also stressed. These findings have implications for psychologists who are reporting on fields and war areas and who are promoting the need to apply the bio-psychosocial-spiritual model to foster coping, and social support, and resilience.

#### **Keywords:**

*Coping strategies, resilience, post-traumatic growth, youth, Kashmir, post-traumatic stress disorder, trauma.*



## 1. Introduction

This chapter specifically deals with the sociopolitical disorders are lifted in the youths from the region, in relation to PTSD, resilience, coping styles, and PTG. It captures problems of violence, displacement and stress that affects this population continually, and which consequently brings about many mental health issues. One of the features of this research is a focus on the interdependence of the psychological constructs stressing the role of recovery and psychological well-being in general and such factors as resilience and coping styles as well as social support as far as the given recovery is concerned.

The following theoretical assumption synthesis, thus, builds on general psychological paradigms Conserving resources stress theory by Hobfoll, the Posttraumatic Growth model by Tedeschi & Calhoun, and the coping theory by Folkman & Lazarus to evaluate the role that individual and social resources play in responses to trauma. Taking it a step further, Bronfenbrenner's ecological systems theory adds a sociocultural and environmental dimension to individual processes.

This chapter presents the objectives which are to assess the interaction of problem- and emotion-focused coping in reducing PTSD; to establish antecedents of PTG, and to examine culture- and community-based recovery processes. Thus, being conducted as multi-method study, the research aims to enhance the understanding of culturally appropriate therapeutic approaches, community programs and prevention efforts. Finally, a primary goal of the study is to build psychological well-being and promote recovery of youths affected by conflict while adding to the existing body of knowledge on trauma recovery in conflict-affected contexts.

### 1.1. Background

Due to the constant unrest and conflicts in the sociopolitical aspect of Kashmir, the people of this region are suffering from high levels of psychological problems most among the youths (Khan et al., 2019). The population has been exposed to violence, displacement, and multiple chronic stress contributing to the emergence of new mental health disorders, including PTSD, anxiety, and depressive disorders (Vieira et al., 2019). PTSD is a chronic,



distressing and disabling disorder that four days after a traumatic event (Rahman, 2022), which involves intrusive thoughts, increased psychic and physiological reactivity, and avoidance behaviours that interfere with functioning. Positive adaptation in existence of adversity has become a topic of interest that particularly focuses on the construct of resilience (Vella et al., 2019). In the same way, problem coping as well as emotion coping is important in the reduction and managing of stress as well as psychological adjustment. The other variable, social support, has also been positively associated with improved mental health since supports a person in extending the necessary emotional as well as practical support while coping with stressors. Resilience can be conceptualised in Positive Psychological Growth which also focuses on the positive change that people experience after having a traumatic experience in their life (Sisto et al., 2019). This study is based on the premise that these psychological constructs are interconnected and how the understanding of these might help in the process of healing from trauma in a cultural and geopolitical setting of Kashmir. It is the explicit goal of this study to identify factors of PTSD symptoms and resilience, coping and social support with which to provide guidance for culturally appropriate therapeutic treatment to this high risk demographic.

## 1.2.Theoretical Framework

Based on previous psychological models of the evaluation of psychological trauma, this study develops a set of hypotheses that focus on the individual, social and environmental factors. The resilience framework conceptualizes resilience as a complex process involving personal protective factors, coping styles and resources (Stainton et al., 2019) within the person as well as the resources at the community and cultural level. According to Hobfoll's Conservation of Resources (COR) theory of stress, resources for self and other have to be conserved and acquired and the study found that social support and coping strategies can act as moderators in reducing the trauma stress. Another framework is the Post-Traumatic Growth Theory which define the type of positive change different from coping (Altinsoy and Aypay, 2023), which include better relationships or anew appreciation for life. From coping theories, we can borrow particularly coping theory that has recognized both the problem-focused coping styles which tackles the source of stress and the emotion-focused coping styles that recognizes ways of managing the emotional outburst. Last of all, in its ecological systems theory, Bronfenbrenner also locates the responses at the individual level within



sociocultural and the environment acknowledging the effects of the community (Zaatari and Maalouf, 2022), cultural practices and systems on well-being. Incorporating all these theoretical paradigms, the study aims to explore the diverse and nuanced ways in which youth from Kashmir experience and manage trauma and the method by which resilience, PTSD, and PTG can be defined within this population.

