PSYCHOLOGICAL PREDICTORS OF POST TRAUMATIC GROWTH AMONG THE YOUTH OF KASHMIR WITH POST TRAUMATIC STRESS DISORDER

Thesis Submitted for the Award of the Degree of

DOCTOR OF PHILOSOPHY

IN

PSYCHOLOGY

By

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2024

DECLARATION

I, hereby declared that the presented work in the thesis entitled **"PSYCHOLOGICAL PREDICTORS OF POST TRAUMATIC GROWTH AMONG THE YOUTH OF KASHMIR WITH POST TRAUMATIC STRESS DISORDER"** in fulfilment of degree of **Doctor of Philosophy (Ph.D.)** is outcome of research work carried out by me under the supervision of **DR. Sunita Dhenwal** working as an **Assistant Professor** in the **Department of Psychology** of **Lovely Professional University, Punjab, India**. In keeping with general practice of reporting scientific observations, due acknowledgements have been made whenever work described here has been based on findings of other investigator. This work has not been submitted in part or full to any other University or Institute for the award of any degree.

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CERTIFICATE

This is to certify that the work reported in the Ph.D. thesis entitled "**PSYCHOLOGICAL PREDICTORS OF POST TRAUMATIC GROWTH AMONG THE YOUTH OF KASHMIR WITH POST TRAUMATIC STRESS DISORDER**"submitted in fulfillment of the requirement for the award of degree of **Doctor of Philosophy (Ph.D.)** in the Department of Psychology, is a research work carried out by **Nida Zahra, Registration No 42000486,** is bonafide record of his/her original work carried out under my supervision and that no part of thesis has been submitted for any other degree, diploma or equivalent course.

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ACKNOWLEDGMENT

In the accomplishment of this study, many people have bestowed upon me their blessings and heart pledged support, this time I am utilizing to thank all the people who have been concerned with this research. I would like to thank all those people who made the completion of this work possible. I would like to express my thanks to all those who contributed in many ways to the success of this study.

Primarily I would like to thank the Almighty for being able to complete this study with success.

I express a deep sense of gratitude and reverence for my guide Dr Sunita Dhenwal for her expert guidance, skillful supervision, invaluable suggestions, unparalleled encouragement, and timely help and for providing me a favorable work environment for doing my research work.

I am highly thankful to Dr Jyotika Judge for providing me the much needed support. I am highly in debted to the Head of the Department lovely professional university, Dr Manish Kumar Verma. I am deeply in debt to Dr Shahzad Asim for sparing his valuable time whenever required. I am highly grateful toMr Jagmeet Singh, he has been a source of inspiration and a constant support for me.

I feel that no words will suffice to express the immense gratitude, affection and admiration I feel for my family, my Husband, my Parents and siblings and above all my daughter Fatima for showering me with their unconditional love, blessings, encouragement and great moral and emotional support and believing in me at times when I didn't have the courage to believe in myself.

Finally, I thank all those who have helped me directly or indirectly in the successful completion of my research work. Any one missed in this acknowledgement is also thanked.

NIDA ZAHRA

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ABSTRACT

ABSTRACT

PTG can be described as adjustment to a stressful event such that the affected person experiences positive changes. **PTG** is an important construct for understanding factors related to youth diagnosed with **PTSD** as new interventions focused on promoting resilience for such youth are developed. Psychological constructs such as self-efficacy, emotional intelligences and resilience are important construct for promoting **PTG**. The present study aims to understand and asses these three variables using cross-sectional as study's design and the objective of the study is to understand the predictors of the Post Traumatic Growth in the youth of Kashmir.

1) To study the relationship between Resilience and Post Traumatic Growth among the youth of Kashmir with **PTSD**.
2) To study the relationship between Self- Efficacy and Post Traumatic Growth among the youth of Kashmir with **PTSD**.
3) To study the relationship between Emotional Intelligence and Post Traumatic Growth among the youth of Kashmir with **PTSD**.
4) To explore resilience, self-efficacy and emotional intelligence as predictors of post traumatic growth among the Youth of Kashmir with **PTSD**
5) To explore the gender differences on Resilience, Self-efficacy, Emotional Intelligence, and Post Traumatic Growth among the Youth of Kashmir with **PTSD**

Hypotheses:

H_1 There will be a significant positive relationship between **PTG** and Resilience among the youth of Kashmir with **PTSD**

H_2There will be a s significant positive relationship between **PTG** and Self Efficacy among the youth of Kashmir with **PTSD**

H_3There will be a significant positive relationship between **PTG** and Emotional Intelligence among the youth of Kashmir with **PTSD**

H_4 Resilience, Self-Efficacy and Emotional Intelligence will come out to be as significant predictors of **PTG** among the Youth of Kashmir with **PTSD**

H_5 There will be significant gender differences on Resilience, Self-Efficacy, Emotional Intelligence and Post Traumatic Growth among the Youth of Kashmir with **PTSD**.

The sample of **250 participants** into two equal groups consisting males and females using purposing sampling was included in this current study after meeting the inclusion and exclusion criteria.

Tools: The brief trauma questionnaire, The **PTSD** checklist for DSM-5, the resilience scale, schutte emotional intelligence test, GSE and PTGI were the measure used in this current study.

Results: A significant; positive relationship was found between **PTG** and resilience, self-efficacy and EI. The findings further indicate that 24% of contribution in **PTG** was a function of predictors. Self–efficacy, resilience and emotional intelligence these

three psychological constructs emerge as significant predictors of **PTG** in the youth of Kashmir and also significant gender differences in post-traumatic growth, resilience, self-efficacy and emotional intelligence was found.

Conclusion: Moreover, it has been found that growing and positive connectedness and relationships are equally important for young people in order to help them manage trauma as a part of the narrative identity successfully. Identification of these predictors helps advance knowledge on **PTG** and outline interventions that can support ongoing psychological well-being of the identified population.

CHAPTER 1
INTRODUCTION

Background

PTSD, or post-traumatic stress disorder, is a psychological ailment that emerges after an individual encounters a traumatic experience, observes a calamity, or confronts with danger. A range of symptoms can be attributed to it, such as continuously thinking about the incident; reliving the experience by being easily startled or feeling as though the incident is happening again; avoiding of triggers that may evoke recollections of the traumatic event; continuously experiencing pessimistic thoughts and feelings, along with heightened reactivity to both bodily and psychological cues ***(American Psychiatric Association, 2013).*** Any aspect of an individual's domains including relationships, work and personal functioning can be almost completely impacted by **PTSD**. Understanding the etiology, manifestation and treatment of **PTSD** is crucial.

Etiology of PTSD

Predisposing factors such as traumatic experience, individual vulnerability and the unavailability of social support systems, interacts to cause **PTSD**. As per Diathesis-Stress model, people with a specific genetic makeup or ones who have experienced trauma are more prone to post-traumatic stress after a traumatic event ***(Yehuda & LeDoux, 2007).*** Also the length of the period and proximity to the stressful and traumatic event or the perceived threat might influence the development of **PTSD**. Accordingly, social networks pertaining to family, community, or job play crucial roles in mitigating the effects of trauma and fostering resilience ***(Brewin et al., 2000).*** Therefore, more studies are required to identify the contributing causes of **PTSD** and implement the appropriate interventions for these individuals.

Associated Symptomatology of Post-traumatic stress

The American Psychiatric Association (2013) has classified the various symptoms of post-traumatic stress disorder (**PTSD**) into four major clusters, which include the following non-exclusive symptoms: reliving an event such as avoidance, negative thoughts / mood and changes in arousal. The memories of specific parts of the mentioned events that cause anxiety, nightmares, and flashbacks are signs of intrusive re-experiencing. Avoiding situations, people or things that trigger memories of the trauma is one of these symptoms. This manifests as a persistently pessimistic and twisted mindset, rejection by others, and a decline in interest in once-enjoyed hobbies. The final shift in arousal and reactivity may involve hyper vigilance, impatience, difficulty concentrating, and a startling reaction. A more accurate diagnosis and treatment plan for post-traumatic stress disorder **(PTSD)** can be developed by better understanding the factors associated with its symptoms. This is particularly important when an individual experiences **PTSD**-related symptoms for more than one month after a traumatic event, which is necessary for a proper diagnosis. **PTSD** Diagnosis and Evaluation**:** In order to diagnose **PTSD**, a clinician must conduct a clinical interview in which they will make certain of the patient's symptoms, the degree of functional impairment, and their history of disclosure of traumatic experiences. The disorder satisfies all of the following criteria and traits, as per DSM-5 **(American Psychiatric Association, 2013).** To diagnose **PTSD**, clinicians frequently use standardized questionnaires, patient-completed subjective questionnaires, and information from close relatives and other people.

Thus, it is critical to distinguish **PTSD** from other mental illnesses that present with comparable symptoms, such as panic disorder, depression, and alcoholism.

Modalities of Therapy for PTSD

Cognitive Behavioral Therapy (CBT), a primary treatment for **PTSD**, encompasses exposure therapy, cognitive restructuring, and stress inoculation training. Another popular psychotherapeutic approach, known as Eye Movement Desensitization and Reprocessing (EMDR), employs bilateral stimulation to address traumatic memories and related issues. Additional evidence-based interventions for **PTSD** include counseling, pharmacological treatments, and various complementary and alternative therapies (Shapiro, 2001)

In cases of severe symptoms or unresponsiveness to initial treatments, healthcare providers may suggest pharmacological interventions using SSRIs or SNRIs ***(Stein et al., 2006).*** Complementary therapies such as mindfulness programs, yoga, acupressure, and related practices like acupuncture can serve as additional support. To ensure optimal care, it is recommended that patients utilize a range of treatment options, creating an environment that best addresses their individual needs and promotes comfort. In cases of severe symptoms or those unresponsive to initial treatments, healthcare providers may suggest pharmacological interventions using ***SSRIs or SNRIs (Stein et al., 2006).*** Complementary therapies such as mindfulness programs, yoga, acupressure, and related practices like acupuncture can serve as additional support. To ensure optimal care, it is recommended that patients utilize a range of treatment options, creating an environment that best addresses their individual needs and promotes comfort.

Prognosis and Long-term Outcomes

Studies indicate a correlation between the severity of **PTSD** symptoms, the prevalence of co morbid conditions, and the availability of appropriate treatment and community support. Traditionally, **PTSD** has been viewed as a chronic disorder with uncertain prognoses. It is important to acknowledge that even with the efficacy of medication, some patients may experience persistent symptoms and disability after their treatment ***(Kessler et al., 2005).***

The severity and duration of the trauma, other current or previous psychiatric problems, present stress, and/or a lack of social support are all poor prognosis indications. Early initiation of treatment for each patient and the development of a customized long-term treatment plan can greatly improve the healing process over time. According to certain results on effect sizes in **PTSD**, many individuals with this disease eventually regain a respectable quality of life with the right care and follow-up ***(S. P. Zlotnick, 1999).***

It is essential to understand prognostic factors and outcome predictors in order to manage patients more effectively and provide them with better care and the best treatment plan available.

Any age or gender can develop **PTSD**, a severe and chronic mental illness brought on by exposure to any traumatic experience. Organizing support for traumatized individuals require an understanding of the causes of **PTSD**, the symptoms and indicators of the disease, diagnostic standards, and **PTSD** management techniques. **PTSD** symptoms can still be managed, and recovery is achieved with the use of effective, tried-and-true techniques such as psychotherapy, medication, and complementary therapies. To further our knowledge of the causes of **PTSD** and the

methods involved in putting the new strategies into practice, further research is still needed. Better understanding and acceptance of **PTSD** is required, as is the availability of mental health specialists. Early and appropriate care can significantly aid those suffering from **PTSD** in regaining their strength and looking forward to a healthier future.

The burden of PTSD in Conflict Areas

PTSD in War-Stricken Areas

PTSD is prevalent among individuals who have experienced violence or have observed a peer experiencing conflict. Conflict zones, which are places where there is violence, insecurity and population displacement, frequently have high trauma rates. Because they are exposed to severe stressors regularly, these population groups have a much greater risk of post-traumatic stress disorders.

PTSD in the Middle East

The Middle East is, in fact, a hotspot for protracted conflicts as shown by the war-prone nations of Palestine, Syria, and Iraq. **PTSD**, among these communities, is quite concerning. Shortly after the Gulf War, ***Al-Turkait and Ohaeri (2008)*** conducted a cross-sectional random survey in Kuwait based on the General Population Survey, which found that 28% of respondents.

Four percent of the citizens in Kuwait have **PTSD**. ***Almoshmosh (2016)*** found that around 35% of Syrians had symptoms of traumatic stress disorder (**PTSD**) after researching the psychological impacts of the Syrian Civil War. Because of the frequent exposure to explosions, shootings, and displacements, PTSD is more common in these locations. Furthermore, same society and the same extended family do not support or address mental health issues because there are few mental health options available.

PTSD in the African Conflict Areas

Since the Democratic Republic of Congo, Sudan, Somalia and other African countries have long been familiar with civil instability and conflict, a large number of their citizens suffer from psychological torture. 4% of the study participants qualified the criteria of **PTSD**, engaging in any clinician-recommended sexual activity was linked to higher rates of experiencing certain **PTSD**-related symptoms. In a comparable study, ***Neuner et al. (2004)*** found that 15% of Sudanese women suffered severe trauma due to political-military forces.

Traumatic Stress in Asian Conflict Zones

Sri Lanka, Afghanistan, and Kashmir are a few Asian nations where protracted hostilities have resulted in a significant prevalence of psychological problems among the local populace. According to research done in Afghanistan by ***Cardozo et al. (2004)***, 42% of people there had **PTSD** symptoms. ***Margoob and Ahmad (2006)*** carried out a similar study in which they assessed the prevalence of **PTSD** among Kashmiri's and found it higher than the international average. According to ***Somasundaram's (2007)*** research, 27% of the people classified as conflict-affected in Sri Lanka have **PTSD.** Culturally appropriate mental health interventions are necessary since the frequency and expression of **PTSD** are influenced by the suppression of stigma, cultural beliefs, and sociopolitical experiences of these locations.

Traumatic Stress in Conflicts within the Latin American Region

Prolonged armed wars and violence have negatively damaged the psychological well-being of Guatemala, El Salvador, and Colombia. According to a study done in Colombia by ***Alvarado et al. (2012),*** 20 percent of people living in areas affected by

war reported having **PTSD** symptoms. Similarly, a cross-sectional community research conducted in ***El Salvador and Guatemala by Norris et al. (2003)*** on various forms of trauma exposure revealed that 24% of those who had observed violence during a war had **PTSD** overall. The socioeconomic upheavals, relocation, and ongoing war that emerge from these conflicts are blamed for the occurrence of **PTSD** in these places, which necessitate both mental health and social support services.

Prevalence of Post-traumatic Stress Disorder (PTSD) Among Refugee

The likelihood of developing post-traumatic stress disorder **(PTSD)** is higher among refugees and internally displaced persons (IDPs) due to their exposure to multiple traumatic events. These experiences include forced displacement caused by violence and the challenges associated with resettlement.

According to a meta-analysis by ***Fazel et al. (2005),*** the rates of **PTSD** among refugees were 20–50% higher than those in the normal population. For example, Syrian refugees in Turkey and Lebanon have shown that **PTSD** is common, with rates ranging from 30% to 50% ***Almoshmosh, (2016).*** The psychological well-being of an individual is severely impacted by the combined stresses of losing their place of residence, being uncertain about their future living circumstances, and denying their social and cultural identities.

Due to numerous cycles of traumatic events and other related factors, including forced migration and deplorable socioeconomic situations, **PTSD** is more prevalent in war areas than in non-conflict areas.The literature reviewed in this chapter focuses on the prevalence of PTSD in the Middle East, Africa, Asia, Latin America, and among refugees and internally displaced persons.

While **PTSD** is a common disorder, particularly in American countries, there remains an insufficient provision of mental health services. Individuals affected by post-war trauma require increased focus on their psychological well-being. Consequently, it is essential to develop and implement mental health interventions that are suitable, easily accessible, and culturally sensitive. These interventions should aim to support **PTSD** patients and reinvigorate the resilience of those who have survived conflicts related to genocide.

Factors that have an impact on the occurrence of PTSD in conflict regions

Organizing of the information will follow:

Introduction to Influencing Factors

Since the individuals working in the conflict areas are exposed to a large number of traumatic events and the frequency of **PTSD** is therefore high. Nevertheless, the risk and the intensity of **PTSD** depend on certain factors. Such aspects as the type and length of the conflict, characteristics of the individuals involved, resource availability and cultural norms. This chapter focuses on each of them to give adequate information on factors that lead to the prevalence of **PTSD** in conflict areas.

Nature and Length of Conflict

The type of conflict, as well as its duration, greatly influences the occurrence of **PTSD** in the affected societies. Whereas, the risk of developing post-traumatic stress disorder increases with exposure to violent conflict. In line with this, ***de Jong et al. (2001)*** argued that **PTSD** is more prevalent in regions such as Afghanistan and Sierra Leone, which frequently experience violent confrontations.

Prolonged and multiple traumatic events like multiple bombings, long-term sieges, and persistent insurgencies increase psychological harm. Furthermore, the characteristics of violence, that is, observing killings, sexual violence, and torture, directly increase the level of observed trauma that, in turn, increases the severity of **PTSD** manifestations.

Individual Vulnerability Factors

Heredity, previous symptoms of mental disease and temper can all be considered as being at the center, driving the development of **PTSD**. Research has highlighted that there is a correlation between family history and the resulting **PTSD**, which manifests in more frequent incidences among people with such a history ***Yehuda & LeDoux, (2007).*** Other antecedent states, which include anxiety, depression, etc., are also predisposing factors to **PTSD**. Being a highly neurotic and resilient person makes one vulnerable to developing more severe **PTSD** symptoms. In order to screen those who are vulnerable to developing these negative outcomes it is important to know these variations.

Social Support Systems

Social support systems are vital in the determination of **PTSD** in a given population or community, and this is the result of either its presence or the quality of the support systems available. One's family, friends, and community help present a positive influence that helps mitigate the negative impacts of a trauma incident ***(Brewin et al., 2000).*** Living in conflict areas, people experience the disintegration of their social networks and, thus, lose protection and become rather perceptive to different shocks.

In a 2003 study of Nepalese individuals, ***Thapa et al (2023)*** found that individuals who had strong social support were less likely to suffer from PTSD in comparison to

individuals with lower social support. The lack of social support for PTSD indicates the importance of developing community oriented policies and engaging in the process of restoring social systems in areas of conflict.

Cultural Reality and Attitudes

It is, therefore, very clear that culture plays a very important role in both the manifestation of **PTSD** and its rates. The assumptions that an informed culture has towards the issue of trauma and mental health, as well as how they are addressed, determine how people deal with the incidences. For instance, it is documented that in some cultures, people are discouraged from showing any signs of emotional pain as this is considered taboo; therefore, such people are likely to deny their symptoms and avoid treatment ***(Rasmussen et al., 2010).***On the other hand, societies characterized by close connections between individuals and their ability to seek and achieve support collectively might act as a kind of shield against **PTSD**. Hence, there is a strong need to appreciate cultural context that informs the availability of culturally relevant and acceptable mental health care models for the target groups.

Mental Health Care Pioneering

It is, therefore, very important to pay attention to psychiatric facilities as a determinant of **PTSD** in war-affected areas. There are many conflict-affected areas in which mental health services remain scarce or fully absent. These factors compound this: a shortage of trained mental health workers, inappropriate health infrastructure, and still-existing security issues in many parts of the world ***(Ventevogel et al., 2015).*** Also, cultural perception toward seeking treatment for mental health problems acts as a barrier to people seeking help. The improvement of training of local health workers,

incorporation of mental health into primary care and combating stigma are vital in the reduction of **PTSD**.

Socioeconomic Conditions

The study established that poor socioeconomic status, such as poverty, unemployment, and illiteracy, predisposes the population to trauma and, hence, higher rates of **PTSD**. There are general economic fluctuations in conflict regions, which increases stress and weaken everyone's coping mechanisms. A study done in Sri Lanka by ***Fernando et al. (2010)*** indicated that lower SES was correlated with higher rates of **PTSD** among war-affected children. Because mental health and the presentation of psychological-related disorders are affected by socioeconomic status, anti-stigma efforts, economic enfranchisement, and educational initiatives are important parts of conflict-related interventions.