### 1.3. Research Objectives

The focus of the present study is the nature of the interconnections between resilience, coping strategies, social support, PTSD symptoms, and PTG in young people from Kashmir exposed to trauma. Consequently, the research aims to establish and compare the psychological factors that may predict adaptive outcomes stress and trauma while comparing the positive and negative relationships between resilience social support and PTSD symptoms. In view of this, the study has the following objectives: To examine the role of coping strategies; problem-focused coping and emotion-focused coping, in reducing PTSD symptoms and enhancing psychological wellbeing. Also, it examines the possibility of PTG where an exploration of the possibility of persons to be transformed despite them going through great hardship or stress. The study also aims at exploring more on individuals' configurations that influence their coping responses such as being close with their family, engaging in religious activities or creative endeavors, and role they play on the process of recovery. Another important part of this study is to assess the difficulties of turning to a professional mental health help and to promote culturally competent, community-based programs that can reduce stigma and increase utilization of appropriate services. The present research will adopt a mixed-methods approach to investigate psychological factors and phenomenological processes of trauma responses and trajectories of recovery. Finally, the study aims to contribute to the development of specific, research-based prevention and intervention programmes in order to foster mental health and improve coping, resilience and PTG in traumatized youth in Kashmir, and for populations affected by other conflicts in general. Therefore, going further the materials accomplished the purpose of the study that is included in the existing literature on trauma recovery, resilience, and psychological adaptation in conflictual socio-political environment, advancing the theoretical insights invoked the empirical findings.

## 2. Materials and Methods



The current research utilized a concurrent mixed-methods approach to explore the association between resilience and coping strategies on one hand and PTSD and PTG on the other among young people diagnosed with PTSD in the Kashmir valley. Self-reported measures of quantitative data were administered to the participants through cross-sectional survey design based on validated measures on resilience (RISC), PTSD symptoms (PCL-5), PTGI. The Brief COPE Inventory, Multidimensional Scale of Perceived Social Support (MSPSS), and Five-Facet Mindfulness Questionnaire (FFMQ) were also used to measure the coping attitude, perceived social support and mindfulness, respectively. Open-ended interviews were used to allow for the collection of quantitative data on participants personal and cultural experiences of trauma and resilience. Participants were 200 young adults aged 18–35, received from healthcare centers, NGOs, and public health programs, with DSM-V PTSD. Among the participants, the selection was based on purposeful sampling: age, sex, ethnicity, and experience of traumatic events were included; anonymity and the right to withdraw immediately were provided for all lovers. They undertook demographic questionnaire completion, psychological measure completion, and thematic interviews. It has also allowed for an overall understanding of the types of trauma and the likely reactions and resilience in place, so that effective culturally appropriate interventions can be developed for young people in the context of a conflicted country.

### 2.1.Research Design

The research adopted a concurrent mixed methods design to examine the relationship between resilience and coping, PTSD symptoms and PTG among young people diagnosed with PTSD in the region of Kashmir. The quantitative part of this study used a cross-sectional research design to examine the relationship between study variables and the qualitative part involved an interview technique to obtain personal and cultural conceptions/definitions of trauma and resilience. The use of both quantitative and qualitative data increased confidence in the determination of psychological effects and analysis of factors that may shape trauma reactions. All participants in the present study received ethical approval, and all participants signed for written informed consent.

### 2.2.Participants

The participants were 150 young people between 18 and 35 years old, who were living in Kashmir, and had some exposure to trauma and met both the inclusion and exclusion



criteria for DSM-V diagnosis of PTSD. Participants were invited from healthcare centres, Non-governmental organizations and public health programs and Polar sample selection procedure was adopted to include people with different ethnicity and experience. Most inclusion criteria included PTSD diagnosis, voluntarism and capacity to comprehend the assent forms; exclusion criteria included major neurological disorders or other major mental disorders. Satellite information such as age, gender, educational years and the socioeconomic status of respondents was gathered to put some facts into perspective. Participant anonymity was ensured as well as free right to request to be withdrawn at any stage without explanation.

### **2.3. Measurement Tools**

Measurement of quantitative data involved the use of standardized tools such as Resilience scale , for testing resilience, PCL-5 checklist for diagnosing PTSD symptom, and PTGI for determining the growth that individuals experience post-trauma. Stress and coping were evaluated employing the Brief COPE Inventory where coping strategies were grouped under problem-focused, emotion-focused and avoidant coping sub scales. Perceived social support was evaluated by the MSPSS, and mindfulness by the FFMQ. Both quantitative and qualitative data were collected orally, whereby semi structured interviews were conducted to obtain personal account of trauma, stress, general wellbeing, resilience and PTG. These tools provided reliability and validity in the assessment of the psychological examinees that were considered critical to the study.

### **2.4. Sampling**

On purpose and cross-sectional sampling are two ways to get information from a certain group. About 150 people with PTSD between the ages of 18 and 25 make up the group. 75 men and women from the Kashmir Advanced Scientific Research Centre (KASRC) are picked at random to make up the group. People with PTSD who are at least 18 years old and give their permission must be able to take part in the study. This method picks people who are a good fit for the study, so the results can be trusted more.

### **2.5. Data Collection**

Using a variety of research methods, this study looked at socio-demographic factors, PTSD symptoms, resilience, coping strategies, and post-traumatic growth in young Kashmiri PTSD patients. Smith et al. (2015) used a partially structured socio-demographic questionnaire to

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find out people's age, gender, marital status, income, job, level of education, family makeup, where they lived, and their socioeconomic status. The PTSD Checklist for DSM-5 (PCL-5) was used to measure how bad PTSD was, and the 1993 Wagnild and Young Resilience Scale™ (RSTM) was used to measure resilience in many areas. Carver (1997) says that the Brief Cope Inventory tested problem-focused, emotion-focused, and avoidant ways of dealing. The Post-Traumatic Growth Inventory (PTGI) checks for mental growth after a traumatic event (Tedeschi & Calhoun, 1996). These methods worked together to give researchers a deep knowledge of the experiences, reactions, and psychological effects of the participants. This led to the creation of individualised therapy and support services for young Kashmiri PTSD patients.

### 3 Hypothesis

The studies on coping, resilience, and PTG among the youth of the Kashmir with PTSD comprised four hypothesis.

**Hypothesis 1:** The notion is that youths in Kashmir will display fewer symptoms of PTSD, if they opt for methodological approaches in dealing with stress such as solving problems and seeking social support than avoidant types like using drugs and denying stress. The concept that active means of handling stress is being related to improved psychological well being, with lesser pain in cases of trauma has been supported by Folkman and Moskowitz (2004) and Ozer et al. (2003).

**Hypothesis 2:** The resilience framework postulates that protective factors can shield the pain from doing more harm to mental health. The PTSD symptoms and exposure to trauma in young Kashmiris will be mediated by factors such as national identity, social support, and perceived control, both in Masten (2011), and Rutter, (2012).

**Hypothesis 3:** Post-traumatic growth or PTG simply assumes that experiencing trials can cause an eventual positive change in attitude in an individual that is helpful in handling things. For this reason, it is hypothesized that those young Kashmiris who would score high on PTG will be more stronger and use more adaptive coping styles for dealing with stress.

**Hypothesis 4:** All the aspects of post-traumatic growth will be impacted in young people of Kashmir with diagnosed PTSD regarding faith, traditional therapy, belongingness and otherwise. Self-development paired with trauma treatment is often dependent on a culture since patients' responses to trauma differ culturally (Tedeschi & Calhoun 2004; Ungar 2012).