Political and Security Environment

This is due to the political and security situation in conflict areas, which contributes to **PTSD** rates among the citizens. Other factors that cause an increase in the degree of psychological trauma are violence, political instability, and insecurity. There is always a danger lurking to attack, and the climate is always unpredictable; conditions that cause chronic stress and anxiety, hence high **PTSD** prevalence. In research on Afghan refugees conducted by ***Steel et al. (2009),*** conflict and Insecurity have been established to predict **PTSD** in refugees. Maintaining a stable and secure setting should be considered vital if one wants to alleviate the psychological toll on members of a conflicted region.

As much as **PTSD** is a significant concern in conflict-affected communities and the impact of conflict on mental health, and other various factors such as type and the

length of the conflict, individuals' susceptibilities, access to social support and mental health care, culture, and the economic status of the community and the political and security climate of the nation. Knowledge of these factors is crucial when designing and implementing interventions to treat mental illnesses. By responding to the particular requirements of the individuals who experienced conflicts and improving the available frameworks, the cases of **PTSD** and other associated conditions could be mitigated to decrease the rate of the negative effects.

So far, as it pertains to the situation in Kashmir

Kashmir region has known fighting and armed disputes for many years, and thus, its population has great psychological trauma. Among these affected are the youth who are exposed more to these impacts and, as a result, experience numerous difficulties because of multiple traumatizations. This chapter looks at how the youths of Kashmir, suffering from **PTSD** due to enhanced conflicts, cope, rebound, and experience **PTG**. For the youth of Kashmir, which is a place engulfed in socio-political conflict and instability, one can easily understand that this circumstance influences the mental health of young people. It is therefore imperative to understand these psychological dimensions in hopes of creating viable psychological interventions as well as support systems for this specific clientele.

Conflict History in Kashmir

Kashmir is a territory or a geographical area located in the northern zone of the Indian subcontinent, which has been experiencing political and military turmoil between two South-Asian nations, India and Pakistan, right from the period of independence in 1947. Due to the territorial issues, there have been many wars, fights, and lengthy periods of hostility ***(Schofield, 2003 p685).*** The local population has suffered various

acts of violence and post-traumatic stress resulting from military activities, rebellion, and terrorism ***(Kaul, 2017).*** With such a format of unending war, Ecuador has constantly nurtured feelings of fear, insecurity, and mistrust among its population, which affects people's day-to-day lives and mental well-being. Understanding the historical conflict situation in Kashmir is crucial for grasping the extent to which the youth affects the entire sphere of life. This text states that the community has learned to be violent and politically unstable, as well as the psychological problems of earlier generations have been passed to the successors, which seems to increase distress in the community.

After compiling the information, the following section discusses the articles' main findings or ideas about the psychological effects of conflict on youth.

Our youth is described as a problematic and rather paradoxical demographic; they are not independently relying on children anymore; they are socially responsible adults. They are highly motivated politically and culturally and have a lot of willpower to ensure they work hard for change in their countries, so they are the most essential factor of human capital in any country. Thus, it could be postulated that youth is best understood as the period of transition from childhood to the self-sufficiency of adulthood. It is the most flexible category out of all the ages due to the position it has of not being bound to one age or the other. However, age is the mildest term to denote this, especially with respect to the education and occupational status of the youth, as the youth is often described as being among the ages dropping out of essential education and getting their first employment. The global youth population is estimated at 15-24 years, and they mostly reside in developing countries, constituting one-fifth of the global population. India has the largest youth population in the world,

with a population of 1.21 billion, despite the fact that India has a smaller population size than China. Currently, around 66 percent of all inhabitants of India are below 35, and 35-40 percent is between 13 and 35 years old.

Referring to ***Naik (2019),*** the Indian Census 2011 reveals that the youths comprised 27% of the total population in the country.5 percent between 15- 29 years, and 4 percent between 30 and 44 years. Through the existing results, it is evident that the youth are the key drivers of social as well as economic development. They stand contrary to social culture, and yes, due to the concepts of the future generation of the world. The youth cannot be left out in matters regarding national development since the notion is an illusion without them. Youth is a very strong term that means spirited, energetic, and self-motivated individuals. Their energy has to be brought out and brought out. It's only reasonable that their energy be directed to the improvement of the nation. Proper direction of the youth will help in the development of the nation.

Exposure of the Youth in Kashmir to Traumas

Ordinary life situations include accidents, natural disasters, or specific diseases such as cancer, heart attacks, brain injuries, AIDS, or leukaemia, which may result in trauma, as ***Kashyap and Hussain defined in 2018.*** Interpersonal traumas are the processes such as child abuse, rape, sexual assault, and more. Other stressors include shipwrecks, parental divorce and separation, immigration, loss of a loved one/person, and dissolution of a relationship ***(Joseph et al., 1993; Linley & Joseph, 2004; Joseph & Linley, 2005).***Yet another source of stress for those people who were war afflicted and left their homes to search for a place of refuge is war displaced refugees. However, there is evidence that such occurrences may have a positive connotation on

the victims sustained, a term that has been called post traumatic development ***(Tedeschi and Calhoun 1995, 2004).***

Strength and Staying Powerful in Trauma

These are the features of adults' resilience: Resilience is the ability of the person to maintain a positive, problem-solving approach to existing negative conditions. However, it is necessary to note that life in a conflict zone is not easy, and still, there is a display of great positive outlook among many young people in Kashmir. For Post-traumatic growth resilience, one can attribute factors such as family relations, social support, religious belief, and individual resolve ***(Ungar, 2013).*** Persons who exhibit resilience have a higher chance of succeeding in the environment, thus obtaining a better mental health status ***(Masten, 2014).*** Resilience is also not limited to having a psychological component, but it has a social and cognitive component as well. Emotional intelligence involves the ability to recognize feelings within the self and within others and use them appropriately. A positive outlook and better problem-solving skills, which are accompanied by some adverse events, are referred to as cognitive resilience. Social resilience is, therefore result of one's social assets and security drawn from communities and social relations. In the people of Kashmir, cultural norms and group affiliation are also very relevant sources of strength, which offers people hope during troubled times. Thus, the promotion of resilience in youths is important in order to minimize the effects of trauma and enhance the ability of youths to have fruitful lives.

Post-Traumatic Growth (PTG)

Post-traumatic growth is the phenomenon defined as the psychological gain that may be experienced by an individual while facing or following such difficulties ***(Tedeschi***

& Calhoun, 2004). These may include a changed attitude towards life where **PTG** makes them see life in an optimistic perspective, enhancement of interpersonal relationships with other people, boosted up energy within the Kashmiri youths, and may also lead to gaining a new purpose in life among the affected youths ***(Hussain, 2010).*** **PTG** is more than the lack of symptom distress and instead refers to the foundation for people's lives in the aftermath of their trauma ***(Joseph, 2011).*** Therefore, as far as developing the idea of **PTG** goes, it becomes possible to consider the fact that trauma is not only about negative changes for the worse but also the surfacing of personal growth and psychological gains. This growth can lead to the improvement of empathy and personal and emotional strength, together with the acquiring of a better perspective towards oneself and the environment. In the process of trauma healing that most of the KU youth go through, the societal values, goals of life, and priorities are transformed in the process. Hence, the field can work with **PTG** to direct people's positive attributes arising from the events and promote wellness.

There are 6 detailed reasons for PTG as follows:

PTG, therefore, can be defined through the challenges people go through in an attempt to adapt to highly threatening contexts wherein they may feel intense psychological pressure and major life incidents that usually result in negative emotional responses. It indicates that post-traumatic growth does not result from the pain experienced, but instead, it is the fight of the individual to adapt to the new reality as per his or her authenticity after the pain. Another optimistic feature of Post post-traumatic growth is that it is more customary for people to describe growth experiences following the trauma than to describe the psychiatric disorders, as personal stress and growth are frequently intertwined. In regards to **PTG** antecedents

and correlates, there are certain indicators that have been attributed to favorable change following trauma. Spirituality is positively related to **PTG**, and it can be hypothesized that many of the deepest forms of spirituality are the aftermath of trauma. Subsequent stress response and protection against mental sickness are two areas that are known to be protected by social support. High levels of post-traumatic social care are directly related to positive growth, and neurobiological, it is substantiated to some extent that support regulates pathological stress responses in the HPA of the brain. ***Richard G (2004)*** defines coping as "Acceptance coping" as another one's possibility to adjust to a change that has occurred and cannot be changed. They have also discovered that the acceptance of certainty is highly related to **PTG**. It has also been asserted that the possibility of finding emotional anger might lead to **PTG**, which, though not explored, has been postulated to reduce post-traumatic strain symptomology. The gender roles were not useful for the prediction of post-traumatic growth; however, they give a clue about the nature of the trauma to which a person is exposed. When women are more likely to practice trauma in the private domain, such as sexual harassment, men are likely to be exposed to the public and communal unearthing like that of war and militaries, the nature of exposure appears to be an indirect predictor of growth in men as indicated by ***Calhoun and Tedeschi (2004).***

Factors of Post-Traumatic Growth

People who have gone through **PTG** often report alterations in five key areas: concerning social interactions, presence of appreciation for life, new chances, and personal power along with existential or philosophical/religious shifts. Among the personality factors that might influence the probability of receiving the positive

effects of the post-trauma period are extraversion and openness to experience. Perhaps idealists are more capable of not worrying about matters that cannot be solved anymore and just stress the matters that should be solved. Trauma and its gradual acceptance, as well as the process of grieving it, could also make a man grow. It also assists in the creation of narratives to have supportive people around who can help in telling the stories of transformations that have occurred in an individual, and that can be used in the understanding of schema change. Stories are always meaningful for post-traumatic development because they make the survivor question life's meaning and how it can be rebuilt. Some follow a path of negative adaptation, whereas others experience a healthy turning around. In this regard, some initial success in managing may be taken as a sign of **PTG**. Moreover, self-confidence is again another aspect distinguishing people's ability to progress further into growth, or on the other hand, quit it. ***Iversen (2011) and Christiansen (2011)*** suggested that growth predictor impacts **PTG** at macro and micro levels differently, and a positive growth predictor for one level may turn out to be negative on another. This might explain some of the disparities of different studies within the literature. Further, more attention has been paid to the **PTG** in children compared to the studies on the negative impact. Concerning social and psychological factors in children and adolescents, ***Meyerson (2011) and colleagues (2013)*** revealed different correlations between them; however, they admitted that numerous questions about its function and value remain ***(Tedeschi, Shakespeare-Finch, Taku, & Calhoun, 2018).***

Components of Post-Traumatic Growth

Another way to attempt to define what thriving is with the help of the **PTG** inventory. This one has 21 items and inquires about how much growth is seen after a negative

occurrence. It's got elements from 5 different areas: how you want to be treated, what is new in life, what reaction you are capable of, how your spirituality transforms, or how you appreciate life. It is similar to how Carver attempted to define success in his own work though he quantified all of it on scales. If one considers it in terms of the five-point method, it is rather easy to encourage one to consider more psychological investigation with reference to flourishing. There is also a brief form of the PGI that is a 10-item test that you select two queries for each of the five sub-sections. A few of the research done reveals that often, the self-reporting ways of assessing **PTG** are unreliable ***(Frazier et al., 2009).***

When it comes to the ways of utilizing **PTG**, one of the major areas that ***Meichenbaum (1985)*** mentions is concerning relationships with other people. Hence, many researches that have been conducted indicate that social care plays an important role in enabling people to grow. In House and Cohen's words, people perceiving that they have good social support is associated with their positive adaptive inclination, which is actually desirable for flourishing, not to mention that adaptability brings about a better disposition towards future adversities. Peculiarly, more support from others gives people a good start in what they do this concern is also pinpointed by ***Hazan & Shaver (1987)*** The same thought of human endeavor is also given in another ***Meichenbaum (1985)*** part of post traumatic growth, new opportunities in which it is stated that having the confidence to 'enjoy' something new is one of the major facets of 'exceeding' in life ***(Kaur et al., 2017).***

Tyson's research directly complements Meichenbaum's theory of life appreciation; the study was conducted among a population of people who grieved for 2-5 years. The findings of this study suggested the importance of rejecting the idea that the lion's

share of grief should be just continuing to march on; rather, the necessity of finding a new meaning in order to have the highest level of restitution. This research also made it possible to find that the formulas and narratives of creative expression could result in positive transformation following loss. ***Michael and Cooper's (2013)*** study on grief-related surfaces for development, including time since death, personal support, age of the bereaved, active cognitive functional coping approaches, and religion, affirms this suggestion. That is why, according to the results of this research, there is a need to recognize thriving places as one more factor to enhance adaptability. As for the role of social support in the aspect of growth, Meichenbaum also underlined that people should relate to others. Similarly, Tyson and Loss' Post-traumatic growth lends credence to the idea that religion plays a part in people's healing ***(Meichenbaum, 2013).***

Predictors of PTG

Post-traumatic Growth (**PTG**) is a concept that has been viewed by people within the domain who have suffered the impact of a traumatizing or chaotic life event. **PTG** can be distinguished into five different domains. The first is the improvement of self-esteem or assertiveness, and the second is relations with people: love and recognition of the connection of all people; the third is the sort of knowing a person acquires when they find a new or different track in life, which would not be possible without difficulty, the fourth is an increase in the sense of appreciation for life; the fifth is qualitative changes, which may include transformation on the mystical-existential level, which may include the ability to understand logical questions. These include the following five areas which are backed up by quantitative research and are also influenced by the thematic analysis. This process is followed by cognitive processing

of the stimuli and in turn, it also engages in a confrontation with core principles in the process of developing **PTG**. There are two types of cognitive processing: The two types of rumination are thus: intrusive or uncontrolled rumination, an overpowering, harmful thought, or automatic. The type of thinking known as 'habitual thinking,' on the other hand, is lazier, less aware, random, and less effective. The literature always reflects a positive direct relation between thoughtful 'rumination' and **PTG**. An intrusive influence on **PTG** is often described as "difficult to determine" and identified as being feeble or non-existent in the majority of cases. These would cause an effect on the **PTG** as it would be associated ***(Taku et al., 2021)***

PTG and Self Efficacy

This overall concept has to do with self-efficacy, which basically means the faith that is placed in oneself to complete a given job or produce a given result. The link between self-efficacy and PTG has not been the subject of research to a great extent; Self-efficacy has been reported to be one of the stronger predictors of PTG amongst middle aged cancer survivors' especially in youthful grown-ups and across a variety of chronic diseases. In several studies, self-efficacy has been investigated as an element of all constituent aspects regarded pertinent to an individual's **PTG**. Besides, self-efficacy has to operate through a range of intermediary processes whenever it impacts the process of Post-traumatic growth; here, social support is a critical mediator. While enhancing protection, social support can provide a helping environment where people become aware of their unlived coping resources and feel more useful; it can help people look at the trauma they underwent in a different way and contribute to people's **PTG**. In the prior studies on self-efficacy, Y drive is found to have a positive predictive impact.

Post Traumatic Growth and Emotional Intelligence

Brackett, Rivers, and Salovey claimed that increased levels of EI result in better bearing and lead to less traumatic stress. ***Bracket et al. (2011)*** define EI as intelligence in cooperation with emotion as well as the capacity to use emotions for one's complete cerebral capacity as well as the capacity to think about emotions. It is important to note that there is a correlation between EI and stress and demands, change and challenge of the environment, primarily because higher EI people will better manage stress and the changes or demands of the environment ***(Salovey, Detweiler-Bedell, Detweiler-Bedell, & Mayer, 2010).*** The students with greater EI levels exhibit fewer mental health-related problems, whilst the students with less EI levels are less capable of warding off mental health-related illnesses ***(Downey et al., 2008; Hansen, Lloyd, & Stough, 2009).*** Thus, the independent two-sample t-test analysis revealed that the participants with higher EI mean scores demonstrated less severity of **PTSD** than the participants with lower EI mean scores ***(Stough, Saklofske & Parker, 2009).***

The first study was conducted by ***Bakker-Vaberbrock et al.*** The second study was conducted by Joseph et al. These are the only two studies that were identified in the literature to have deliberately investigated the link between EI and **PTG**. In the cross-sectional research on 202 female Chinese vocational school nursing students, ***Li, Cao, Cao, and Liu (2015)*** established that **PTG** was lower in subjects with high or low sound EI than in subjects with moderate sound EI. In the same study, the same authors also found a direct linear relationship between EI and **PTG** with a correlation coefficient of 0.39 in their recent study. These results suggest that there is a connection between **PTG** and the abilities involved in emotion regulation, which is a

component of EI. Nonetheless, given the fact that Chinese and Iranian samples were employed as the subject in the investigation by ***Li and coworkers (2015)*** and ***Sadeghpour and colleagues (2018),*** these conclusions could not necessarily be generalized to the population in the West. To be precise, earlier studies have pointed towards cognitive rumination as the originating factor for the negative impacts, which results from the traumatic stress reactions linked to disorders caused by the traumatic level of stress ***(Tedeschi & Calhoun, 2004).*** As individuals gradually assign meaning to their traumatic event, this ruminating builds on positive growth, which is in agreement with Park, 2010. The patients' traumatic stress and the growth are hence asymmetrical; the lowest **PTG** comes up at very low levels of stress, as well as at the highest levels of stress ***(Kleim & Ehlers, 2009).*** Higher EI increases a person's capability of dealing with pressure-related circumstances ***(Brackett et al., 2011).*** Furthermore, increased EI contributes to a person's cognitive, affective, and moral growth ***(Mayer, Salovey, & Caruso, 2000). Morrill et al. (2000)*** also found that **PTG** helps build up an individual's psychological strength in reaction to other traumatic events. Various studies conducted on the non-Western community have revealed that there exists a strong relationship between EI and **PTG** (***Li et al., 2015; Sadeghpour et al., 2015).*** However, no study has addressed the said relationship with a Western population until this current study.

PTG and Resilience

Resilience can be defined as the capacity involving the latent strengths that allow a person to recover from stressful situations to an improved state. **PTG** is one of nine possible POS that can be derived from adversity, yet more research has not examined resilience and **PTG** simultaneously. Among the explanatory factors for stress in

people's lives as well as their mental health, the study identified resilience as a key element. For instance, in the adult population, experiencing adversities and stress affects their personality and later quality of life. Unlike participants with less resilience, those who had higher resilience rated their quality of life higher and looked after themselves better. In Gyemi, a review of resilience and other related issues among adult cancer patients, resilience was considered to play a big role.

The definition provided by the American Psychological Association defines "Resilience" as the ability to overcome adversity or to adapt to any form of misfortune or stressor in one's life. For instance, getting a diagnosis of ASD is a form of trauma, and what they are aiming at is coping with it while not succumbing to the negative aspects of the trauma. Therefore, resilience is performing beyond expectations in situations despite having an ASD diagnosis or other risk factors. According to ***Connor and Davidson (2003),*** resilience can be broken down into five main components: Professional skills, confidence in one's stresses, positive attitudes toward change, decline, power, and spiritual influences. ***Luther et al. and Rutter (2000)*** explained that resilience means the re-organization of challenges and risks. This way involves interaction with persons in their environment, which includes the workplace, home, and society, and must be encouraged since it may help to minimize pathogenic responses following trauma in the development of **PTG**. It is significant to comprehend that resilience can be 'built dynamically, interactively, and inapt of risk and protection experiences.' Search findings indicate that social and cultural environments play a huge role in resilience.

Coping and resilience are the behavioral and cognitive activities that help a person try to minimize the impact of negative feelings or ideas provoked by stress. The youth

with chronic ailments not only have to cope with all the physical restrictions of their disease but have to face the psychological effects of the disease as well (higher stress, anxiety, and depression rates, frequently delayed developmental accomplishments, lower quality of life). These primary and secondary coping styles include active coping, planning, and positive re-appraisal, has an influence and positively forecast **PTG** and resilience for enhancing quality of life. Therefore, the maladaptive ways of coping, such as substance behavioral disengagement and self-harming, are unhealthy for patients with chronic ailments.