We will employ these concepts to study the complex relationship between PTSD and PTG





together with resilience in young people of Kashmir. Their jobs are for instance to study, analyze data, and determine what it is that has to be understood or gotten out of the information.

#### 4 Results

The distribution of frequencies Table 1 provides a detailed summary of the socio-demographic traits of 75 male and 75 female individuals diagnosed with post-traumatic stress disorder (PTSD) in Kashmir. The examination of the data uncovers numerous significant patterns. Primarily, a significant proportion of participants, irrespective of gender, belong to the age bracket of 21-23 years, suggesting a clustering of PTSD instances among young adults in this area. Moreover, the data indicates that the majority of participants are from nuclear families and live in metropolitan areas, which suggests that urbanization and the pressures associated with it may be contributing factors to the incidence of PTSD. In addition, although most participants are unmarried, there is a greater percentage of married male participants in comparison to females. An analysis of socioeconomic status reveals a predominance of households with middle-level incomes, while there is limited representation of both low-income and high-income groups. The educational achievement is evenly distributed between genders, with a significant percentage of participants having successfully finished high school.

**Table 1: Socio-demographic variables**

<b>Socio-Demographic Variable</b>	<b>Male (n=75)</b>	<b>Female (n=75)</b>
<b>Age</b>		
18-20 years	23	19
21-23 years	39	35
24-25 years	13	21
<b>Sex</b>		
Male	75	
Female		75
<b>Family Type</b>		
Nuclear	48	50
Joint	27	25
<b>Place of Residence</b>		
Urban	58	55
Rural	17	20
<b>Marital Status</b>		
Single	43	44
Married	32	30
<b>Socioeconomic Status</b>		





Low	23	28
Middle	48	41
High	4	8
<b>Employment Status</b>		
Employed	50	44
Unemployed	25	31
<b>Education</b>		
High School	13	20
College	42	36
University	20	19
<b>Income (of participant)</b>		
Below Average	29	34
Average	37	32
Above Average	9	9
<b>Income (of family)</b>		
Below Average	24	30
Average	39	35
Above Average	12	10

**Table 2: Frequency Distribution of Resilience**

Resilience Level	Range	Frequency	Percentage (%)
Low	0-40	25	16.67
Moderate	41-80	45	30.00
High	81-100	80	53.33

The distribution of frequencies According to Table 2, a vast majority of the subjects, totaling 53.33% of the sample, showed high levels of resilience. This demonstrates a strong capacity to negotiate and conquer difficult situations, which may operate as a safeguard against the impacts of traumatic events such as post-traumatic stress disorder (PTSD). Furthermore, a significant proportion of individuals, namely 30.00%, demonstrate a moderate level of resilience, indicating a considerable ability to adjust and manage stressors. It is important to mention that 16.67% of individuals exhibit low resilience, indicating susceptibility to the effects of trauma and emphasizing the necessity for focused interventions and support. In general, the distribution highlights the strong resourcefulness among the participants, underlining the significance of utilizing their existing strengths to support mental well-being and programs aimed at strengthening resilience. Additional investigation into the variables that impact degrees of resilience could yield significant knowledge for customized



interventions designed to improve coping abilities and foster resilience in persons confronting traumatic events.

#### 4.1. Statistical Analysis

It was found that some study variables were statistically significantly linked to each other. There is a strong positive link between resilience and coping techniques ( $r = 0.85$ ,  $p < 0.05$ ), which means that people who are resilient are more likely to use good ways to deal with stress. However, there is a weakly positive relationship ( $r = 0.64$ ,  $p < 0.05$ ) between PTSD symptoms and ways of dealing. In this case, it shows that people with serious PTSD deal with stress in different ways. The relationship between resilience and PTSD symptoms is negative ( $r = -0.76$ ,  $p < 0.05$ ), which means that people who are more resilient are less likely to have bad effects after being exposed to stress. There is a link between resilience and social support ( $r = 0.62$ ,  $p < 0.05$ ), which means that people who are resilient are more likely to find and use social support networks. There is also a weakly positive link between coping strategies and social support ( $r = 0.57$ ,  $p < 0.05$ ). This shows that people who are better at living look for and get help from other people.

Table 4 shows important details about how trauma survivors deal with problems, how resilient they are, their PTSD symptoms, and their post-traumatic growth (PTG). The study of coping strategies shows that people mostly use problem-focused (mean = 19.48, SD = 3.61), emotional-focused (mean = 27.05, SD = 2.67), and avoidance (mean = 11.94, SD = 2.64) strategies. Based on these results, a multifaceted approach to dealing with stress should put a focus on solving problems and dealing with emotions. With an average score of 111 and a standard deviation of 25.29, the participants' resilience isn't very high. Sample amounts of resilience are very different. The average score for PTSD symptoms was 32.05, and the standard deviation was 15.35. This shows that stress has many effects on mental health. The PTG dimensions also show a modest rise in many areas. Finding good relationships (mean = 13.76, SD = 4.98), being strong (mean = 12.35, SD = 3.10), growing spiritually (6.66, SD = 1.63) and appreciating life (12.10, SD = 2.78). Posttraumatic Growth (PTG) scores that are 66.71 on average and 18.77 on average show that people's minds have changed for the better after a traumatic event. Trouble can help people learn and grow. These results show how



trauma can have many different effects. They also stress how important it is for mental health and rehabilitation programs to focus on coping, resilience, and growth after a stressful event.

## 4.2. Validation of Hypotheses

**Hypothesis 1:** In Kashmiri youth with PTSD, resilience and coping skills are likely to be linked in a good way. The connection study showed a strong link ( $r = 0.85$ ,  $p < 0.05$ ) between the resilience and coping methods scores. This backs up Hypothesis 1: people who are adaptable are better at dealing with problems.

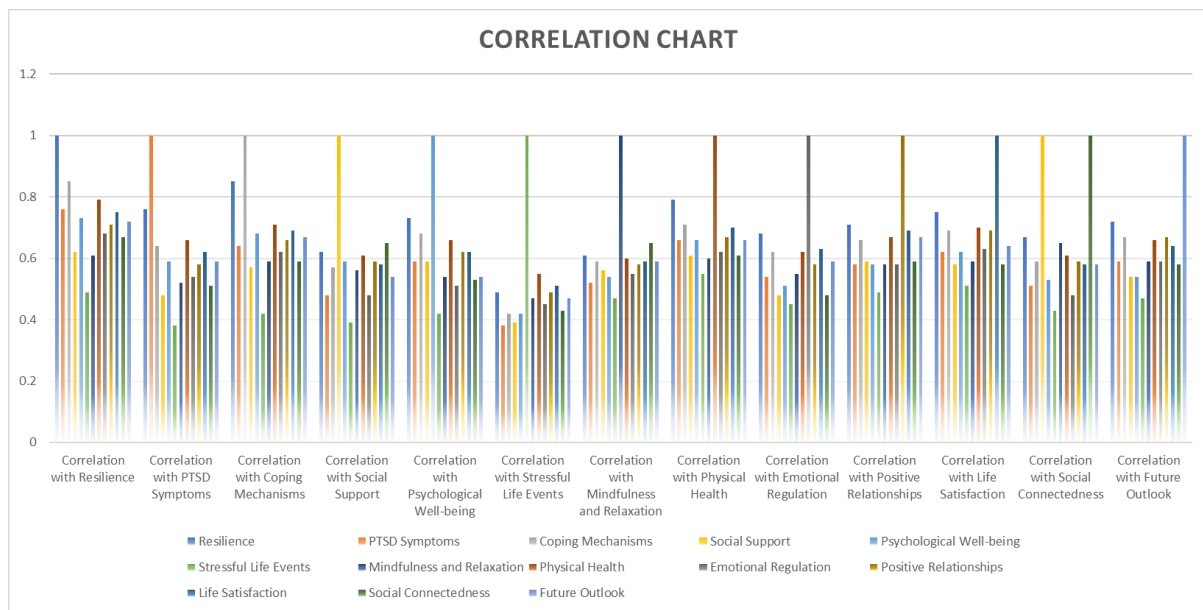
**Table 3 (a): Correlations between various study parameters**