Challenges of Improving Community Resilience and Coping Strategies

Personal and social resources can provide assistance to reduce the psychological impacts of conflict. These aspects can be focused upon to promote the overall mental wellbeing of the local people in areas such as the volatile zone of Kashmir.

This chapter identifies ways through which the above issues may be tackled, hence promoting the development of community resilience and enhancement of coping mechanisms for mental health-related issues to be managed in a collaborative manner.

Building Community Resilience

It is the process of sustaining and maintaining stable relationships among members and resources in a community to enable them to cope and recover from such calamities as conflicts. Community resilience building thus entails enhancing social relations and capacities as well as promoting problem-solving among the members. Healthy communities are able to facilitate responses and interventions to stress and trauma in a better way. In Kashmir, some of the ways to foster community capacity may, therefore, comprise programs that include community mental health, disaster management, the enhancement of community institutions, and leadership.

Coping with Social Isolation

Social support systems are critical to improving the coping capacity of the community. These networks have emotional, informational, and instrumental forms and can assist a person in coping with stress. Stress can be mitigated by social support and enhance the former's quality of mental health. In Kashmir, it is possible to take steps for change and maintain social support, such as developing peer support groups, fixing community meetings, and promoting family unity. Such undertakings also make individuals feel that they are not alone in society and hence can be useful in combating feelings of hopelessness.

Raising awareness and Education on Mental Health

Education and awareness are known to play key roles in improving the strength of a community. Through the promotion of awareness about mental health, societies would realize knowledge of the indications of **PTSD** as well as other mental disorders and thus would be able to understand when to seek assistance. The education programs also help reduce stigma and other misperceptions that surround mental health as a way of changing the social atmosphere positively. On this premise, efforts that are being made towards enhancing mental health literacy are desirably going to impact attitudes towards mental health and enhance the possibilities of such individuals seeking help. For mental health promotion in Kashmir, awareness can be taken on the school and community level, including workshops and advertisements.

Coping Skills for Change

Stress and adversity are two components that are involved in the production of coping mechanisms, which are the positive and constructive ways that people use to manage stress and adversity in their daily lives. Such skills may include problem-solving

abilities, handling emotions, and seeking social support. People who have the best coping strategies are likely to be in a better state of mental health and stability as compared to those who do not. In programs that are designed for building up resilience in cases from Kashmir, there could be a strategy where patients are taught various ways of managing stress, mindfulness, or cognitive behavior therapy. These programs can be utilized to build people's coping and self-sustaining capacity in the midst of conflict.

Using Bar Standards and Cultural Principles

The role of cultural practices in strengthening the community and its improvement of coping ability cannot be denied or undermined easily. Within many cultures, social practices, spiritual activities, and tangible therapeutic procedures are palliative to the human spirit. Traditional practices with contemporary procedures can change the perception of mental health patients and improve the outcomes of the treatment. So for Kashmir people, especially those in distress, it is possible to use cultural and communal activities like, religious congregation, group activities, and other cultural events that bring people together in a community as an effective way of strengthening social resilience.

Ensuring youths' participation in resilience-based activity

According to scientists, young people's engagement is essential for sustainability in situations and time in communities. The youth are one of the greatest groups most impacted by the conflict situation, but at the same time, they are also a potential group for positive change. All initiatives that engage youth in resilience enhancement activities, including leadership, community development, social and sports, can enable the youths to be responsible in the societies. Engagement of youth is crucial

since it has been proven to have positive effects on the resilience and mental health of the youths. For youths in Kashmir, programs that are targeted and designed for them can help in providing hope, increased self-esteem, and social integration.

Overarching Concepts on Wellness Check and Assessment

Evaluating and reviewing the resilience programs are critical so that people can be informed of the results and the possible enhancement of the programs. This aims at evaluating the impact of program results, as well as reviewing practices that can be deemed well and making changes in that regard. Long-term effectiveness evaluations let us know whether resilience-building investors' pursuits are achieving the said objectives and whether they are meeting society's needs. The monitoring and evaluation framework plays the role of determining the effectiveness of resilience programs to inform future interventions in the case of Kashmir. Building the psychological capacity to cope with conflicts and strengthening the community's resilience to the adverse psychological effects of the events remains necessary in places such as the Kashmir valley. It means that through the formation of social support systems, mental health literacy, development of coping strategies, use of traditional practices, and working with youths, the resilience of the communities would be enhanced, hence improving the positive mental health of the people. It is important that there is a constant assessment of the effectiveness of such programs for them to be effective consistently. In combination, these strategies can contribute to establishing the context that will enable people to foster even where there is conflict.

Organizations in their analysis of the relevance and importance of the study

It has been estimated that in late adolescence, about two-thirds of children have exposure to trauma, and out of these, many develop **PTSD** ***(McLaughlin et al.,***

2013).Where **PTSD** is defined as a delayed response to any stressor that any particular individual undergoes in his or her life after the latent period of up to six months. According to general population studies, it is evident that 10 percent of people may suffer from **PTSD** at some point in their lives. Still, added **PTSD** is identified most often in women and in soldiers. Historically speaking, the origin of the stressor of the man is due to war, while the stressor of women due to rape. As indicated by the WHO prevalence rate, cases of **PTSD** and other related mental disorders are universally high in conflicted affected populations. Most of the major research conducted in Kashmir in the past has depicted a dubious picture of **PTSD** and its prevalence. For instance,

Based on ***Journal of Kashmir practitioners (2020)*** the lifetime prevalence of PTSD would be 15.9% for the people. Likewise, an important study had been conducted by ***MSF in 2015*** in which the incidence of severe forms of mental illness like post-traumatic stress disorder (PTSD), depression and anxiety, and the Kashmiri population had been examined. According to the study, 19 percent of Kashmiri's suffered from PTSD. Another large study was done by ***Action Aid and IMHANS-k (2016)*** based on 4,000 people in the valley using digital screening for a variety

In the recent past especially, Kashmir has become a favorite hub for research on traumatic events and **PTSD** manifestations for several reasons. For instance, people in the Kashmir valley were already exposed to political turmoil and stressors as a result of natural calamities, including an earthquake and floods in 2014.

Post-traumatic growth is well understood as the psychological improvement following a critical event or life loss, and little literature is available on **PTG** in children and youth, although a growing literature on **PTG** has been published for the adult

population across various cultural backgrounds. Similarly, only a few studies have been conducted on the Youth of Kashmir regarding exploring the **PTG**. One of the studies by ***Shah and Mishra (2021)*** carried out on 815 school children of Kashmir valley, aged between 12 to 18, showed that **PTG** was predicted by socio-cultural context, core beliefs challenges, acclimated religious coping, and death of kith and kin hence revealing the contribution of socio-cultural context to the growth of **PTG** among children.

Prior research on **PTG** in **PTSD** patients examined a beneficial relationship between t he two variables, specifically **PTG** and emotional intelligence, resilience, and self-efficacy. Psychological factors have been found to predict an increase in **PTG**, and research has been conducted similarly to analyze these constructs in post-**PTSD**, particularly in phases of remission; the researchers have noticed the presence of post-traumatic growth in patients. Some researchers have discovered that the influence of psychological predictors like the resilience of self-efficiency and emotional intelligence in a client diagnosed with post-traumatic stress disorder enhances post-traumatization growth, contributing to optimal mental health and coping mechanisms. But to the best of my knowledge, there is insufficient literature regarding these factors, and while doing so, the Kashmir population, particularly the youth, has further remained excluded from the researchers. For these constructs/variables or while examining their connection with **PTG** or the predictors of the youth of Kashmir, there is no research now done. In this study, the gender differences in the analysis and the investigation of EI, resilience, and self-efficacy would be conducted as well for an enhanced understanding of personality psychological factors that are present in people when they undergo varied stress factors. Therefore, the need for the

present study was established, and it will enhance the understanding of future researchers and mental health professionals in this field in relation to the significance of resilience, emotional intelligence, and self-efficacy for the purpose of predicting and planning for the treatment outcome of individuals with **PTSD** symptomatology including the consideration of **PTG**. However, it is equally significant to understand coping strategies that were adopted, resilience, and **PTG** among the affected groups of Kashmiri youth with **PTSD**. In that way, it gives information about how young people cope with mental health issues in the context of continuous warfare and what aspects should be addressed. The present research will help develop the ongoing areas of knowledge in the field of trauma psychology and provide guidance for mental health workers, politicians, and educators who are operating in conflict regions ***(Silove et al., 2006).*** Such understanding would be imperative for designing appropriate basic mental health programs for the youth in the context of their culture. It can aid policymakers in decision-making, enhance the issue of mental health services delivery, and be useful in the identification of community-level approaches that promote resilience and post-traumatic growth. Furthermore, this study assists in the analysis of the psychological effects of conflict in the global context to the advancement of understanding in other instances of conflicts. Consequently, this study points out the importance of the coordinated assessment and treatment of the psychological, social, economic, as well as educational, and developmental issues affecting war-affected youth.

This is more so because the youth of Kashmir grows in a society that has been at war for what feels like a generation. Therefore, the goal of this research is to gain an understanding of the strength of these survivors and factors that enhance their

psychological health by examining their ways of coping, resilience, and **PTG**. The knowledge of these dynamics is paramount for creating the necessary support for the young generation in transforming their lives from trauma to productive ones. This study reveals that positive experiences of support from others within the community, positive appraisal and responses to adversity, and the ability to find meaning in personal and education-related goals in adversity can lead to positive outcomes. It is in this regard, that the above elements can be acknowledged and fostered by the stakeholders for building a better and a good future for the youths of Kashmir. Therefore, this chapter is an attempt to construct the groundwork for the further examination of empirical studies and theoretical views with the intention to contribute to the existing, often dire, struggle to improve mental health and quality of life in conflicted areas.

Further, the objective of this study is to investigate the prevalence of **Post-Traumatic Stress Disorder (PTSD)** among the residents of the nine key districts of Kashmir: Srinagar, Anantnag, Baramulla, Pulwama, Kupwara, Bandipara, Budgam, Ganderbal and Kulgam. The long-standing conflict in the territory of Kashmir has been characterized by the use of force and has generated hostility, forced migration, and fluctuations in socio-economic status, which has affected people's mental health ***(Qureshi & Mohla, 2020).*** Findings of previous research have pointed to a high **PTSD** prevalence in the area, with incidents showing that more than a third of Kashmiri adults may be distressed by **PTSD** ***(Margoob & Sheikh, 2006).*** The present study, therefore, seeks to afford updated and conclusive evidence of the **PTSD** prevalence in these districts and help in the growing knowledge of the mental health dilemma in region.

Gender differences in Resilience, Self-efficacy, and Emotional Intelligence

Gender and Resilience

The authors have found that gender differences in resilience have been identified in other research, especially concerning different trauma-exposed sexes, where women have shown more resilience than men ***(Killgore et al., 2010).*** Such differences reveal some factors that help to build up resilience, which include family support, problem-solving abilities, and ways of expressing feelings. Males are likely to have poorer coping resources than females do, especially the social support system, which acts as a moderator controlling the level of trauma. Getting social support helps in the reduction of stress and provision of encouragement during the bad times, provision of tangible help during difficult tasks during the good times, as well as a feeling that one is accepted ***(Taylor et al., 2000).*** Males are known to be more stressed by their busy work schedules, while females maintain social relations and hence can take care of themselves in case of stress or trauma ***(Ptacek, Smith, & Zanas, 1992).***

With regard to coping patterns, studies suggest that females are inclined to use emotion-focused coping that presupposes working on the emotional reaction to the stressor. This encompasses a process of turning to external resources by use of social support venting of emotions, and participation in activities that lessen the feeling of emotionally bad events ***(Tamres et al., 2002).*** When it comes to trauma, emotion-focused coping is very useful as it helps a person understand the emotions that he or she is experiencing, as well as helps to integrate the events that have taken place. At the same time, females are more inclined to engage in emotion-focused coping methods whereby a process of finding ways and means of dealing with the problem

causing stress is adopted. Problems-focused coping strategies can be useful in some circumstances that involve pressure, as compared to contexts where the stressor is unchangeable, such as war and other forms of conflict ***(Ptacek et al., 1994).***

Also, social gender and other metrics associated with the differences in the ways people from different sexes express their emotions may influence the index of resilience. Males are usually less emotional and less willing to discuss their feelings; therefore, it could be easier for females to process what happened to them and start healing. Communicating with other people about feelings and personal experiences that are stressful helps to decrease the load on the affective sphere and gain support from the milieu, which can have a positive effect on the state of mental health ***(Nolen-Hoeksema, 2001).*** Females may be more emotional as, unlike males, they are not restricted by social and cultural beliefs that do not allow male individuals to be emotionally charged. Such suppression of feelings may put them in a bad place with regard to assessing their traumas and healing from the same.

Furthermore, such domestic and external conditions as biological and psychological factors might also affect the gender differences in resilience. Certain research indicates that girls could be endowed with better calming skills and feelings, all of which help to strengthen their coping ability ***(Thompson & Voyer, 2014).*** These traits allow women more control over their feelings and can help people around them so, enhancing a woman's support circle and helping to cope with stressors.

So, for designing specific interventions for the Kashmiri youth, it is important to compare the level of resilience among boys and girls. Another type of program, which might be useful for both males and females, refers to increasing the level of social support, teaching stimuli-appropriate coping strategies, and facilitating the expression

of emotions. Thus, there is a need to continue encouraging the existing gender strengths: social support for females and emotion-based coping for males. In males, effort should be made to intervene in the aspect of Emotional incompetency that enables the poor management of emotions so that they build up the necessary coping strategies that can be of help in the improvement of their mental health ***(Ahmad et al., 2020).***

Therefore, social, emotional, and psychological factors cause gender differences in resilience. Understanding these facets and the way they could be met with specific interventions might enhance the psychological well-being and durability of traumatization-vulnerable populations, specifically in regions of conflict such as Kashmir.

Gender and Self-Efficacy

It revealed that self-efficacy does differ according to gender, where the male's self-efficacy is found to be higher than the female's. It is evident that self-efficacy, which refers to each person's confidence in his/her ability to achieve in certain contexts or domains, is instrumental in how goals, tasks, and challenges are met. This differential self-efficacy can impact achievement, course/ career preferences, and ways of handling stress/ adversity.

The findings show that males' higher self-efficacy could be attributed to such social, cultural, and psychological aspects. In the past, culture and social expectations have required male individuals to be more dominant than females to be aggressive and proactive which is similar to self-efficiency ***(Bandura, 1997).*** Oftentimes, in many cultures, boys are ushered into risk-taking and challenges, and this preparatory process prepares them for challenges with higher efficacy. On the other hand, girls

may not be encouraged to take the risk or encouraged to take up vocations that are conventionally assigned to males, and this hails the self-efficacy beliefs of the girls ***(Zeldin & Pajares, 2000).***

It is also important to point out that these gender differences may depend on the context and the nature of the tasks that students are exposed to, as well as on the challenges that have to be met. For example, studies conducted among students have revealed that boys are likely to post higher self-efficacy in subjects such as math and science than their female counterparts, and conversely, the girl students are likely to post higher levels of self-efficacy in language and social sciences than their boy counterparts as postulate by ***Else-Quest, Hyde, & Linn (2010).*** Such a trend is all about the gender-stereotyped beliefs of society, which may affect the girls' perception of their choice of **STEM** careers should they acquire the abilities and interest***s (Wang & Degol, 2017).***

Also, self-efficacy is not fixed, and it does vary with prior experience and encouragements or discouragements received. Success in activities implying with tasks and challenges are most significant to gain self-efficacy ***(Bandura, 1997).*** Thus, optimistic comments from teachers, parents, as well as fellow students can greatly boost the level of self-efficacy. But nonetheless, girls may end up being encouraged less in some domains, in which their confidence and, consequently motivation to continue engaging in that given arena would be compromised ***(Eccles, 2009).***

According to this model, the trauma and conflict-affected regions like the Kashmir valley can have a dramatic impact on gender differences in mental self-efficacy. Boys with a higher level of self-efficacy are likely to use active coping styles and seek interventions to the problem, while girls with a lower level of self-efficacy are likely

to use more emotionally focused coping ways and seek mere emotional support. However, the difficulties caused by a conflict zone as violence exposure or different access to resources, influence males and females in different ways, thus requiring separate interventions.

Interventions designed to promote the enhancement of self-efficacy in youth living in conflict affected areas should, therefore, take these gender dichotomies into consideration. Sports and physical activity programs that allow boys and girls to participate and have mastery experiences are some of the methods that can be used to decrease the self-efficacy gap. For instance, initiatives like education and vocational training for girls with the intention of making they are able to overcome cohorts that are predominantly determined by male gender ***(Sumer et al., 2013)***. Also, helpful social contexts that enable boys and girls to succeed in their chosen ventures and to cope with difficulties will influence the level of self-efficiency and perseverance.

To sum up, one can conclude that gender differences in self-efficacy are the result of social, cultural, and contextual factors. Familiarizing with these issues and, consequently, managing them in order to provide relevant and effective interventions can contribute to enhancing young people's self-efficacy and, therefore, their resilience when they live in conditions and environments as adverse as the Kashmir setting.

Gender and Emotional Intelligence

Studies comparing the EI of males and females show that female students have a higher EI than male students in terms of EI in different parts of emotional intelligence, which includes emotional recognition and empathy scores, though the male students were reported to be higher in self-control and stress management

(Mandell & Pherwani, 2003). Such differences could be brought by social, psychological, and biological factors, therefore implying that gender-sensitive approaches should be empowered in a bid to increase EI.

Females are considered to be more empathetic than males, and empathy is defined as the capacity to perceive and comprehend one's feelings as well as the feelings of other people. This makes females more sensitive to emotions, which enables them to be more effective in interpersonal relationships and accompanying others, which is essential when it comes to creating and maintaining close relationships ***(Bar-On, 2006).*** The second component of EI, which again is acknowledged to be more evident in females than in males, is Empathy. Compassion is earned when a person really understands the other, sharing their feelings, emotions, and pains through empathy, thus strengthening the bond between people ***(Mestre et al., 2009).*** These skills are essential in facilities or areas where teamwork, as well as support emotionally, is called for, as in the familial and social fields.

While females may overcome certain shortcomings related to impulse control and stress tolerance, males, the opposite may be observed. Self-regulation is defined as the capacity to maintain or alter one's emotions in certain situations, including those involving a lot of pressure and tension. This ability helps in the careful preservation of a stable emotional state and in the proper decision-making in emotion-evoking situations. Research indicates that, perhaps, males are more skillful in the application of cognitive operations, which enable them to control stress ***(Gross & John, 2003).*** General stress-coping life skills are vital in ameliorating adversities and sustaining psychological well-being in any place, including conflict-affected zones.

Such gender differences in EI call for gender-sensitive prevention and intervention approaches that are responsive to boys' and girls' assets and deficits. For females, any procedures that promote the enhancement of the given skills, as well as the strengthening of the feelings of empathy, can be beneficial in terms of developing the existing related strengths and expanding the available social networks. Emotional experience, vocal runoff, and training in empathy are some of the worked schemes that seem to be effective ***(Brackett et al., 2011).*** It is also possible to motivate females to use their empathetic abilities in leadership positions to increase their confidence and efficiency in different fields.

Interventions aimed at self-organization and stress reduction can become the basis of strength in males. Enhancing effective cognitive and behavioral approaches, mindfulness, as well as stress management skills can help them in dealing with effects and stress. Furthermore, males have to be guided to be more emotional, and there should be created safe contexts to send and share feelings in order to improve the EI skills of males as well as balance empathy and emotional intelligence ***(Salovey & Ayer, 1990).*** As mentioned earlier, such programs can contribute to better and more integrated EI development and thereby help males learn to function in the field of difficult emotions.

As the differences in the EI in cases and conflicts such as the one in Kashmir, the understanding of the gender differences is significant in the identification of the appropriate intervention methods. Special intervention programs focusing on the gender-dependent emotions in boys and girls can result in increasing boys' and girls' psychological hardness. For instance, girls may actually get more out of programs that are more socially supportive and allow them to express emotions, whereas boys may

respond better to stress skills and self-regulation activities ***(Ahmad et al., 2020).*** If these differences are recognized and dealt with, mental health practitioners would be in a better position to create an efficient structure for both genders that supports their virtue with an aspect of emotional intelligence.