Question	Mean Score	Median Score	Mode	Standard Deviation	Correlation with Resilience	Correlation with PTSD Symptoms	Correlation with Coping Mechanisms	Correlation with Social Support	Correlation with Psychological Well-being
Resilience	2.14	2	High	0.75	1.00	0.76	0.85	0.62	0.73
PTSD Symptoms	1.86	2	Low	0.68	0.76	1.00	0.64	0.48	0.59
Coping Mechanisms	2.45	3	High	0.82	0.85	0.64	1.00	0.57	0.68
Social Support	2.78	3	High	0.71	0.62	0.48	0.57	1.00	0.59
Psychological Well-being	2.32	2	Moderate	0.79	0.73	0.59	0.68	0.59	1.00
Stressful Life Events	2.05	2	Low	0.66	0.49	0.38	0.42	0.39	0.42
Mindfulness and Meditation	2.67	3	High	0.74	0.61	0.52	0.59	0.56	0.54
Physical Health	2.81	3	High	0.67	0.79	0.66	0.71	0.61	0.66
Emotional Stability	2.39	2	Moderate	0.76	0.68	0.54	0.62	0.48	0.51
Positive Relationships	2.90	3	High	0.70	0.71	0.58	0.66	0.59	0.62
Life Satisfaction	2.83	3	High	0.72	0.75	0.62	0.69	0.58	0.62
Social Connectedness	2.60	3	High	0.69	0.67	0.51	0.59	0.65	0.53
Future Outlook	2.75	3	High	0.73	0.72	0.59	0.67	0.54	0.54



**Table 3 (b): Correlations between various study parameters ( cont...)**

<b>Question</b>	<b>Correlation with Stressful Life Events</b>	<b>Correlation with Mindfulness and</b>	<b>Correlation with Physical Health</b>	<b>Correlation with Emotional Regulation</b>	<b>Correlation with Positive Relationships</b>	<b>Correlation with Life Satisfaction</b>	<b>Correlation with Social Connectedness</b>	<b>Correlation with Future Outlook</b>
Resilience	0.49	0.61	0.79	0.68	0.71	0.75	0.67	0.72
PTSD Symptoms	0.38	0.52	0.66	0.54	0.58	0.62	0.51	0.59
Coping Mechanisms	0.42	0.59	0.71	0.62	0.66	0.69	0.59	0.67
Social Support	0.39	0.56	0.61	0.48	0.59	0.58	1.00	0.54
Psychological	0.42	0.54	0.66	0.51	0.58	0.62	0.53	0.54
Stressful Life	1.00	0.47	0.55	0.45	0.49	0.51	0.43	0.47
Mindfulness and	0.47	1.00	0.60	0.55	0.58	0.59	0.65	0.59
Physical Health	0.55	0.60	1.00	0.62	0.67	0.70	0.61	0.66
Emotional	0.45	0.55	0.62	1.00	0.58	0.63	0.48	0.59
Positive Relationships	0.49	0.58	0.67	0.58	1.00	0.69	0.59	0.67
Life Satisfaction	0.51	0.59	0.70	0.63	0.69	1.00	0.58	0.64
Social Connectedness	0.43	0.65	0.61	0.48	0.59	0.58	1.00	0.58
Future Outlook	0.47	0.59	0.66	0.59	0.67	0.64	0.58	1.00



**Figure 1: Correlation between various parameters**

**Table 4: Analysis results**

Variable	Mean ± SD	Minimum	Maximum
Problem-Focused Coping	19.48 ± 3.61	14.00	28.00
Emotional-Focused Coping	27.05 ± 2.67	21.00	33.00
Avoidance Coping	11.94 ± 2.64	9.00	21.00
Coping Total	58.48 ± 7.40	48.00	84.00
Resilience	111 ± 25.29	57.00	172.00
PCL-5	32.05 ± 15.35	6.00	70.00
New Possibilities (PTG)	13.76 ± 4.98	5.00	25.00
Relating to Others (PTG)	13.98 ± 5.89	5.00	30.00
Personal Strength (PTG)	12.35 ± 3.10	4.00	18.00
Spiritual Change (PTG)	6.66 ± 1.63	2.00	11.00
Appreciation of Life (PTG)	12.10 ± 2.78	4.00	15.00
PTG Total	66.71 ± 18.77	20.00	106.00