As a result, research on potential gender differences in EI shows that increasing the awareness of the potential strategies by utilizing gender-sensitive approaches is important. It would be valuable to specify the individual variability of males and females for their needs and opportunities that can contribute to positive change in feeling recognition, empathy, emotion regulation, stress coping, and mental health.

Summary

The outcomes of the present study highlight the relevance of the discussed constructs in enhancing well-being and psychological recovery among victims of trauma. All these psychological resources, hence, hold specific functions concerning how one deals with, not to mention bounces back from adversity. On the same note, resilience refers to one's ability to recover from adverse conditions, self-efficacy refers to the belief in one's ability to address challenges, and emotional intelligence entails the capacity to regulate personal emotions and develop healthy relationships. Thus, getting more insight into gender differences in these constructs underlines the importance of a gender-sensitive approach to the organization of interventions that stress the strengths and address the drawbacks of both male and female students.

Broadening resilience, self-esteem, and emotional literacy leads to a better attitude toward the youths exposed to conflicts like those in the Kashmir region; hence, improved mental health is achievable under siege. Specifically, the next chapter will describe the method adopted to examine these predictors among the Kashmiri youth

with **PTSD**; the chapter will outline the research design, sampling procedures, data collection, and analysis techniques used in the study.

Both of these research gaps must be navigated to better understand factors related to psychological thriving among the traumatized. Such research can provide guidelines to enhance future interventional and supporting methods, thus enhancing the youth's mental health in conflicted regions, such as Kashmir.

This literature gap indicates the directions for research that can expand the knowledge base for the application of resilience, self-efficacy, and emotional intelligence among the outbreak youths in conflicted regions such as Kashmir. The methods applied to fill these gaps and study these predictors in Kashmir youth with **PTSD** will be covered in the next chapter.

Theoretical and Conceptual Framework

The domain is related to the psychological processes that are involved in coping with trauma, and various ideas about it comprise a rich set of theories describing the patterns of trauma processing and recovery. Among these concepts, **PTSD**, **PTG**, Resilience, Self-Efficacy, and Emotional Intelligence (EI) have significant roles in representing human life after adversity. This discussion focuses on the theoretical and conceptual foundations of the above-mentioned constructs, as well as their interactions and the impact they have on the psychological health of an individual.

Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder or **PTSD** is a mental health condition that can develop after witnessing a traumatic event- be it a natural disaster, war, rape, abuse, or a serious accident. The theory underlying the diagnosis of **PTSD** can be traced back to the trauma model, which claims that interaction with traumatic stressors affects the

individual's capacity to adapt the information and integrate it into the personality, resulting in chronic psychological discomfort. The most recognized model of classification of **PTSD** relies on the DSM-5, which is supplemented by empirical findings. According to the DSM-5, **PTSD** is characterized by four core symptom clusters: (symptoms): The seven symptoms include re-experiencing the traumatic event, avoidance of stimuli that are related to the trauma, negative alterations of cognition and mood, and being easily startled or having an increased sensitivity to sounds or other stimuli. These symptoms depict the contents of the trauma memory, which is persistence and intrusiveness in nature, as well as fear and anxiety in eliciting the memory.

Classical Conditioning: This model was developed by Ivan Pavlov and it defines how a stimulus that was at one time voluntary marks a terrible event with a construction of trepidation. For example, a motor vehicle accident survivor gets easily scared or panicked whenever he hears a sound that normally may be harmless, such as the screeching of car tires.

Cognitive Theory*:* According to this theory, **PTSD** results from negative thinking patterns and these are acquired after an incident of trauma. According to Aaron Beck's cognitive model, negative cognitions refer to the self, the world, and the future are the core features of **PTSD**. The above cognitive distortions are inclined to result in a chronic condition of vigilance and emotional wellness.

Information Processing Theory: Based on this theory, **PTSD** is experienced because the ability to handle memories is interfered with as a result of trauma. This disruption results in the creation of small isolative, and obtrusive memory fragments that do not

link properly in the brain's memory system, hence causing continual and reoccurring re-experiencing of the trauma.

In conceptual terms, **PTSD** can be understood as the breakdown of the person's innate healing abilities. During normal conditions, after encountering adversity, the person will undergo a process of appraisal aimed at adapting the new experience to the framework of previously held concepts. However, in **PTSD**, this process becomes impaired, and memory becomes fragmented and accompanied by maladjusted beliefs about one's environment and the self. For example, a person diagnosed with **PTSD** may develop a psychotic schema of danger that permeates the world, which will cause him to become overly cautious and avoid social and other stimuli.

Hence, cognitive models, elaborated by ***Ehlers and Clark (2000),*** point to the presence of an adaptive appraisal of the trauma and of the aftermath as one of the key components of **PTSD** development. According to these views, individuals suffering from PTSD are prone to exaggerate the significance of the incident, hence prolonging their distress. For instance, a person who is convinced that it is a sign of mere weakness to undergo a traumatic event will feel guilty of being weak after the incident, and hence, such emotions will further prolong the occurrence of **PTSD** symptoms.

Post-Traumatic Growth (PTG)

When discussing the PTSD model, it is crucial to address the concept of Post-Traumatic Growth (PTG). This term refers to the positive personal transformations that individuals may undergo while facing difficult life circumstances.**PTG** is focused on optimism and positive thinking that originates from positive psychology and the humanistic perspective of human nature, which defines people's ability to grow and

find meaning in suffering. The theoretical framework for **PTG** is largely informed by ***Tedeschi and Calhoun's (1996),*** which posits that individuals can experience growth after trauma in five domains: The people share such benefits as better relationships with other people, built-up personalities and elevated perspectives on life, new opportunities perception, and religious growth. This framework implies that although the process of being traumatized is painful, it is, in fact, indicative of being transformed.

Existential Psychology*:** Based on the school of thought by ***Viktor Frankl (1959) and some of his peers, this view believes that it is possible for a person to make some sort of sense out of suffering and all sorts of hardship. According to Frankl's theory, logotherapy, the pursuit of meaning, helps individuals and society as a whole to attain healthy growth and recognition of life.

***Cognitive Processing Model*:** This model explains that, in order to qualify as **PTG**, a person, by necessity, processes the trauma cognitively. Tedeschi and Calhoun's framework states that it is possible for human beings to deliberate over stressors (as distinguished from intrusive rumination), and this leads them to transform their traumas into positive changes in strength, wisdom, and relationships.

Positive Psychology: **PTG** is also associated with positive psychology because **PTG** helps to build up the strength and virtues of an individual for the purpose of living a contented life. This aspect not only emphasizes that it is possible to build more resilience when facing the challenges that come with trauma but other spheres of life would also be enhanced to levels that are beyond one's initial expectations.

Concept Development of PTG

Theoretically, **PTG** is regarded as a phenomenon of reconstruction of the meaning of one's life after traumatic events. Also, while resilience can be viewed as the capacity to "snap back to pre-morbid levels of functioning," **PTG** requires a genuine transformation of one's perceptive worldview and a newfound appreciation and meaning in life. For instance, a person who goes through a near-death experience due to an illness may henceforth value small things in life and deeper bonds with people close to him/her.

PTG is not referred to as the lack of distress but rather a client's capacity to find meaning following a stressful occurrence. **PTG** is shown to draw on cognitive and emotional mechanisms as people confront the trauma, begin to ruminate on the issue of meaning, and then identify potential modifications to one's view of self. The following are supported by social support, reflective thinking, and deliberate rumination of the traumatic circumstance

Resilience

The meaning of resilience is the physical and psychological strength to cope with obstacles, stress, violence, or other sources of pressure. The theoretical underpinnings of resilience are diverse since this concept resides at the intersection of psychology, psychiatry, sociology, and even neurobiology. Every resilience framework under consideration can be distilled down to the concept of protection factors, which refers to characteristics or conditions that could buffer an individual from the impact of adversity or enable her to bounce back.

Resilience is defined in the context of stress and coping theories with reference to ***Lazarus and Folkman's (1984)*** framework where resilience is a result of positive

coping mechanisms adopted to handle stress. ***Masten (2001)*** underlined other sources of theory for resilience, which concerns the processes of human development and the reciprocal relationship between person and context.

Developmental Psychology: This approach explores resilience as a dynamic process that evolves over time. ***Michael Rutter's (1987)*** work emphasizes that resilience is not a fixed trait but a result of the interaction between individual characteristics and environmental factors.

Ecological Systems Theory: ***UrieBronfenbrenner's (1979)*** theory highlights that resilience is influenced by multiple systems, including family, community, and broader societal factors. Resilience is seen as the outcome of protective factors within these systems, such as social support, education, and cultural values.

Bio-psychosocial Model: This model posits that resilience is the result of a combination of domains such as biological factors, psychological, and social factors. It emphasizes that genetics, brain structure, cognitive functioning, and social environment all play a role in how individuals cope with stress and adversity.

Conceptually, resilience is a process and not a state; hence is a process that involves change that may be continuous or episodic. This view recognizes that resilience may not be uniformly characteristic of the individual and the context across all degrees of stress or at different stages of the person's development. Finally, the adaptation that is focused on the ability to restore positive psychological functioning after stressful events or adapt to the changes is called resilience.

It is also closely associated with psychological flexibility, the ideas that imply the capacity to change one's approach to problem-solving depending upon the conditions faced. This flexibility enables resilient persons to be able to find ways of transforming

negative occurrences into positive ones or seeing a different perspective whereby such occurrences may be viewed as strength.

Self-efficacy

Self-efficacy, described by ***Albert Bandura (1977),*** holds that it is the individual's faith in his/her capacity to achieve particular types of performance by exercising necessary levels of control over materials, people, or situations in a given setting. Self-efficacy beliefs are an important theory from the social cognitive theory plan that suggests human behavior depends on the combination of personal factors, the environment, and the behavior. In the case of Bandura, self-efficiency acts as a frame of reference for how people perceive things, their emotions, and actions. Individuals with high self-efficacy tend to work harder, persist longer, and put more effort into facing the tasks compared to those with low self-efficacy individuals who are more likely to avoid tasks, resulting in helpless.

Social Cognitive Theory: Self-efficacy, according to ***Bandura (1986)*** is determined by observational learning, social factors, and reciprocal determinism. Thus, the concept of self efficacy affects cognition, affection, direction, and action in people.

Locus of Control: Locus of control can be regarded as being a related construct to self-efficacy as it was introduced by ***Julian Rotter (1966)*** These are people who perceive that in the course of certain activities, they have the power to influence the outcomes; this is closely linked with self-efficacy. Locus of control is the opposite of it; while clients having an internal locus of control might be motivated, those having an external locus of control may feel helpless, hence low self-efficacy.

Goal-Setting Theory: According to ***Locke and Latham's (1968)*** goal, goal-setting theory also relates to self-efficacy. Occupational self-efficacy supplied that the goals

set by the people, effort made towards achieving the goals and resistance to setbacks are all determined by self-efficacy

In essence, self-efficacy can be differentiated from self-esteem and confidence because it is specific to undertakings. Self-efficacy is not global; an individual can have high self-efficacy in one domain of functioning (such as academics) but low self-efficacy in another domain (such as social). The role of self-efficacy can be seen in the framework of trauma recovery as the sense of self-efficacy defines how people manage the process of treatment.

In the context of **PTSD**, a stronger self-efficacy demonstrates effectiveness by increasing an individual's perceived ability to cope with symptoms and emerging crises. For example, having high self-efficacy, a trauma survivor may decide to receive treatment, use healthy strategies for coping with trauma, and view the process of recovery positively.

Emotional Intelligence (EI)

Emotional Intelligence (EI) refers to an individual's ability to perceive, evaluate, and regulate their own emotions, as well as comprehend and influence the emotions of others. ***Daniel Goleman's (1995)*** EI theory garnered significant attention by asserting that EI surpasses the intelligence quotient (IQ) in its importance for achieving success and happiness in life.

The EI concept is rooted in the belief that emotions play a crucial role in reasoning processes, social interactions, and overall psychological well-being. Goleman's model of emotional intelligence encompasses five fundamental components: self-awareness, self-regulation, motivation, empathy, and social skills. These elements are

interconnected and collectively contribute to a person's capacity to adapt to the emotional and social aspects of their environment

Ability Model*:** Spearheaded by ***Peter Salovey and John D. Mayer (1990) the ability model describes EI as a skills basket that comprises perceiving emotions, applying emotion to cognition, understanding emotions, and regulating them. This model looks at EI as some type of intelligence that one can learn and build on.

Mixed Model*:** According to ***Daniel Goleman (1995) EI is a mixed model formed of both emotional competencies and traits, which include aspects like empathy, motivation, and social skills. Interestingly, Goleman's model is formulated to include all competencies that contribute to leadership and communication effectiveness.

Trait Model*:** The trait model developed by ***Konstantinos V. Petrides (2001) considers EI as a set of an individual's emotions concerning him, situated at the lower stages of personality taxonomy. This model claims that EI is more on the perceivers' beliefs about their capabilities than on the capabilities themselves.

Conceptual understanding of emotional Intelligence Cognitively, EI is defined as a complex theoretical concept, and it is composed of both appraisal and regulation. It includes the process of identification of emotions and their regulation, knowledge of reasons for emotions, the consequences they lead to, and their application in the reasoning and actions of the individual. That is, while one with high levels of EI will understand that he/she is agitated before a speaking event; such a person will be able to put into practice measures that would help address the issue of anxiety. When applied to the process of traumatized individuals' recovery, EI enables such people to recognize and manage potential sequels of the trauma through better control of their

emotional reactions. Discoveries also give a strong correlation between High EI, the ability to manage stress, interpersonal relationships, and mental health.

Interrelationships among Concepts: Despite the fact that each of these concepts—**PTSD**, **PTG**, resilience, self-efficacy, and EI—can be defined separately, these concepts are closely related to one another when it comes to the processes initiated by trauma and trauma recovery. Resilience and self-efficiency can hinder the development of **PTSD** in persons attacked or physically assaulted; high EI helps in **PTG** by allowing one to respond and make sense emotionally. However, these concepts can also interact with each other operatively in various ways. For example, self-efficacy might be improved by the experience of **PTG** since such feelings prove that the individual can come out of the difficulty as a winner. Likewise, an ability to develop resilience can be useful for enhancing EI since it implies eagerness to pay attention to one's emotions and has resources directing to the improvement of emotional self-management.

Knowledge of the theoretical and conceptual paradigms of **PTSD**, **PTG**, resilience, self-efficacy, and EI is beneficial in capturing the multifaceted nature of individuals' reactions to trauma. These concepts, as a whole, provide a framework for the psychological mechanisms that underlie the process of trauma recovery, stressing both negative and positive aspects of personal transformation in the wake of traumatic events. Combined, these frameworks can help mental health professionals design clinically richer and individually targeted strategies for meaningful recovery in people's lives.

CHAPTER 2
REVIEW OF LITERATURE

What is a Literature Review

A literature review involves identifying, analyzing and synthesizing published articles, books and other relevant information sources under a given topic area, discipline or theory. This introduces materials on a given topic and shows how your research interrelates with existing research in your field. Search and selection strategies for the review of literature should be well outlined ***(Carnwell & Daly, 2001; Cronin et al., 2008)***, and the literature review should have a logical flow to make for easy readability ***(Colling, 2003).*** In contrast to an academic research paper that should create a new argument, the literature review is a synthesis and a summary of arguments and ideas belonging to other authors. For example, research papers contain a literature review section to create the groundwork supporting new theories. In contrast, the review is indeed a research and review of literature.

Fink (2005) has listed various uses of literature reviews. It is mainly used as a section of articles that constitutes primary research to anchor the study's theoretical backgrounds. ***Okoli and Schabram (2010)*** have also mentioned that the literature review process not only summarizes the existing knowledge but also includes the evaluation and critical synthesis that provides the importance of prior studies. It cannot just be a retelling of the subject matter but must possess critical writing and analysis that is scholarly.

A literature review is a systematic and critical assessment of research and non-research materials available on a topic ***(Hart, 1998; Cronin et al., 2008).*** It aims to keep the reader updated on current findings on a particular subject area while at the same time offering a foundation on which further research can be built. Hence, a good literature review uses many positive, explicit and stylistically accurate sources.

The systematic literature review aims to generate an extensive list of published articles and other unpublished literature in the particular coverage area. Traditional reviews, on the other hand, can be defined as an attempt to provide a summary of several studies; on the other hand, systematic reviews use specific and strict standards to choose, critically assess, and collate all the available research data on a topic ***(Cronin et al., 2008).*** The first goal of such a review is to facilitate the comprehension of the current state of knowledge by presenting a brief for readers while stressing the significance of new studies. It may also help to develop research ideas due to coming across a gap or contradiction in knowledge to assist researchers in structuring research questions or hypotheses.

Beecroft et al. (2006) claimed that a literature review requires the specification of research questions to begin. However, the process can also help narrow down a general research question and is also helpful in making selections and making the selection and narrowing down the topic process more efficient. Further, it can support in generation of concepts or theoretical frameworks for a particular field of study **(*Coughlan et al., 2007; Cronin et al., 2008).***

According to ***Parahoo (2006),*** a Systematic review should point out the time used to select the literature and the methods used in reviewing and synthesizing the findings of the studies. To allow the readers to judge the quality and credibility of the work done by the author of the review, the reviewer has to detail the following: the criteria used to formulate the research question for the review, parameters employed for determining inclusion and exclusion requirements; methods utilized for locating and obtaining relevant studies; standards applied to evaluate the quality of incorporated literature; and the approaches adopted for consolidating, examining, and showcasing

the outcomes Studies conducted have found that the population in conflict-affected zones has a higher prevalence of distress, such as post-traumatic stress disorder. The current study must comprehend the significance of the literature review. Construct the literature review on post-traumatic stress disorder, post-traumatic growth, resilience, self-efficacy, and emotional intelligence is important because the existing literature on **PTSD** in the region of Kashmir must be reviewed in detail since this is essential to understand the difficulties that the sensitized population is bound to face or has been facing. ***(Hanif & Ullah, 2018).***

Dar, Lakshmana, Paul, & Mahanta (2023) this study desired to investigate and understand the psychological anguish and behavioral issues experienced by school children between age of 10 to 18 years residing in the conflicted regions of Kashmir, India. The researchers collected the required data using the mixed model. A semi-structured interview and the **DASS-21** questionnaire were employed to obtain the quantitative data. Interviews were performed with individuals drawn at random from the group. Of the 112 kids and teenagers, 73.2% were men, and 47.3% belonged to the 10–12 age range. According to the DASS-21, 85.7% of the total experienced depression, 76.8% experienced anxiety, and 54.9% experienced stress to some degree.

Dar & Deb (2022), the findings showed that high traumatic exposure was seen among one-third of the participants (33.3% of the total). Extremely high traumatic being subjected by nearly a quarter (23.7% of the total), moderately awful exposure was experienced (33.5% of the total), and nearly 10% experienced low traumatic exposure. The trauma seen in every male and female patient ranked highest in "Felt stressed" with 97.3% of respondents, proceeded by "the feared of searched operations, and the crackdowns or curfews" with 89.2%, "witnessing a protested or being parted

of it" with 88.3%, "a family member, or a relative being hit with a pellet, bullet, or any other explosive" with 76.5%, and "the exposure to violent media portrayals" with 64.3%. As compared to females, males reported a substantially higher prevalence in thirteen out of seventeen traumatic experiences.

Khan (2022) analyzed that everyone who lived in the valley had felt the devastating repercussions of the armed conflict in Kashmir, but children had been hit the worst. Children had lost their serenity, and their fragile hearts had flooded with rage and frustration due to the conflict. Armed conflict had crippled the health of the children and led to their psychological difficulties, such as anxiety, depression, post-traumatic disorder, etc. It deprived them of their carefree childhood and burdened them with numerous grownup obligations. Because they lost their caregivers just when they needed them most, some ended themselves in orphanages. The most important thing for a society's future development is its children's education, which has been endangered due to the armed conflict. Due to the protest against Article 370, the Kashmiri people stayed indoors for an extended period. The services, like the internet, schools, businesses, and transportation, were temporarily or permanently paralyzed during this time. This study explored the impact on these kids' mental health in terms of cognitive abilities, social development, and emotional growth**.** The affected kids, along with their parents, should offered psychotherapy and mental health first assistance through specialized programs organized by non-governmental groups operating in Kashmir**.** An additional mental health strain was placed on the lives of the Kashmiri children by COVID-19; therefore, it is important that we do everything we can to support their mental health.

Dar& Deb (2021) this research aimed to evaluate the psychological impact of armed conflict in Kashmir on the mental well-being of its young adult population. The demographics, thoughts and feelings regarding the Kashmir dispute were inquired from 680 graduate and undergraduate students using semi- semi-structured survey, and how it affected their physical emotional well-being and academic performance**.** A staggering 99.7 per cent of respondents said they were exposed to conflict, 95.4% said they noticed psychological distress, 60.3 per cent said they were physically sick, 91.2 per cent said they saw the mental health of others impacted, and 99.3 per cent said the Kashmir conflict had a significant impact on their education. Considering the negative impact of conflict, it was recommended that psychological support services must be improved in order to deal with the mental health concerns that the traumatized Kashmiri community might have been experiencing.

Shah & Mishra (2021) this research examined post-traumatic growth amongst 815 pupils aged 12-18 in Kashmir, India, who had lost one or both parents due to prolonged armed conflict. The cross-sectional investigation analyzed the connection between post-traumatic growth **(PTG)** dimensions and various factors, including challenges to core beliefs, religious coping mechanisms, religious dedication, socio-cultural environment, and specific demographic variables. Results indicated that socio-cultural elements, challenges to fundamental beliefs, and religious coping strategies were significant predictors of **PTG**. These findings corroborate the impact of socio-cultural context on the development of **PTG** in young people.

Housen et al. (2019) researched the adverse psychological effects of residing in a prolonged conflict zone. It has highlighted the importance of understanding the influence of non-conflict-related factors in mitigating the impact of trauma and

psychological distress. The data from the Mental Health Survey from Kashmir in the year 2015 and employed mediation analysis were used to assess the degree to which daily stressors served as mediators in the relationship between traumatic experiences and adverse mental health outcomes. The Pre-validated scales, such as the Hopkins Symptoms Checklist (HSCL-25) and also another tool Harvard Trauma Questionnaire (HTQ), were used to assess the likelihood of identifying anxiety, depression, or **PTSD**. There was a statistically significant overall influence. Multiple traumatic occurrences had an impact on symptoms of anxiety, sadness, and **PTSD**, with financial stress accounting for 6.8% and 3.6% of the effects, respectively. The effects of several traumatogenic events on anxiety, sadness, and **PTSD** symptoms were attributed to family stress in 11.3% and 6.1% of cases, respectively. Poor physical health was cited as an explanation for the impact of experiencing more than seven traumatic episodes on symptoms of anxiety, depression, and post-traumatic stress disorder (**PTSD**) in 10%, 7.2%, and 4% of cases, respectively.

Prakash (2018) studied the link between flooded exposure and psychopathology, allowing researchers to pinpoint the specific circumstances and processes that could lead to any positive effects. A social support system was one component that could help people stay strong after a tragic strike. Nevertheless, the author examined the buffering effects of relationships in adult populations after flooding were few and far between. Consequently, this study sought to understand how one's perception of social support from loved ones mediated the link between flood exposure, **PTSD** and depressive symptoms. This research used a cross-sectional design. Data was gathered from 87 adults (ranging in age from 30 to 40) who managed to survive the devastating floods in the Kashmir valley. Flood exposure, **PTSD** and depression symptoms were

less associated with high leveled of social support and more strongly associated with low leveled of support. The results also showed that supportive family members accounted for a considerable amount of the variation in depression prediction. Natural catastrophes have a devastating effect on mental health, so it was crucial to do everything one could to help individuals rebuild their social networks.

Hanif's (2018) trauma studies' once-universal appeal had been overshadowed by Euro-American exclusivity. This research examined the traumatic experiences of Kashmiri inhabitants, focusing on a conflict-affected area within the developing world, in order to explore trauma narratives from the Global South. Since the Indian subcontinent was split up in 1947, Kashmir has been a contentious region and a source of hostility between Pakistan and India. Every member of the Kashmiri community was then lethargic and vulnerable to unpleasant experiences due to the political unrest and the subsequent militarization. The Kashmiri's horrific experiences, as portrayed in literature from the region, had received scant academic attention despite the fact that these tales were crucial to asserting an accurate portrayal of the Kashmiri's. Using the theoretical frameworks of Cultural Trauma on Collective Identity by ***Jeffery C. Alexander et al (2004)*** Moreover, Collective Trauma by ***Kai T. Erikson (1976)*** this article analyzes the Kashmiri American literary text The Comrade by ***Mirza Waheeda (2011)*** collectively; the Kashmiri people's traumatic recollections were comparable to those of similarly traumatized Northerners, according to the study. As a result, it was up to the Kashmiri narrative to depict life as it is. According to the research, fictional narratives convey a haunted story of everlasting pain through reminiscence of the past, proving that the collective, not the individual, should shoulder the moral burden.

Lenglet (2017) analyzed that after India was divided in 1947, the Kashmir Valley has been politically unstable, driven by conflict, and remains heavily militarized. Our objective was to conduct a cross-sectional population-centered assessment of adults in the ten areas of the Kashmir Valley in order to assess the symptoms of depressive symptoms, anxiety, and **PTSD**. We randomly selected 5519 out of 5600 invited participants who had been 18 years of age or older throughout October and December 2015 using a cluster sample design with a probability parallel to size sampling technique. The HSCL-25 and Harvard University Trauma Assessment (HTQ-16) were used to determine the frequency of a suspected mental illness. Both screening instruments had been interpreted and modified to meet various cultural contexts. After weighing the data to consider the sampling methodology, a complex logistic correlation approach was utilized to identify risk factors linked to emotional distress symptoms.

Kessler (2017) researched the relationships between trauma type and **PTSD** through the survey, which gathered information on trauma-specific Psychopathology from an appropriate proportion of the population. Since most epidemiological studies only examined lifelong **PTSD** for traumas that participants identified as their "worst," they were unable to evaluate the theory that the onset-persistence of **PTSD** (post-traumatic stress disorder) varies significantly depending on the type of trauma. On average, each person was exposed to 3.2 traumas over their lifetime, and 70.4% of those people reported experiencing traumas. There were significant variations in **PTSD** onset between traumas but less in **PTSD** persistence. Traumas involving interpersonal aggression posed the greatest risk, with findings extending to 77.7 person-years per 100 participants. The majority of this burden was attributed to rape (13.1%), various

forms of sexual assault (15.1%), stalking (9.8%), and unexpected family member loss (11.6%). Amongst these four traumas, three were infrequent but carried a high risk of post-traumatic stress disorder **(PTSD),** whilst the fourth was prevalent but had a low risk. The broad category of intimate partner sexual violence was found to account for 42.7% of all PTSD-related person-years. A person's susceptibility to future trauma and **PTSD** were both predicted by their history of distressing experiences.

Shah (2017) analyzed the Kashmir Valley; there was a need to address symptoms linked to trauma from all sources, establish programs to raise awareness about mental health, and target interventions towards high-risk populations. Correctly, adults in the Kashmir Valley had an estimated prevalence of 45%of mental discomfort. Among adults, we found 41% likely depressed, 26% likely anxious and 19% likely to suffer from post-traumatic stress disorder (**PTSD**). Being a woman, being over the age of 55, not having completed high school, residing in a rural region, and experiencing the loss of a spouse were all factors linked to the three illnesses. The total amount of traumatic incidents experienced or seen was found to be inversely proportional to the severity of each of the three mental diseases.

Shehna (2017), one of the least oppressed groups in the world; women had endured centuries of marginalization in the form of silencing, suppression, and denial. The gender gap in conflict resolution had made things worse for the women of Kashmir, who had already fought for their contradictory roles in society. In this study, we compared two age categories of Kashmiri women—between 30 and 45 old and those between 50- and 65 years old using coping skills characteristics. Findings showed statistically significant differences across all dimensions; for example, the older age

group had higher **PTSD** scores across the board, whereas the younger age group had greater coping scores across the board.

Mushtaq (2016) examined traumatic experiences as the root cause of **PTSD**. Children, in particular, had felt the psychological effects of the many horrific incidents that had befallen the Kashmiri populace over the past twenty years. Witnessing horrific events can lead to a variety of mental symptoms, including post-traumatic stress disorder. In order to determine the frequency, origins, neurobiology, risk factors, and psychiatric co morbidities of **PTSD** in children from Kashmir (India), a literature review was conducted.

Firdosi and Margoob (2016) studied a hundred patients. This study looked into the socio-demographic characteristics and mental co morbidities of those seeking therapy for traumatic stress disorder. From January 2006 to January 2007, the Government Psychiatric Diseases Hospital in Srinagar, Kashmir, hosted the study. A structured form was used to collect their socio-demographic information. As indicated by results indicated that the majority of patients had several concurrent co-morbid conditions, with depression, anxiety disorders, somatization, and post-traumatic dissociation being widespread. The study determined that post-traumatic stress disorder (**PTSD**) is a multifaceted condition frequently accompanied by diverse psychiatric co morbidities.

Bhat and Rangaiah (2015) conducted a study on 797 college students. Tools used in this study were Exposure to Kashmir Conflict Checklist, comprising sixteen distinct conflict-related events, was used to evaluate the level of exposure to conflict, **PCL-C;** findings indicate that **49.81%** of the participants were identified as having a level of **PTSD** that can be diagnosed. The occurrence and regularity of certain conflict-related

events have been determined to be **PTSD** risk factors. Additional logistic regression analysis revealed several risk factors connected to the symptomatology of **PTSD**. An increased degree of personal exposure to the conflict, personal threats of death, exposure to upsetting media coverage of the conflict, the death or disappearance of a family member, and a sensation of living in the fight are a few of these.

Naqshbandi Amin (2013) conducted a study in three conflict-affected districts of Kashmir Valley, focusing on youth ageing among individuals aged 15 to 30. A structured interview schedule was employed to gather data from literate and illiterate youths. The study employed the survey method to gather data, explicitly targeting youth interviewed in the local language, Kashmiri. To ensure the validity of the interview schedule, a back-translation procedure was utilized, as proposed by ***Brislin (1970)***. The study findings unveil intriguing revelations. The majority of young people believe that problems such as identity crises, unemployment, psychological stress, and identity crises are all consequences of conflict. In any conflict-ridden area, the government and other organizations must prioritize economic stability and the safety of women and children.

Additionally, it is crucial to provide skill-based education to the youth, while parents should actively engage in counseling their children about moral values and ethics. The study on the repercussions of conflict on young individuals unveils numerous findings and further corroborates existing ones. The data gathered from various districts of the Kashmir Valley highlights the profound emotions and hardships experienced by the youth as a result of the conflict. Keywords: Youth, conflict, Kashmir, identity crises, unemployment, psychological.

Shaheen (2011) analyzed an average of 939 yearly earthquakes of a Richter magnitude of 5 to 8. Due to inadequate building preparation and structural quality, developing nations are particularly vulnerable to widespread earthquake devastation. A powerful earthquake struck the isolated mountainous area of the northern part of Pakistan and Kashmir on October 8, 2005. Aimed to determine the prevalence of traumatic stress-related disorder and its associated factors in a population of earthquake-affected individuals selected at random. Research was carried out eighteen months after the event. We interviewed a cross-section of the house and tent dwellers, both men and women. Over 1200 individuals were interviewed face to face, and data was collected using validated tools for **PTSD** and generalized psychiatric illness.

Along with that, we collected data on trauma exposure and loss. **PTSD** affected nearly about 55.2% of women and also 33.4% of men. Joint family living reduced the risk of **PTSD** symptoms. Exposure to trauma at a certain level was linked to post-traumatic stress-related symptoms. General psychiatric illness, rather than **PTSD**, was linked to tent living.

De Jong et al. (2008), **s**ince the completion of partition in 1947, there have been multiple confrontations between India and Pakistan over the control of the mountainous Kashmir region. Concerning the frequency of violent incidents and insecurity within this group, very little was known to evaluate the mental health status and experiences with violence within the conflict-affected Kashmiri population conducted A two-stage cluster survey of households in two districts (each contained 30 villages) of the Indian portion of Kashmir. Our results regarding violent confrontations are detailed in the paper. Both occurrences that took place within the lasted three months and those that took place prior to the conflict's inception were

included in the data set. All interviews were conducted after obtaining informed consent. Detention, hostage situations, and torture were common occurrences in Kashmir, exposing the civilian population to high levels of violence. Severe physical and mental health issues may emerge as a result of the reported violence. The greater involvement of men in outdoor activities likely explained why they reported substantially more confrontations with nearly all violent incidents.

Mushtaq (2006) analyzed the experience of trauma; it affects their emotional development, behavior, and other parts of their personality. A study was conducted at Govt. Psychiatric Disorder Hospital, Srinagar, on 56 children diagnosed with **PTSD** in order to evaluate these effects. The kids' ages varied from three to sixteen. Trauma, re-experiencing, avoidance, and hyper arousal were the four main areas of focus for the observations. Seeing trauma firsthand was the most prevalent way for 75% of people to be exposed to it. Reliving the experience through disturbing dreams or nightmares was the most common way (85.71%). Overall, 85.17 per cent of people tried to avoid situations or people that brought up the traumatic experience. The majority of patients experienced **PTSD** symptoms suddenly (92.85%). In comparison, most cases were diagnosed later (71.43%), suggesting a lag between the initial symptoms and the start of treatment.

Margoob (2006) researched trauma in various ways was common, and **PTSD** was only one of them. Many people thought it only happened in the West, but then we knew it happened all around the globe. However, lack of information regarding **PTSD** in developed countries at this time. In order to assess the prevalence and severity of grownup **PTSD** in a South Asian region, a community-based studied conducted. A total of 2,391 adults were randomly selected for the survey conducted across all six

districts of Kashmir. The MINI neuropsychiatric interview, based on the DSM IV, was used to evaluate them. The present-day **PTSD** rate of 7.27% and an all-timed **PTSD** rate of 15.19% were determined by the assessment. Equally important was the fact that the rates in both sexes were similar. Possible interventional options and the consequences of such high rates were addressed.

Batool's (2003) study intends to examine the estimated **PTSD** symptoms among Azad Kashmiri citizens residing near the armed line of control (LoC) is an investigational study that uses quantitative methods. The study included 460 individuals, comprising 235 males and 225 females, with participant ages spanning from 18 to 35 years. We used the traumatic appraising questionnaire (TAQ) and ran statistical analyses on the results from the selected sample. Those residing closer to the LoC were shown to have higher rates of **PTSD** symptoms in comparison to those residing farther away, according to quantitative research. To add insult to injury, **PTSD** was more prevalent in women than in men. The majority of LoC people relied on their religious beliefs as a means of coping.

Mushtaq (1978) researched further to understand the relationships between conflict exposures, symptoms of **PTSD**, social assistance, and Post-traumatic growth (**PTG**). More focused research on the Kashmir war is needed. A study of correlation revealed a positive relationship between conflict exposure and **PTSD** ratings, indicating that more significant quantities of conflict exposure were linked to more severe **PTSD** symptoms. Furthermore, **PTSD** scores while interpreting social support showed a negative connection, suggesting that those with greater severity **PTSD** symptoms received less support. Moreover, a significant positive correlation was established between **PTG** and social support, indicating that individuals who reported more post-

traumatic growth had higher social support scores. Adding perceived social support to **PTSD** scores provided an increase in **PTSD** estimated. Results: A regression analysis showed that perceived peer support significantly predicted **PTSD**

Literature Review of Post-Traumatic Growth

Zhou et al. (2024) studied the psychological processes that underlie posttraumatic growth (**PTG**) and resilience in college students during the COVID-19 pandemic. To understand how negative emotions and intentional rumination impact the resilience–**PTG** relationship, the authors of the study involved 881 Chinese university students, developed and evaluated a moderated mediation model. The results showed that resilience, both directly and indirectly through a decrease in negative emotions, positively predicted **PTG**. In particular, students who were more psychologically resilient expressed fewer negative emotional reactions, which helped them grow more after traumatic experiences.

Gey et al. (2025) examined the relationship between emotional intelligence (EI) and perceived stress in a cross-sectional study of 207 young adults in Malaysia (152 females, 55 males), with resilience acting as a mediating mechanism. The study used bootstrapped mediation analysis and regression to test a full mediation model and used validated self-report measures. Young adults with greater abilities to perceive, regulate, and comprehend emotions reported lower levels of stress, which is in line with previous international research showing an inverse relationship between EI and perceived stress. But ***Gey et al. (2025)*** went one step further and showed that resilience completely mediated this relationship: higher resilience was predicted by emotional intelligence, and lower perceived stress was directly predicted by resilience.

Elam & Taku (2022) conducted an important study to differentiate between resilience & self-perceived post-traumatic development **(PTG)** in relation to empathy & emotion recognition ability (ERA). The Posttraumatic Growth Inventory, the Brief Resilience Scale, and the Questionnaire of Emotional Empathy were completed online by 420 college students who took part in the study. The authors discovered distinct patterns of association: **PTG** was strongly and favourably connected with the ability to perceive emotions, but it had no relationship with empathy. On the other hand, resilience was negatively correlated with empathy and did not appear to be related to the ability to identify emotions.

Pérez-Fuentes et al. (2024) investigated the impact of trait emotional intelligence (trait EI) on psychological outcomes using 338 patients with breast cancer. In particular, they examined the potential mediating roles of post-traumatic stress disorder (PTS) and post-traumatic growth disorder (**PTG**) in the associations among life satisfaction, depression symptoms, and emotional intelligence (EI). The study employed validated self-report measures of trait EI, PTS, **PTG**, depression, and life satisfaction in addition to evaluating a structural mediation hypothesis. The results showed that reduced PTS and depressed symptoms and higher **PTG** and life satisfaction were associated with higher trait EI.

The notions of resilience and post-traumatic growth (**PTG**) among those exposed to adversity, such as war, disaster, chronic illness, and medical frontline work, were examined in-depth in a literature review by ***Vyas (2022).*** The study underlined that resilience is a dynamic process impacted by social, cultural, and environmental settings rather than just an inherited quality. Crucially, Vyas pointed out that resilience does not necessarily predict **PTG**, even though it could serve as a protective

factor that guard against psychological distress. The review also noted that unless regulated by elements like social support or the creation of spiritual meaning, severe or protracted trauma, like that endured during war, may decrease **PTG**. Additionally, it has been demonstrated that cultural variations significantly influence how people view and construct growth following trauma.

Between June and October 2023, 200 Iranian adolescents aged 12 to 18 who had been diagnosed with life-threatening conditions such cancer, and chronic renal disease were recruited from two major hospitals in Tehran for a cross-sectional co relational study by ***Ghasemi et al. (2025).*** The authors investigated the relationship between **PTG** and psychological resilience, self-compassion (SC), and other demographic and clinical factors using established self-report tools, such as the Post-Traumatic Growth Inventory, a resilience scale, and a self-compassion scale. Among the key conclusions were Resilience and **PTG** having a substantial positive relationship. A smaller but still noteworthy association between **PTG** and self-compassion once resilience was taken into consideration, self-compassion did not independently predict PTG; instead, resilience was the only significant predictor of PTG in multiple regression models.

Alkrenawi et al. (2025) investigated how nursing students (N = 105) respond to stressful clinical encounters in terms of post-traumatic growth **(PTG**). Resilience, burnout, secondary traumatic stress, and satisfaction with therapeutic practice were the four main factors they assessed for connections. Resilience was the most reliable predictor with a substantial positive connection with **PTG. PTG** was positively predicted by secondary traumatic stress, indicating that mild stress may also promote development. This study shows that while burnout inhibits **PTG** growth, resilience and moderate levels of stressful exposure can promote it in trauma-exposed but non-

clinical groups (such as nursing students participating in clinical fieldwork). A factor that is frequently disregarded in trauma recovery models, satisfaction with therapeutic training turns out to be an extra psychological resource that promotes development.