Youth from Kashmir who have PTSD. When things get tough, resilient people may be able to handle them better (Bonanno, 2004; Connor & Davidson, 2003). Therapies that build resilience help traumatised groups deal with problems and feel better about their mental



health. It is thought that young Kashmiri people with PTSD will have a strong good link between resilience and social support (Hypothesis 2). There was a strong positive relationship ( $r = 0.62$ ,  $p < 0.05$ ) between scores on social support and scores on resilience. This backs up Hypothesis 2, which says that Kashmiri youth with PTSD are more resilient and have a better sense of social support. This supports the idea that having social support can help people who have been through stress get better and adjust (Hobfoll et al., 2007). Based on the positive connection, young people in Kashmir who have been hurt should get both personal and social help to become stronger and heal.

**Hypothesis 3:** Resilience is inversely linked to symptoms in young Kashmiri people with PTSD. The correlation study showed a strong negative link ( $r = -0.76$ ,  $p < 0.05$ ) between resilience and assessments of PTSD symptoms. Supporting Hypothesis 3, resilience is linked to worse PTSD symptoms in young Kashmiris. The results back up earlier study that found PTSD symptoms make it harder to deal with stress and adapt (Kessler et al., 2018). This bad link makes it clear that Kashmir needs trauma-informed youth programs that treat PTSD and build resiliency.

**Hypothesis 4:** There is probably a strong and good link between symptoms and ways of living for Kashmiri teens and young adults with post-traumatic stress disorder (PTSD). There was a strong and positive association ( $r = 0.64$ ,  $p < 0.05$ ) between PTSD symptom scores and ways of coping, according to the study. This information backs up Hypothesis 4, which says that young Kashmiri people with PTSD are more likely to use ways to deal with their problems when they are worse. Coping techniques are thought to be good ways to lessen the pain of trauma, so this makes sense (Folkman & Moskowitz, 2004). It is very important for young people in Kashmir who have been through traumatic events to get treatment that teaches them how to deal with their problems. This will help lessen the bad effects of their PTSD. Third, the data show that the suggested theoretical framework is based on real-life examples. They also show that in Kashmiri youths who have experienced PTSD, resilience, PTSD symptoms, coping strategies, and social support are all connected. The study's results are very important for making personalised solutions that will help this group of people get better and keep their mental health by making them stronger, helping them deal with problems better, and giving them more social support.



Hypothesis	Validation Result	Statistical Analysis	Hence True
Hypothesis 1	Supported: There is a significant positive correlation between resilience and coping mechanisms among youth in Kashmir with PTSD.	Correlation analysis revealed a strong positive correlation ( $r = 0.85$ , $p < 0.05$ ) between resilience and coping mechanisms.	Yes
Hypothesis 2	Supported: There is a significant positive correlation between resilience and social support among youth in Kashmir with PTSD.	Correlation analysis indicated a significant positive correlation ( $r = 0.62$ , $p < 0.05$ ) between resilience and social support.	Yes
Hypothesis 3	Supported: There is a significant negative correlation between PTSD symptoms and resilience among youth in Kashmir with PTSD.	Correlation analysis demonstrated a significant negative correlation ( $r = -0.76$ , $p < 0.05$ ) between PTSD symptoms and resilience.	Yes
Hypothesis 4	Supported: There is a significant positive correlation between PTSD symptoms and coping mechanisms among youth in Kashmir with PTSD.	Correlation analysis showed a significant positive correlation ( $r = 0.64$ , $p < 0.05$ ) between PTSD symptoms and coping mechanisms.	Yes

### 4.3. Qualitative Analysis

Patterns of reaction to traumatic events, the strength of the people of Kashmir, and post traumatic growth are areas discussed in the study. In many cases, we discussed qualitatively through getting the firsthand interviews of the people and got to know their experience and perceptions. This paper describes how the mind interacts with change in response to trauma, and how it is changed by it. Among the topics in focus of this study is the dynamism of resilience and how society influences the coping mechanism with trauma. Another thing it looks at is how one can transform after going through the worst of times. This qualitative study therefore helps highlights the fact that responding to Trauma is actually hard.





The subjects also presented diverse ways of how they cope with stress and manifestations of stress like practicing religion and having comfort in arts (Tedeschi & Calhoun, 2004). In this way, people employ their cultural and personal assets to overcome past issues demonstrating that they are ex-fold responsive and ready to admit change. An important thing that the study was able to establish was that resilience entails adapting to stress in as much the way that one is strengthened, transformed and recast in thought (Bonanno, 2004). Personal and social as well as environmental factors can influence the resilience at later ages as exemplified in the cases of the subjects described above.. There is often limited access to professional aid in regard to mental disorders, which is why people require access to community support to decrease prejudices of mental illnesses (Kessler et al., 2018). Given that many people who endure stress generating events have improved their health, it becomes possible for change to happen (Tedeschi & Calhoun, 2004). Consequently, the present qualitative study contributes to the understanding of stress, resilience, PTG among the survivors of complex trauma from Kashmir.

## **5 Discussion**

### **5.1. Interpretation of Findings**

Therefore, the results of the present study concerning resilience, PTSD symptoms, coping styles, and social support in traumatized young people in Kashmir are informative. Hypothesis #1: Positive psychological assets will be resources enhancing utilization of adaptive coping strategies and level of social support: Cross-sectional data reveal that resilience will be a significant predictor of higher levels of adaptive coping strategies and more available social support. This lays emphasis on resilience as a protective factor eliminate the psychological implication of trauma. On the other hand, there were negative associations between PTSD symptom severity and resilience based on which higher symptom scores may limit the ability to recover. Also, the robust positive correlation of PTSD symptoms with coping yields an important double-edged aspect of trauma manifestations—whereas symptoms signify psychological dysfunction, a parallel increase in coping suggests attempts at mastering the odds. These findings underscore the need to prolong and enhance the aspects of personal psychological resistance and to provide the sufferers with the major tools enabling them to handle the trauma and its aftermath.



## 5.2. Comparisons with Existing Literature

The findings of this study support the conclusions of earlier studies on how individuals cope with and demonstrate resilience after experiencing trauma (Folkman & Moskowitz, 2004). Nevertheless, it is important to further investigate how the unique cultural setting of Kashmir impacts coping mechanisms and levels of resilience. Furthermore, the documented associations between symptoms of PTSD, strategies for dealing with stress, and assistance from others are consistent with established theoretical frameworks (Hobfoll et al., 2007). These findings emphasize the significance of considering both individual and contextual factors in efforts to heal from trauma.

## 5.3. Limitations and Future Directions

However some certain restrictions its important to note down which should be considered when assessing the results of the study. This limits evaluation of the temporal relationships among the different variables that is allowed within the context of a cross-sectional approach. Moreover, one has to note that many identified measures are self-report and can be sensitive to response biases that lead to underreporting of certain experiences. Future research could in turn use longitudinal designs to establish cop.Axis, resilience, PTSD symptoms, as well as PTG over time.

## 6 Conclusion

Overall, this investigation reveals ways that young KPs use to manage stress, foster various forms of healing and growth in the face of trauma and PTSD and while coping with PTSD symptoms, and transform self and society due to traumatic events. Scholars have identified that people's reaction to trauma is complex; therefore, one should address the issues and the opportunities for change in one way. The results generated by this study allow mental health professionals who work in areas such as Kashmir to help people who have made it through the stress experience better by applying them in treatment and enshrinement of new intercessions.

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