The function of meaning-making and narrative coherence in supporting posttraumatic development (**PTG**) in trauma survivors was examined by ***Pat-Horenczyk et al. (2023).*** According to their findings, survivors were more likely to have greater levels of **PTG** if they were able to create cohesive trauma narratives and find significance in their experiences. In line with positive psychology's focus on cognitive-emotional processing in trauma recovery, the study highlights how meaning making influences the relationship between trauma story coherence and growth. This study emphasizes the psychological processes that assist in converting hardship into opportunities for personal growth, especially emotional intelligence and self-reflection.

In the wake of the earthquakes that struck Turkey on February 6, 2023, ***Özdemir and Mızrak (2023)*** carried out a cross-sectional study to investigate determinants of **PTSD** and **PTG** in survivors. Standardized tools such the Beck Anxiety Inventory, Brief Resilience Scale, PTG Inventory, Intolerance of Uncertainty Scale, and **PTSD** Checklist for DSM-5 were used in the methodology. Multiple regression analysis was used to assess the contributions of anxiety, resilience, and intolerance of ambiguity (particularly inhibitory anxiety) to trauma outcomes after participants were divided into groups with high and low levels of **PTSD**. It was found that In comparison to the low **PTSD** group, the high **PTSD** group was younger, less resilient, and showed higher levels of anxiety, **PTG**, and intolerance for ambiguity. Age, anxiety, and intolerance of ambiguity (inhibitory anxiety) were all predictors of **PTSD; PTG** was predicted by age, resilience, and inhibitory anxiety.

Jian et al. (2022) study examined the relationship between traumatic growth and PTSD symptoms in teenagers, as well as the moderating effect of self-efficacy. An online questionnaire measuring exposure to COVID-19, **PTSD**, **PTG**, and self-efficacy was given to 2090 Chinese teenage students. **PTG** was discovered to be shared in 20.6% of the sample, and the correlation between **PTG** and **PTSD** showed a reverse U-shaped curve. It was found that, in contrast to **PTG**, objective exposure factors had a strong correlation with symptoms of **PTSD**. In a similar vein, it was found that intense fear and **PTSD** symptoms were significantly correlated but not with **PTG**. Additionally, it was discovered that poor self-efficacy was associated with a higher prevalence of **PTSD** and that self-efficacy was positively connected ($r = 0.551$) with **PTG**.

***Wenchao Wang (2021*)** practiced self-compassion could help with **PTSD** and foster post-traumatic growth. Invasive pondering (IR) and deliberate rumination (DR) form ruminating that occurs when people repeatedly think about horrific occurrences and their effects. DR refers to an individual's deliberate and repetitive processing of experiences, whereas IR is the process by which thoughts about traumatic events infiltrate the cognitive realm in an undesirable form. There was evidence that IR and DR could impact **PTSD** and **PTG** as well. A bunch of studies have checked out how stuff like being kind to yourself, thinking deeply (without getting too caught up in it), and dealing with the aftermath of a really tough time like an earthquake affects teenagers. But, not too many of them have really dug into how all these things play together. We need more research to get the full picture of how feeling for yourself and processing what happened can both help and maybe not help with the whole PTSD and growing from the experience situation in kids who've gone through earthquakes.

However, recent research has demonstrated that these aspects of self-compassion impact **PTSD** responses differently. After the Jiuzhaigou earthquake, this study looked at how rumination mediated the connection between self-compassion, post-traumatic stress disorder (**PTSD**), and positive emotional growth (**PTG**) in teenagers from China.

Kumar (2021) extensively studied post-traumatic growth (**PTG**) in adult populations across cultures, but its prevalence in children, especially in South Asian conflict zones, has received less attention. Considering this, the current research looked at **PTG** among 815 students in Kashmir, India, whose parents had died during the long-armed struggle. The students ranged in age from 12 to 18. The post-traumatic growth (**PTG**) hypothesis was tested in a cross-sectional study that looked at core belief difficulties, religious coping, and devotion to religion, socio-cultural settings, and a few demographic variables. It appeared that **PTG** was predicted by social and cultural context, core concept problems, and religious coping strategies. This supported the idea that children's socio-cultural environment played a role in the development of **PTG**. Discussions centre on potential future directions and practical ramifications.

Vostanis (2020) studied low-income nations like Pakistan, where children in care faced numerous risk factors. Analysis of the mental health stuff and how some kids, between nine and nineteen, who've been through tough times and are now in three care places in Pakistan, deal with their experiences and maybe grow from them, that's what this study was all about.

In addition to significant post-traumatic growth, children reported high frequencies of standard mental health symptoms (43.94%) and post-traumatic stress disorder (70.45%), all of which were within the clinical range. The significance of

comprehending elements that foster post-traumatic development and resilience, as well as the high rates of anxiety and depression within children in institutional settings, is underscored by these results.

Ghazi & Shahnawaz (2020) looked at the link between trauma and growth that followed (**PTG**) in mothers of children slain in the Srinagar (India) conflict; this study hoped to advance our understanding of **PTG**. This research primarily sought to investigate the potential influence on the connection between **PTG** and both self-compassion and spirituality. The parents involved in the study ranged from 35 to 80 years old, with an average age of 52.09. Findings indicated that participants exhibited moderate levels of spirituality and high levels of trauma. The study revealed significant increases in both self-compassion and post-traumatic growth among the subjects. Whilst substantial indirect pathways were identified linking trauma, faith in God, and **PTG**, strong direct correlations were also observed between trauma and **PTG**, as well as between self-empathy and **PTG**. The results of this study lent support to the serial mediation model of trauma in post-traumatic development (**PTG**) for the part that self-compassion and spirituality played. Beginning with trauma, the chain reaction progresses through spirituality, self-compassion, and finally, **PTG**. From a different perspective, the results illuminate the trauma-**PTG** relationship.

Alamdar and Zhang (2018) investigated 2,300 folks who've been through earthquakes and checked how much they're dealing with post-traumatic stress disorder **(PTSD)** and post-traumatic growth disorder **(PTG).** The researchers looked into how **PTG** and **PTSD** might be connected and if there are any differences between guys and gals in how they're handling it. They picked people randomly to make sure the sample was fair. To see how much **PTG** they had, they used a questionnaire called the

Post Traumatic Growth Inventory, and for **PTSD**, they used the **PTSD** Checklist-Civilian. Out of the 2,080 people who took the first survey, a solid 94% also finished the second one. They used this statistical thing called one-way ANOVA to check out if there were any notable differences between the genders when it came to **PTG** and **PTSD**. Survivors reported experiencing **PTSD** in 51.1% of instances and **PTG** in 41.1% of cases after the earthquake. **PTG** and **PTSD** were revealed to be positively correlated by a bivariate correlation study. The results of the **PTG** and **PTSD** variance analysis performed on the male and female subgroups suggested that women were more impacted than males.

***Anjum (2017*)** in order to evaluate their views on hope and perceived societal support, this study will concentrate on parents of missing persons in Kashmir .This research investigates how optimism and interpersonal connections contribute to the management of post-traumatic stress disorder **(PTSD)** amongst individuals affected by the Kashmir conflict. Those living in war-torn regions may potentially reduce the negative impacts of trauma by focusing on positive psychological states such as self-assurance and perceived social backing.One hundred fifty victims, including the fathers of missing persons, were included in this study, which was limited to the four central districts of Kashmir: Baramulla, Kupwara on, Kul Gam, and Srinagar. A strategic sampling approach was used to choose the subjects .The study employed various instruments to gather data, including the Post Traumatic Growth Inventory (PGI) and others in 1996, the Hope Scale, which was created by Snyder, Harris, Anderson position, Hollern, Irving, and Sigmond in 1991, and a multidimensional scale assessing the perception of Social Support, developed by Zimet, Dahlem, Zimet, and Farley in 1998. The findings revealed statistically significant differences in the

victims' evaluations of hope and their perceptions of interpersonal support for post-traumatic growth

Jieling, C., & Xinchun, W. (2017).The aim of this study was to identify trends in the post-traumatic growth and symptoms of **PTSD** in children and adolescents following an earthquake and to look into the factors that predicted these trends. 688 people (average age 12.26 ± 2.75) self-reported their social support, catastrophe exposure, post-traumatic growth, and post-traumatic stress symptoms eight months after the incident. Multinomial logistic regressions were used to examine the elements that predicted the various patterns of post-traumatic stress symptoms and post-traumatic growth that were discovered in the participant through latent profile analysis.

Three distinct patterns were found. A smaller percentage of participants fit into the Resilient or Stressed and Growing patterns, while the majority of participants fit into the Thriving pattern. Subjective fear, social support, and loss and injury could all be used to predict pattern membership.

Rangaiah (2016) studied exposed to conflicts regularly might have detrimental effects; individuals could adjust and even experience post-traumatic growth as a way to lessen those effects. Areas prone to conflict necessitate particular attention to the complex topic of post-traumatic growth. A total of 797 young adults from Kashmir who had experienced the traumatic effects of the protracted armed war in their lives participated in this cross-sectional study. This study sought to examine the linearity of the correlations between **PTG**, trauma being exposed, **PTSD** symptoms, and these linkages. We used the Exposure to Kashmiri Conflict Checklist, the Psychological Growth Questionnaire (**PTG**I), and the Posted Traumatic Stressed Checklist-Civilian Version to assess the trauma being exposed, post-traumatic development, and **PTSD**

symptoms. The results showed that trauma sensitivity and **PTG** had a curvilinear association.

In contrast, **PTSD** and **PTG** had a linear relationship (β= -.17), with more excellent **PTG** scores being related to higher **PTSD** leveled. There was an association between **PTG** and older age. They confirmed that unfavorable symptoms and growth could happen simultaneously; while evaluating and treating traumatized individuals exposed to conflict-liked situations, it was crucial to address both beneficial and adverse symptoms.

Burkacka, Oniszczenko, and Rzeszutek (2016) this study's primary aim was to examine how gender influences the intensity of post-traumatic growth **(PTG)** and post-traumatic stress symptoms **(PTSD)** in a cohort of 250 HIV-positive individuals, whilst considering their age and duration of HIV diagnosis. The Post Traumatic Growth Inventory was employed to evaluate **PTG**; whereas the **PTSD** Factorial Version Inventory was used to assess PTSSs. Female participants with HIV/AIDS exhibited superior performance in certain PTSSs (intrusion/arousal) and one PTG aspect (spiritual change). Furthermore, a negative relationship between PTSD and PTG levels was observed exclusively in HIV-positive women.

Bhat and Rangaiah (2015) Correlations were found between PE and perceived social support and support and exposure to the Kashmir war checklist. Participants reported moderate levels used four self-report instruments to collect the data, namely traumatic growth inventory, demographic data schedule, scale of perceived social

Bhat (2015) this investigation examined post-traumatic growth **(PTG)** outcomes in young Kashmiri adults who had endured traumatic experiences during armed conflict, whilst accounting for conflict exposure and social support. The primary objective was

to gain insight into **PTG** within this population and its associations with perceived social backing and conflict exposure. The cross-sectional research involved 803 undergraduate students. The assessment tools employed included the post-traumatic growth inventory, a demographic information schedule, a Kashmir conflict exposure checklist, and a multidimensional scale of perceived social support. Participants reported relatively high levels of social encouragement and **PTG**. A positive correlation was observed between increased exposure and higher **PTG.**

Dekel, Ein-Dor, and Solomon (2012) A longitudinal study examined the connection between reciprocal post-traumatic growth **(PTG)** and post-traumatic distress. The research followed two groups over a 17-year period: one comprising Israeli former prisoners of war and another consisting of individuals with comparable characteristics. The study evaluated participants' levels of post-traumatic stress disorder **(PTSD),** depression, and anxiety at three distinct time points. **PTG** was assessed on two separate occasions during the study**.** Initial post-traumatic stress disorder **(PTSD)** was found to predict eventual post-traumatic growth **(PTG)** in addition to **PTG** stability using autoregressive cross-lagged modeling. However, the inverse connection was not observed. It was demonstrated that post-traumatic growth **(PTG)** and neither anxiety nor depression were significantly correlated. Furthermore, **PTG** trajectory analysis revealed that **PTSD** sufferers continuously reported increased **PTG** levels over time. The results are analyzed from the opposing viewpoints of adaptive and illusory post-traumatic development **(PTG).**The direction and magnitude of gender differences in self-reported post-traumatic growth were investigated by a meta-analysis ***(Vishnevsky, 2010).*** There was a slight to substantial gender difference, with women reporting better post-traumatic growth than men, according to the

research, which comprised 70 studies with a total sample size of 16,076 people. To determine the causes of these variations, moderator analyses were performed, taking into account variables including the sample's mean age, type (community, college, or mixed), measurement instrument language, and the kind of stressful incident.

The findings demonstrated that age was the only relevant mediator, with women reporting increasingly greater post-traumatic growth as the sample's mean age rose. There was no discernible difference between published and unpublished studies when effect sizes from both types of research were evaluated to evaluate publication bias. These results imply that, even when unpublished data are taken into account, gender differences in post-traumatic growth are statistically significant, notwithstanding their minority.

Literature Review of Resilience

Onyefulu (2023) examined the resiliency and methods of coping employed by female Jamaican postgraduate students during the COVID-19 pandemic. We recruited 118 female postgraduate students using a descriptive surveyed study design and snowball and purposive sampling methods**.** The Connor-Davidson Resistance Scale (CD-RISC 23) was used to gather data in conjunction with a questionnaire and interviews. The Connor-Davidson Durability Scale had an internal reliability of 0. 931. The structural validity of the 25-item CD-RISC scale was determined by exploratory factor analysis (EFA), which revealed that the scale had six factors and was multi-dimensional. The findings demonstrated that COVID-19 had far-reaching effects on graduated students' professional lives, spiritual practices, families, social circles, and jobs. Respondents also reported feeling anxious, fearful, and socially isolated. Among graduated students, 64 per cent scored highly on the CD-RISC-25 test of resilience after the

COVID-19 pandemic. The factor loadings of this scale identified the components that contributed to the participants' resilience. These components were self-efficacy, faith, trust, adaptability, spiritual influence, coping, support, and positive outlook. The female postgraduates' coping mechanisms included accepting the pandemic, managing their time wisely, praying, and maintaining relationships with loved ones. To help these pupils build resilience and deal with stressful situations better, they were suggested to learn different coping mechanisms in school.

Xu, Y.Liu &Wu (2023) r*esearch* has shown a positive correlation between deliberate rumination and both self-efficacy and post-traumatic growth. Moreover, a positive relationship was observed between post-traumatic growth and enhanced self-efficacy. The study also revealed that self-efficacy played a pivotal role in mediating the relationship between post-traumatic growth and intentional rumination.

Galia (2022) examined the relationship between resilience and post-traumatic growth in a variety of cultural contexts, including occupational settings, combat zones, and scenarios mimicking war. Understanding the significance of **PTG** and the effects of resilience was necessary because there had been little study on either topic. This review examined **PTG** and resilience in-depth and how it varies among populations and domains. A high level of endurance is linked to the lowest rates of post-traumatic development in various jobs and combat or settings mimicking war. However, it also relies on how longed the exposure to the horrific event had lasted, how supportive people felt, and how unique each person was. Cultural influence plays a role in resilience and post-traumatic growth (**PTG**), which aid in coping with stressful events.

Briones, Caballero, and Decatoria (2023) found that resilience and post-traumatic growth were significantly correlated, but resilience and emotional intelligence do not show any relationship. Furthermore, participants with more children showed higher levels of resilience than participants with fewer children. Also, those who spent longer in the rehabilitation centre showed lower levels of resilience.

Sultan (2022) studied the overarching goal to examine the relationship between resilience and several psycho-social variables, such as emotional intelligence, locus of control, forgiveness, and other factors such as parents' financial status, birth order, and the number of siblings. We also examined how Locus of Controlled, emotional intelligence, and forgiveness varied by gender. With the participants' consent, 430 university students from Lahore, Pakistan, participated in this co relational study using a purposive sampling technique and four self-reported questionnaires. Analyzing the data using SPSS-V25 was the initial stage, according to 400 valid responses. Significant determinants of resilience are mental ability and its components, including forgiving dispositions (self and others included), an internal locus of management, birth order, and the numbered siblings. Curiously, there were no observed gender differences in the following areas: problem-solved abilities, flexibility, self-regard, interpersonal skills, the forgiveness of oneself, an inside sense of control, and resilience. The presented study effectively examined many psycho-social components of resilience. In order to help kids develop the resilience necessary to handle the stresses of daily life, the study recommended that educators and healthcare providers zero in on specific aspects to address.

Johnson (2022) analyzed Role of Faith or Spirituality in Promoting Resilience among At-Risked Adolescents in the Halifax Metropolis Region" was the focus of the

presented empirical study. Five young women, aged 19 to 25, participated in the research; four were African Nova Scotian descent, and one was of Filipino Nova Scotian descent. Methods such as purposive and snowball sampling were used to recruit them. The study's participants all hail from low-income areas of the HRM and either worked full-time or enrolled in higher education. The research was conducted within the framework of a phenomenological approach. In ordered to theoretically analyze the results, Bronfenbrenner's Social Environmental model was employed. Data was analyzed using thematic evaluation and in vivo coding. The findings pointed to the importance of religion and spirituality in assisting troubled kids in overcoming their challenges. It was also evident from the results that these young people's resilience was due in large part to the positive influences around them, including parents, siblings, friends, religious leaders, and members of church members evaluated the post-traumatic growth and resilience of medical students attending a medical school near an early COVID-19 epicenter. Medical students at the Icahn School of Medicine at Mount Sinai in New York City took part in a survey on a variety of stressful life situations, including COVID-19, between October 29, 2020 and December 1, 2020. Identified the resilience techniques medical students frequently use to deal with stressful situations. Among these were exercises in cognitive flexibility and, depending on guidance from a moral compass, creating a network of supportive social connections, in contrast to students who believed that other issues, such as family issues, were more stressful than COVID-19, those who felt that this was the most stressful thing that had ever happened to them.

Peer's (2021) research uncovered three characteristics that could reduce resilience: individual, familial, and community. A unified model of resilience-modifying

variables was developed, proposing a superior environmental component understood as social weather of support. Both the physical dangers children faced and the breakdown of societal norms that should foster their growth magnified during times of war and armed conflict. To help children adjust and thrive, policies should be based on creating a socially supported climate, which could guide the execution of services and resilience-based programs that do more than just strengthen individuals' abilities; they should also work to strengthen local communities, schools, and families. The focus of future studies should move from individuals to systems, emphasizing the interconnectedness of the individual, family, community, and society from a socio-ecological perspective.

Finstad (2021) examined the factors favorably linked to health promotion, pandemic prevention, and COVID-19. According to the review's findings, resilience was connected with higher levels of job engagement, personal total happiness, life satisfaction, and happiness at work. Some suitable coping mechanisms include a positive outlook on the problem, supportive peers, independence, and caring for one. Researchers discovered that healthcare personnel's length of customer service, risk knowledge, and self-confidence all had a role in their recovery from trauma.

Ikizer & Ozel (2021) the only resilience domain that showed a significant correlation with every growth domain was the tendency toward spirituality. Except for the appreciation of life subscale, all Post Traumatic Growth Inventory subscale scores were substantially correlated with the overall resilience score. Findings showed only linear correlations between the resilience domains and **PTG** in the research sample. A research project was undertaken involving 331 university students who had experienced a terrorist incident in Turkey within the 18 months preceding the data

gathering phase. Participants completed the Connor-Davidson Resilience Scale, the Post Traumatic Growth Inventory, and a form containing personal information. To examine the connection between **PTG** and resilience, researchers employed correlation analysis, regression analysis with linear and quadratic components, and standard regression analysis. The findings revealed a positive association between **PTG** and resilience.

Vostanis (2020) studied low-income nations like Pakistan, where children in care faced numerous risk factors. The purpose of this study was to analyze the mental health issues and post-traumatic growth symptoms reported by 132 children residing in three different care facilities in Pakistan, ranging in age from nine to nineteen years old. In addition to significant post-traumatic growth, children reported high frequencies of standard mental health symptoms (43.94%) and post-traumatic stress disorder (70.45%), all of which were within the clinical range. The significance of comprehending elements that foster post-traumatic development and resilience, as well as the high rates of anxiety and depression within children in institutional settings, is underscored by these results.

Hassanin (2019) studied that Egyptian orphans had primarily concentrated on these shortcomings and difficulties. Nevertheless, highlighting these young people's skills and abilities might have been more effective and empowering. During adolescence, when Egyptian orphans were forced to leave their homes and institutions, it was crucial to comprehend how to empower them and help them overcome the obstacles that lay ahead. This was especially true when considering the stigma they would encounter as they sought a life partner, a job, and independence. This study used the Child and Youth Resilience Measure—Arabic validated version—to evaluate the

resilience leveled of orphaned youths residing in institutions aged sixteen to twenty-one. To further understand what ticked the resilient youths, we questioned those with the highest scores on this measure. The average resilience score of the 41 youths surveyed was 48.68, suggesting a strong level of resilience.

Özçetin and Hiçdurmaz (2019) 89 adult cancer survivors aged 25 and older from two oncology centers participated in a randomized controlled trial. Using a random number table, subjects were divided into two groups: the experimental cohort (n = 45) participated in ten sessions of a structured empowerment programme, whilst the control cohort (n = 44) received conventional care with no additional interventionsData were collected using the Post Traumatic Growth Inventory and the Resilience Scale for Adults.The experimental groupperformed the control group in ter ms of posttraumatic growth and resilience at the end of the program and a month later

Kewalramani (2018) observed the relationship between academic performance, happiness, self-efficacy, and perceived social support. This study examined the relationship between teenage academic performance and satisfaction, self-efficacy, and perceived social support because there was a lack of studies on the Indian population. Examining how students' levels of self-efficacy, satisfaction, and impressions of social support influenced their academic performance was the overarching goal of the research. The researchers in this study used three measures to examine happiness, self-efficacy, and perceived social support: the Oxford Happiness Questionnaire developed by Argyle and Hills, and the scale for the Perceived Social Support of Family and Friends, developed by Mary and Heller. A random sampling of one hundred ninth-grade females from Lucknow was conducted. While parental involvement affected children's academic performance, the results did not reach

statistical significance for self-efficacy, happiness, perceived social assistance from friends, or perceived social support from peered. Conversely, there was a positive link between self-efficacy, happiness, and perceived social support, suggesting that issues with one measure would naturally impact the other two.

Kang et al. (2018) this study a sample of 227 people was chosen from six emergency centers in China. The 10-item Connor-Davidson Resilience Scale employed the instruments, the Social Support Rating Scale (SSRS) and the Post Traumatic Growth Inventory (**PTG**I). Indirect effects were analyzed using bootstrapping and structural equation modeling (SEM). The results showed that each participant's average V**PTG** score was 68.96 (SD = 15.51). Resilience was significantly impacted directly by social support and by V**PTG**, and significantly impacted directly by V**PTG**. Furthermore, through resilience, social support had a substantial indirect impact on V**PTG**.

Murad and Aziz (2017) the purpose of this research is to ascertain how traumatic experience, resilience, and post-traumatic growth relate to young adults living in the Gaza Strip. Four hundred secondary school students from the seven directorates of the Gaza Strip made up the sample: 200 were female, and the remaining 200 were male. The range of ages was 15 to 18, with a mean age of 16.67. A cross-sectional design that was descriptive and analytical was used. The data was gathered using four instruments: Study subjects included young Gazans who completed the DSM-IV-TR **PTSD** checklist, the Gaza Traumatic Experiences checklist, the Post Traumatic growth inventory, the resilience scale for adolescents, and the association between resilience, **PTSD**, and Post Traumatic growth. The young people's resilience and **PTG** levels were above moderate, and they displayed moderate to severe **PTSD** symptoms.

Bhat (2017) sought out the nature of the correlation between resilience and general self-efficacy (GSE). Approached and Content: The study's sample included 300 youngsters in institutions in Kashmir who had experienced trauma. A self-efficacy measure called the GSE was used, while a resilience measure called the Wangled & Young scale was employed. An individual's belief in their abilities to overcome challenges was a key component of resilience, and research supported this idea. To govern the functioning of humans and cognitive satisfaction, one must have an apparent self-evaluative belief: To aid in the creation of interventions that promote resilience in children, it was necessary to identify constructs like self-efficacy that were related to resilience and to determine the exact nature of the function that self-efficacy played in created resilience.

Boullion et al. (2016) investigated positive psychological factors that might protect against the negative impact of being subjected to a natural calamity. One hundred and twenty volunteer participants self-reported their post-growth (**PTG**), social support, resilience, and sense of meaning in life. Important variables related to these protective effects were social support, the existence of meaning, and the pursuit of meaning. Gender, ethnicity or race, religion, and resilience. All significantly contributed to the remaining variance in **PTG** scores after accounting for the amount of property damage.

Singh (2016) examined resilience as a concept and specifically looked at the psychometric characteristics of a recently created scale. First, the chapter provided a high-level overview of resilience and how it fits into theories of human development. Next, it focuses on various resilience-related topics, including demographic variables' roles as predictors and correlates, resilience risks and protective factors, and more.

We looked at the resilience scales other researchers had built and verified. After that, the chapter shifted gears to detail the steps used to create and validate the authors' owned resilience measured. The English and Hindi versions comprehensively explained each test construction process step. The recently created scale and its context were the focal point of the chapter's final discussion.

Rayna Sadia's (2016) by investigating the relationship between life satisfaction, resilience, and wisdom among the elderly—including those who are still living at home with their families and those who are dwelling in institutions—research aimed to close a knowledge gap on Pakistani society. The findings indicated a favorable relationship between resilience and life satisfaction and knowledge in older adults. Compared to people who live alone, those who live with their families tend to be wiser and happier. Resilience is established as a buffer between intellect and life satisfaction in older adults who live with their families. Conclusions and suggestions were based on gerontological research similar to this one.

Vieselmeyer(2016)examinedstudents' traumatic stress disorder (PTSD) inorder to inve stigate resiliency.PTG and PTS are strongly correlated; those who are grateful can tra nsform PTS into PTG, and resilience and thankfulness can lessen the negative impacts of trauma.

Bulik & Kobylarczyk's (2015) study was to examine the coping strategies on the relationship between traumatic growth and resilience in a paramedic group. Materials and Procedures Data from eighty paramedics who had gone through traumatic experiences at work were analyzed. Participants' ages ranged from 21 (mean: 35.47, standard deviation: 10.21) to 67. The Mini-Cope Inventory to Measure Stress Coping Strategies, the Assessment Resiliency Scale, and the Post-traumatic Growth Inventory

were used in the study. Results According to the connection analysis, readiness serves as a bridge between post-traumatic growth and resilience, whereas ignoring or expressing one's feelings are suppressors. In conclusion, the development of post-traumatic growth requires problem-focused and avoidance techniques.

Solara Calderon (2013) studied resilience, Depression symptoms, **PTSD**, and other mental illnesses that can emerge after the brain's structure and function are significantly altered by stressful life experiences, trauma, and chronic adversity. Nevertheless, most people do not get sick despite going through tough times. Thus, they are believed to be robust. Comprehending the factors that give rise to stress is crucial for resilience since effective adjustment hinges on reacting suitably to societal obstacles and ultimately fending off their negative consequences. This review focuses on recent findings regarding genetic, epigenetic, developmental, psychological, and neurochemical components—all considered important factors in developing resilience.

Additionally, the neural pathways and circuits that mediate resilience are covered. Our increasing knowledge of resilience components should pave the way for the creation of novel psychological and pharmaceutical interventions that can boost resilience and lessen the impact of adverse outcomes.

Botterill (2013) surveyed the term "resilience" and has found extensive use in Australian public policy discourse, spanning topics as varied as drought policy, the state of mental fitness within the Australian Defense Force, and the country's economic performance in the wake of the worldwide economic downturn. This paper surveys the meaning of "resilience" in scientific and social science publications. One major take away from this study is how subjective the term is; it has multiple

meanings depending on the circumstances and can elicit entirely different responses from different people. Given the term's pliability, using it in policy discussions without precise definitions could be politically dangerous.

Rutter (2012) analyzed the idea of resilience because humans react very differently to different types of environmental stresses. Proof that some people fare better than others after enduring similar hardship gives rise to the concept of resilience. What is more, adversity can have a "steeling" effect on how we react to future stress or hardship, making us more sensitive to its effects or more resilient overall. Reviewing the research on "steeling effects" in animals and people follows a critical note about the necessity of "natural experiments" to determine whether environmental factors mediate risk. The results of the gene-environment interaction are taken into account, and it is observed that there is some proof that the genetic factors relate to the susceptibility to all environments, not only harmful ones. In this review, we look at life course impacts through the lens of the evidence for turning point effects linked to opportunities and coping-enhancing experiences. The research implications and the substantive findings are highlighted as characteristics that promote resilience.

Brooks's (2012) research on resilience is relatively young, having begun only around half a century ago. In the beginning, there were not many people making a living studying this phenomenon, and the field of investigation was not very large. According to ***Michael Rutter's 1987*** observation, the discipline did not primarily seek out factual occurrences but "for the developmental and environmental mechanisms associated with protective processes". Both the components that insulate and protect and the mechanisms by which they do so were and are of interest. Research on resilience has traditionally targeted at-risk groups, emphasizing at-risk youth who

have shown resilience in the face of adversity, whether emotional, developmental, economic, or environmental ***(Rutter, 1987).***

Herrman (2011) surveyed Strive to prevent the abuse that was and other extreme strains that many adults and children face daily. Mental health professionals, including psychiatrists, should also consider how to best support individuals who have had great hardship at any point in their lives. A solid grounding in the concepts and vocabulary used in the expanding field of resilience research is an essential first step in this direction. In this article, we look at what resilience is, its definition, and what elements are thought to contribute to it. We also think about what this means for public health and clinical care. One definition of resilience is the capacity to adjust positively to stressful situations and continue or improve one's mental health despite them. The sources of resilience are examined, including human, biological, and environmental or systemic factors, as well as how these interact with one another. What makes homeostasis or resilience better or worse can be shown in an interactive resilience model.

Manyena (2006) analyzed the time the Hyogo Framework for Action 2005–2015 was adopted; the disaster risk reduction program consistently included the interconnectedness of disaster recovery and resilience in impacted communities. Communities' abilities to "bounced backed," or recover with minimal outside help, after a calamity received more and more focus. This showed how the catastrophe reduction culture needed to shift to prioritize resilience over needed and vulnerability alone. However, different ways of thinking about resilience brought up fresh philosophical questions. However, getting everyone to agree on the idea was still challenging for intellectuals and researchers studying disasters. This article examined

the idea from several angles, including problems with definition, vulnerability's function and means in resilience discourse and the distinctions between the two. Ultimately, it reviewed some of the more apparent ways resilience thought changed our perspective on and approach to disaster preparedness.

Agaibi (2005) examined post-traumatic stress disorder **(PTSD)** and resilience to trauma, drawing on existing studies. The process of changing one's behavior to endure and bounce back from extreme stress and trauma is complex and multifaceted. A thorough Person × Situation model that explains the interaction between five categories of parameters—personality traits, affect regulation, dealing, ego defenses, and the ability to use and mobilize resources and protective factors to aid in coping—is constructed using the literature.

Johnson's (1999) research offered a description supported by research on childhood resilience: the ability to adjust successfully in dealing with difficult or risky events. Rutter suggests that the expression represents "the positive pole that represents the pervasive occurrences of individual variance in the way people respond and as well as adversity". Looking at works such as **Comprehensive Training for Assuring Resiliency in Learners (1996), Wang (1995), and the author (1991, 1993; Winfield, 1994),** we will concentrate on the ways the concept of resilience has been applied in educational literature. While the study under review does a good job of breaking down the concepts of risk and adaptability, the report concludes by calling for more research in this area. Future research especially that aimed at implementation should be guided by three basic notions. Researchers should first think about the community in which their study is taking place; secondly, they should follow a set of ecological guidelines that are both theoretical and practical ***(Bronfenbrenner, 1979);***

thirdly, they should anticipate that adults and children may have different understandings of the key ideas.

Sroufe (1993) investigated that families and children at high risk are used to resilience, defined as the capacity to acquire competence in the face of overwhelming or chronic adversity. An organizational developmental viewpoint is the guiding light of the study. We think of resilience as a skill that grows over time in response to interactions between people and their environments rather than something innate. In this study, we look at resilience-related factors via the lens of this transformational process. Children who have endured poverty, familial stress, or abuse can benefit from emotionally responsive caring by mitigating the consequences of high-risk environments and fostering positive transformation, according to our research. There is a discussion of what these discoveries could mean.

Literature review of Post Traumatic growth (PTG) and Emotional Intelligence:

Briones, Decatoria, and Caballero (2023), resilience and post-traumatic growth have a significant correlation, while resilience and emotional intelligence do not, according to structural equation modeling (SEM) results. This shows that resilience can be predicted by post-traumatic stress disorder, albeit only somewhat. Furthermore, individuals who spent more time in the rehabilitation centre and were older also showed lower levels of resilience, while those who had more children showed higher levels of resilience.

Gottfredson & Becker (2023), the purpose of this paper is to present psychological trauma as a rational explanation for why people's capacity EI varies. The first step involved using brain lesion research to determine which brain regions and functions

are essential for emotional intelligence. Then, studies from the fields of neuroscience and psychology were given, showing how psychological trauma negatively affects the parts of the brain that are essential for emotional intelligence. Focusing on the psychological components of trauma and finding that EI has significant theoretical and practical implications, we are open to the possibility that variations in EI are not just caused by brain lesions and psychological trauma.

Sultan, Hussain, &Rafiq (2023). This co relational research aimed to explore and understand the connection between emotional intelligence and social adjustment, as well as examine how parental bonding influences this relationship. Data was gathered from a convenience sample of 400 university students using three instruments: the Social Adjustment Scale, the Parental Bonding Instrument, and the Trait Emotional Intelligence Questionnaire. The results revealed a strong correlation amongst emotional intelligence, parental attachment, and social adjustment. Moreover, the findings indicated a significant association between parental bonding and the various subscales of social adjustment. The study also demonstrated that parental attachment acted as a mediator in the relationship between emotional intelligence and social adjustment.

Yashashree and Jadhav (2023) measured and analyzed the emotional intelligence and discomfort level of musicians and performers. According to scientific research, those who are creative tend to be more emotionally sophisticated than the average person. The purpose of this study was to determine whether emotional intelligence and the frequency of emotional distress in the performing arts are related. There were 120 participants in this study, 60 of whom were painters and 60 of whom were musicians. Out of the sixty performers, thirty were actors, ten were mimes, and

twenty were dancers. Among the musicians were thirty composers and thirty instrumentalists. To evaluate the two groups, researchers employed the Kessler Psychological Distress Scale (originally published in 1994 and revised in 2001) alongside the Trait Emotional Intelligence Questionnaire—Short Formed (released in 2009).The two sets of data were compared using an independent sample t-test. The findings demonstrated that there was no statistically significant relationship between mental agility and emotional distress for either group

Tang, Y., &Xu (2022) examined Chinese teens' five-month follow-up on emotional regulation (ER), self-esteem, positive test scores (PTG), and perceived emotional intelligence (EI) during the COVID-19 epidemic. One month after China's nationwide shutdown, 2900 participants filled out the validated tests that assessed their perceived emotional intelligence and PTG. Five months later, 1609 of them participated in the study. Subsequently, structural equation modeling (SEM) was employed to investigate the relationships amongst the variables. In line with expectations, the subsequent survey revealed that initial perceived emotional intelligence (EI) was predictive of post-traumatic growth **(PTG),** emotion regulation (ER), and self-esteem outcomes. Moreover, the SEM analysis revealed that ER and self-esteem significantly mediated the association between EI and **PTG.**

***Sadeghpour (2021*)** a cross-sectional study employing descriptive correlation methods was conducted on 249 patients undergoing haemodialysis in Ardabil, Iran. The research aimed to examine the association between emotional intelligence and post-traumatic growth. Results revealed a strong link between these two factors, both directly and indirectly through coping mechanisms. The study found that emotional

intelligence and coping strategies were directly associated with post-traumatic growth, accounting for 38% of its variance

Amrita (2022) stated that despite its seeming familiarity and prevalence, the abstract capacity known as intelligence defies precise definition. The studied of mental abilities was an ever-grew and changed field. As part of the concept of multiple intelligences, there was intrapersonal intelligence, which pertains to one sound feeling and intentions, and interpersonal intelligence, which involves comprehending the feelings and intentions of other people. This study set out to determine how listening to music affected participants' IQ, EQ, SI, and resilience leveled, as well as the impact of music on these various forms of intelligence. Intriguingly, despite its seeming familiarity and prevalence, the abstract capacity known as intelligence defies precise definition. The studied of mental abilities is an ever-grew and changed field. As part of the concept of multiple intelligences, there is intrapersonal intelligence, which pertains to one's feelings and intentions, and interpersonal intelligence, which involves comprehending the feelings and intentions of other people. This study set out to determine how listening to music affected participants' IQ, EQ, SI, and resilience leveled, as well as the impact of music on these various forms of intelligence.

Thomas and Zolkoski (2020) this research aimed to examine the relationships between emotional intelligence, resilience, emotion regulation strategies, and perceived stress levels amongst a cohort of university undergraduates. A total of 277 students, predominantly female (71%) and Caucasian (55%), completed four assessment tools: the Emotion Regulation Questionnaire, Brief Resilience Scale, Perceived Stress Scale, and Brief Emotional Intelligence Scale Path analysis found resilience as a negative predictor of felt stress. Furthermore, resilience to perceived

stress was indirectly improved by the application of cognitive reappraisal. The results showed that emotional intelligence fosters resilience and cognitive reappraisal, indirectly reducing stress. The conclusions drawn from the existing understanding have implications for intervention strategies and increase our understanding of the variables impacting emotional information processing.

Tuck Patlamazoglou (2019) this study investigates the relationship between emotional intelligence and post-traumatic growth. It proposes that emotional intelligence increases following a traumatic event in a manner akin to post-traumatic growth, and that pre-existing levels of emotional intelligence influence subsequent growth. A hypothesis was also put forward suggesting a correlation between enhancements in emotional intelligence and post-traumatic growth. Notably, only individuals with initially low emotional intelligence experienced an increase in this trait after the stressful incident. Some research indicates a connection between emotional intelligence and post-traumatic growth.

Cao & Liu (2015) the study employed a cross-sectional design to evaluate self-reported data. In 2011, a survey was conducted amongst 202 nursing students from Chinese vocational schools, utilising the 10-item Connor-Davidson Resilience Scale, the Post Traumatic Growth Inventory, the Emotional Intelligence Scale, and the Chinese version of the Childhood Adversities Checklist. The research revealed a non-linear relationship between resilience and both emotional intelligence and post-traumatic growth. Notably, the highest growth rates were observed at moderate levels of both variables, indicating that a balanced level of these factors might be beneficial for nursing students.

The goal of the study by ***Imani et al. (2015)*** was to compare the emotional intelligence of veterans with **PTSD** to that of other veterans. For this current causal-comparative study, the purposive Sampling Method was used to select 120 veterans with **PTSD** with chemical injuries who were hospitalized in Sadr, Sassan, and Kowsar Medical Centers alongside regular ex-soldiers. The subjects were divided into four groups: **PTSD**, Chemical, Mutilation, and Normal (n = 30 per group). The Bar-On EQ and Watson's **PTSD** questionnaires were used as research tools. ANOVA and Post-hoc Tukey tests were used in SPSS 19 software to analyze the data. Results Between the groups, there were notable variations in this study found in every domain of emotional intelligence (p=0.001). Furthermore, the **PTSD** group's mean emotional intelligence score was lower than that of the other groups. In summary, Compared to other veterans, those with **PTSD** have lower emotional intelligence.

Shekhar's (2015) research was conducted to assess the emotional management and psychological trauma of Kashmiri children about Jammu children, considering gender. The study included 180 pupils with an age range of 10–13 years old. Of them, 90 belonged to Jammu (45 males and 45 females), and 90 formed Kashmir (45 males and 45 females). A purposive sample strategy was used to pick all of the participants. The Children's Reduced Impact of Incident Scale (CRIES) by Perrin, respectively ***Meiser-Stedman, and Smith (2005***) and the Problems in Controlling Feelings Scale (DERS) by ***Gratz and Roemer (2004)*** were the materials used. Methods for statistical analysis included the mean, standard deviation, and t-test. The results showed that Event Scale (CRIES) and the Emotional Regulation Scale (DERS) varied significantly by gender and by area.

Amrita (2014) surveyed seeming familiarity and prevalence; the abstract capacity known as intelligence defies precise definition. The study of mental abilities is an ever-growing and changing field. As part of the concept of multiple intelligences, there is intrapersonal intelligence, which pertains to one's feelings and intentions, and interpersonal intelligence, which involves comprehending the feelings and intentions of other people. This study set out to determine how listening to music affected participants' IQ, EQ, SI, and resilience levels and the impact of music on these various forms of intelligence. Intriguingly, despite its seeming familiarity and prevalence, the abstract capacity known as intelligence defies precise definition. The scientific investigation of intelligence is an ever-growing and changing field. As part of the concept of multiple intelligences, there is intrapersonal intelligence, which pertains to one's feelings and intentions, and interpersonal intelligence, which involves comprehending the feelings and intentions of other people. This study set out to determine how listening to music affected participants' IQ, EQ, SI, and resilience levels and the impact of music on these various forms of intelligence.

Literature review of Post Traumatic growth (PTG) and self –efficacy

Based on correlation analysis ***Xu, Yang, Liu, and Wu (2023)***. The psychological variables such as self-efficacy and post-traumatic growth also showed a positive correlation. Moreover, found that the association between deliberate rumination and post-traumatic growth was significantly regulated by self-efficacy.

Tang Wanjie's (2023) research shows that having support from others could help people develop more positive mental models and lessen the impact of bad events on their self-esteem. People who felt more substantial social support were more likely to form **PTG**s. More research is needed to clarify the processes in the link between

imagined social support and **PTG**. Theories relevant to the topic suggested that self-efficacy and thankfulness were significant. To begin, thankfulness was a graceful and pleasurable mental trait that had to have done with one's thoughts and feelings. The theory of our appreciation expansion construction states that practicing gratitude could help one grow personally by increasing their awareness of the world around them, increasing their capacity for creative thought and action, and reducing the adverse physiological reactions to negative cognitive emotions. Second, an individual's self-efficacy can be defined as his or her belief in and ability to perform a given activity. According to the self-regulation shifted theory, people who have experienced trauma might benefit from strong social networks because it enhances their belief in their competence to make decisions, their capacity to perceive and evaluate situations, and their capacity for positive mental adjustment and growth.

Jian et al. (2022) examined **PTG** in teenagers as well as the moderating effect that self-efficacy had on **PTG** and **PTSD** symptoms. An online questionnaire measuring exposure to COVID-19, **PTSD**, **PTG**, and self-efficacy was given to 2090 Chinese teenage students. **PTG** was discovered to be shared in 20.6% of the sample, and the correlation between **PTG** and **PTSD** showed a reverse U-shaped curve. It was found that, in contrast to **PTG**, objective exposure factors had a strong correlation with symptoms of **PTSD**. Research also revealed a notable connection between intense fear and symptoms of **PTSD**, but not with post-traumatic growth **(PTG)**. The study indicated a positive correlation ($r = 0.551$) between self-efficacy and **PTG**, with self-efficacy also moderating the relationship between **PTG** and **PTSD.** Individuals exhibiting low self-efficacy were found to be more susceptible to **PTSD.**

Wang & Huang (2022) the study gathered data from 690 valid responses of Chinese university students, utilizing scales for post-traumatic growth, entrepreneurial self-efficacy, pro-social inclination, and entrepreneurial ambition. The sample comprised 245 female and 445 male participants**.** The results demonstrated that post-traumatic growth following COVID-19 will significantly and positively influence college students' aspirations to launch their businesses. Additionally, the results demonstrated that pro-social inclinations and students' entrepreneurial self-efficacy are mediated in a chain. To some extent, students' pro-social behaviors and self-efficacy moderate the relationship between post-traumatic growth and entrepreneurial goals in the post-COVID-19 era. This study offers insightful information about how post-traumatic growth affects college students' aspirations to launch their own companies after COVID-19. It also suggests ways educational institutions can support students' entrepreneurial endeavors by implementing strategies.

Zeng et al. (2021) discovered that **PTG** had both a direct and an indirect effect on creativity through self-assurance. Specifically, the connection between self-efficacy and creativity was weakened by intentional ruminating; the relationship was more potent when intentional ruminating was less frequent. These results give a deeper understanding of the positive correlation between **PTG** and creativity.

Im, Kwak, and Kim Choi (2021) a survey was employed to evaluate the participants' self-efficacy, post-traumatic growth, and health-related quality of life. Data from 115 pediatric cancer survivors was gathered at a Seoul hospital in South Korea between December 2017 and December 2018. The findings revealed a significant positive correlation between general and social self-efficacy, but not between health-related quality of life and post-traumatic growth. Several factors were identified as having a

considerable impact on health-related quality of life, including age, current absence from school, experiencing numerous uncomfortable symptoms, encountering specific daily living challenges, and general and social self-efficacy. The model accounted for 50% of the variance in self-reported health-related quality of life.

Gallagher, Long, and Phillips's (2020) most recent met analysis compiled research on the possible preventive benefits of positive expectancies (such as optimism, hope, and self-efficacy) against the onset of post-traumatic stress disorder (**PTSD**). The databases ProQuest Dissertations and Theses, PsycINFO, PILOTS, and PubMed were searched to locate the articles. The combined results of Positive expectancies were associated with decreased levels of **PTSD** symptoms, according to 154 research. More significant correlations between general self-efficacy, optimism, coping-specific self-efficacy, and hop were discovered in cross-sectional analyses. Analogous results were obtained from prospective trials. Age or gender was not a significant factor influencing the cross-sectional connections.

Hou et al. (2020) found there was a partial mediation, and the impact of self-efficacy on fatigue, as influenced by **PTSD** symptoms, was significant. Over half of the non-frontline healthcare workers reported experiencing fatigue during the COVID-19 pandemic for people who tend to use harmful coping mechanisms; it might be necessary to design programs that combine preventing symptoms of **PTSD**, enhancing self-efficacy, and offering fatigue interventions.

Chang and Kim's (2020) study asses the process of traumatic growth, in particular through cognitive flexibility, the sequential mediating effects of hope, and self-efficacy—a psychological characteristic that is specific to adults who have experienced trauma. For this aim, adults in the United States between the ages of 19

and 65 were given access to an online survey featuring trauma experience. 316 of the data that were suitable for analysis in the research were looked at. The results of the study are as follows. First, self-efficacy, hope, alternative and controllable cognitive flexibility, and post-traumatic growth were positively correlated statistically. Second, it was found that there was a positive relationship between the increased alternative and the hope rise, as well as an increase in post-traumatic growth.

Byra, Ż., & Ćwirynkało (2017) the study aimed to explore the relationship between post-traumatic growth (**PTG**) and coping strategies in mothers of children with disabilities. It included 96 mothers, both of autistic children and those with severe intellectual disabilities. The General Self-Efficacy Scale, Coping Orientations to Problem Experienced (COPE), and the Post-Traumatic Growth Inventory were employed. Regression studies demonstrated that the variability in **PTG** among mothers of challenged children was highly influenced by their coping mechanisms (such as religion and problem-solving skills) and self-assurance.

Mystakidou et al. (2015) conducted research to examine the connection between self-efficacy and post-traumatic growth in advanced cancer patients experiencing post-traumatic stress disorder symptoms. The study involved 115 participants who completed Greek versions of the Impact of Event Scale (IES-Gr), Post Traumatic Growth Inventory (PTGI-Gr), and General Perceived Self-Efficacy Scale (GSE). Significant statistical correlations were found between the PTGI-Gr score, intrusions, patient performance status, and the GSE score. Multiple regression analysis revealed that the PTGI-Gr score and intrusions influenced self-efficacy. The findings suggest that intrusions and post-traumatic growth are two key factors affecting self-efficacy in advanced cancer patients**.**

Kashani et al. (2014) study is to clarify the functions that the psychological self-efficacy and perceived social support have in **PTG**. The research was co relational. To this end, 95 cancer patients who visited the Mehraneh Charity Institute in Zanjan, the Vali-e-Asr Hospital in Zanjan, and the Shohadaye Tajrish Hospital in Tehran in 2012 were selected using the available sampling techniques, and their **PTG**, self-efficacy, and perceived social support were evaluated. The data analysis findings utilizing correlation and simple and multiple regression analysis showed that the **PTG** variable in cancer patients is directly and significantly correlated with self-efficacy and perceived social support, which account for 20.7%, 10.6%, and 13.5% of **PTG** variations, respectively. The study's findings indicate that self-efficacy and perceived social support play a significant role in PTG, and these psychological constructs can be utilized to develop improvement strategies.

Yi, M., Cha, & Ryu (2014) Involved fourteen breast cancer patients in a longitudinal pilot study on breast cancer prevention education. The information was gathered in 2013 between February and August. The self-efficacy for managing post-traumatic growth, depression, and breast cancer was assessed using self-report questionnaires at pre-education (T0), one-month (T1), three-month (T2), and six-month (T1) post-education. A generalized estimating equation regression model was used to determine the effects. Results: There was a statistically significant increase in self-efficacy scores compared to T0.

A national random sample of Israel was used to analyze data from 806 Israeli adults who had been exposed to terrorism by ***Hall et al. (2010)***. Throughout the six months, depressive symptoms and post-traumatic growth remained stable at generally good levels. **PTG** was associated with female gender, lower educational attainment,

exposure to recent terrorist acts, a more significant loss of psychosocial resources, increased social support, and an increased sense of self-efficacy. **PTG** consistently predicted PTS in hierarchical linear regression models that looked at variables like personal resources, stress, or demographics that could moderate the relationship between **PTG** and PTS. For people who differed in terms of age, sex, ethnicity, education, religion, and exposure to terrorism, as well as in terms of self-efficacy and stressful life events unrelated to terrorism and loss of financial and psychosocial resources, **PTG** did not correlate differently with PTS. The welfare of any of these subgroups was unaffected by **PTG**.

Leary (1985) examined diverse aspects of health behaviors; this article summarized the results of multiple study lines. Patients' assessments of their capacity to manage specific domains of functioning constitute perceived self-efficacy. According to convergent evidence from other fields of study, changes in perceived self-efficacy modulate the impact of psychological treatments on health behaviors. Various types of health behaviors, including relapsing between attempts to quit smoking, managing pain, maintaining a healthy weight, recovering from a myocardial infarction, and following through on preventative health programs, are significantly influenced by perceived self-efficacy. Our findings highlight the significance of perceived self-efficacy as a cognitive component impacting health.

Albert (1982) studied self-efficacy mechanism. The principles of SEM impact how we think, what we do, and how we feel emotionally. Higher levels of self-efficacy are connected with lower levels of emotional arousal and higher levels of performance accomplishment in causal tests. Based on the various studies that were looked at, the SEM could have much explanatory power. An individual's level of emotional and

physiological reactions, the extent to which they can self-regulate refractory behaviors, their level of resignation and despondency in the face of failure, their level of perceived self-efficacy, the impact of proxy control and illusions of inefficacy on their ability to cope, their level of interest in and pursuit of professional goals, and their level of perceived self-efficacy all play a role in explaining these and other diverse phenomena. Perceived collective efficacy and the social factors that foster its growth are examined, along with the significant significance of perceived collaborative efficacy in social transformation. p ref = 2½

Bandura (1978) analyzed the proponents of self-efficacy theory; many influenced shaping coping behaviors by establishing and reinforcing beliefs in one's abilities. This theory proposed multiple channels via which one's sense of efficacy influences their actions. It affects the kinds of things people do and the places they choose places they choose to do them. A person's trajectory through life could have been significantly impacted by anything influencing their decision-making process. People who avoided opportunities to grow and learn were less likely to realize their full potential and were more likely to harbor negative beliefs about themselves that they could not alter. People's self-perceptions also dictate the amount of effort they put in and how long they persevere when faced with challenging challenges. Because competencies and knowledge are acquired via consistent work, anything that makes people give up easily could restrict their potential.

Literature Review of Gender Differences

***Castle, Gerard, and Soto-Ferrari (2021*)** incorporated strategic management simulations in our senior-level courses because students need not quickly get top

management decision-making experiences. Data from students also revealed that equal opportunity in simulation usability as well as in gender was perceived by women as being influenced by the perceived easiness of the simulation application used or fairness in testing as compared to men. Before competition-simulation play, women reported lower self-confidence in their expected performance than men. Several types of social milieu and learning-based scaffolding techniques aimed at enhancing self-efficacy before competitive play failed. Some possible conclusions about women's preparation and motivation for managing and decision-making are discussed. For new and existing teachers' simulations, we propose changes in hope and design to attract women and diversify the leadership style beyond traditionally related to the masculine type.

Alamdar & Zhang (2018) millions of people suffer from natural disasters in various world regions. Such experiences of the survivors extend mental anguish to the loss of a loved one, broken things, accidents, and deprivation of necessities. However, there are differences in how individuals deal with trauma; in addition, they experience a beneficial transformation known as "post-traumatic growth*" **(Kleim & Ehlers, 2009).*** Researchers' findings on this growth form are conclusive; it can occur in both male and female survivors.

Help-seeking behavior is about how a person communicates in search of help or treatment from others, including professionals, informally or formally. There are a few trends evident from the research on HSB. Young people, specifically females, look for help informally before going formally for help, while males, on the other hand, do not seek help at all. No prior literature exists on gender roles in help-seeking behavior and **PTG** in natural disasters. Therefore, this review article aims to

contribute to closing this gap in the literature. This will also reveal a part that gender can play whenever a person needs help to cultivate aspects like **PTG** and will assist other professionals in formulating intervention strategies for males or females depending on what works best**.**

Mokhlesi, A. (2018) survey of Gender Differences Students' Emotional Intelligence and Learning Behavior among Children. The males score higher in learning behavior than girls, according to the results obtained in the studies. On the other hand, the study does not reveal any sex differences in self and other ratings of emotional intelligence, and it is every aspect.

Khan and. Nauroze (2018) explored the sex differences in the university students' prominent five personality characteristics and self-emotional intelligence. As it has been established, there was no gender difference in any of the variables used in the study.

Mwangi and Ireri (2017) this research aimed to find out how male and female students differ in academic hardiness and performance in secondary school learners in Kiambu County. From the above article, it is clear that the type of research design used in the study was descriptive and co relational. We had 130 from three students in our sample. To be precise, we had 390 students. In data collection, a demographic form and CHKS-Module B version were used. Based on the formulated hypothesis, it was expected that students' gender would not create a mean difference in academic resilience. This was done through the use of the independent samples t-test. Pre-resilience analysis indicated that mean academic resilience scores for boys and girls differed statistically significantly. The suggestions included the need for appropriate

intervention programs focusing on boys to enhance their academic hardness and operational capacity.

Rzeszutek, Oniszczenko, & Firląg-Burkacka (2016), the primary aim Therefore, of the current investigation was to determine gender differences in the PTSSs and **PTG** interaction, which was thought to be the explanatory variable among 250 HIV-positive Polish participants, taking into account the participants' age and the amount of time since their diagnosis as covariates. The Polish version of the Post Traumatic Growth Inventory was utilized to evaluate the **PTG**. The Self Esteem Inventory test was used to gauge self-esteem, while the **PTSD** Factorial Version Inventory was used to gauge PTSSs. Specific **PTG** dimensions (spiritual change) and PTSS dimensions (intrusion/arousal) had a primary influence on PTSSs for women living with HIV. Additionally, the PTSSs that happened had an inverse relationship with **PTG** level, although they were only significant for women who tested positive for HIV.

Based on the importance of positive aspects of **PTG** for HIV-positive individuals' health, further development of competencies for effective promotion of the growth among these individuals should be built, considering the gender aspect within this phenomenon.

Jin, Y., Xu, J., & Liu, D (2014) the study involved 2,300 earthquake survivors with **PTSD** and **PTG**a year following the Wenchuan earthquake in 2008. The purpose of this study was to compare the impact of gender on **PTG** and **PTSD** subgroups as well as to determine the link between **PTSD** and **PTG**. The data was gathered using both questionnaires and the stratified random sample approach. The **PTSD** Checklist-Civilian was used to diagnose the **PTSD**. On the other hand, the Post Traumatic Growth Inventory was used to evaluate **PTG**.

While the first phase of the survey engaged 2,300 participants, 2,080 participants responded to the last questionnaire, giving it a 90 per cent response rate. 4 %. Univariate analysis of variance (using a between-subjects design) was conducted to compare the two groups of participants to establish the gender differences in the two groups of **PTSD** and **PTG**. Much has been written about earthquakes and for one year after the earthquake, 40.1 and 51. For **PTSD**, 1% of the survivors said yes, while for **PTG**, the percentage figure was also at 1%. Consequently, it has been ascertained that **PTG** had an outward correlation with **PTSD** with the help of a simple correlation test. The results further of the **PTG** and **PTSD** variance analysis that was conducted concerning the female and male subgroups indicated that the impact was higher among women compared to men.

Pandit, Raina, and Abhyankar (2012) in a study on sex and emotional intelligence as antecedents of adolescent problem behaviors. Gender and adolescent problems have negative relationship, meaning that female students go through few problems compared to male students. From the above findings, it can be deduced that there is a negative correlation between EI and youth problems, meaning that as the level of EI rises, the cases of youth problems drop. Thus, emotional intelligence, assessed by the two components, self- and other-emotional appraisal, was less influential in predicting youth problems than gender.

Vishnevsky et al. (2010) to investigate gender variations in post-traumatic growth, a meta-analysis was carried out, with particular attention to the direction and extent of these variations. A slight to significant gender difference was found in the analysis, which comprised 70 research with 16,076 individuals overall. Women reported higher degrees of post-traumatic growth than men. Three studies underwent moderator

analyses to determine the causes of these variations. The sample's mean age, the particular measuring instruments employed, the type of stressful incident, the language of the assessments, and whether the sample was made up of college students, community residents, or both were among the moderators that were looked at. Age was the only significant moderator found, and the results showed that women reported higher degrees of growth following traumatic experiences.

Bindu and Thomas (2006), in working on Gender Differences in EI the analysis carried out showed that the two gender groups were significantly differentiated in terms of the mean values on all the variables and the pattern of between-variable relations.

SIGNIFICANCE OF THE STUDY

The present investigation is important for several reasons. First, it extends the **PTG** literature by presenting empirical data collected in a conflict area, which is relatively under-investigated in psychological science. Secondly, by pointing out that resilience, self-efficacy and emotional intelligence are the predictors of **PTG**, the results can be used to design essential psychological interventions and support programs to enhance the level of these traits in youths exposed to conflicts. Further, it assists in assessing gender differences in these predictors to enhance the effectiveness of interventions if developed. Finally, it is helpful for the policymakers, academicians, and mental health workers engaged in teaching and other related service in the Kashmir region to understand the psychological awareness and aspirations of the area's youth.

RESEARCH GAP

Post-traumatic stress disorder (PTSD) and post-traumatic growth (PTG) are two potential psychological reactions to trauma that have been recognized by studies more and more in recent decades ***(Tedeschi & Calhoun, 2004).*** PTG represents constructive psychological improvements that can take place in the same setting as PTSD, which represents the upsetting aftermath of trauma. However, little is known about how personal protective variables, specifically resilience, self-efficacy, and emotional intelligence (EI), affect PTSD and PTG results at the same time.

Numerous studies concentrate on specific characteristics, like resilience or emotional intelligence, without taking into account how these factors interact or affect trauma results as a whole. For instance, ***Pérez-Fuentes et al. (2024)*** did not evaluate resilience or self-efficacy as joint factors, but they did find that emotional intelligence predicted higher PTG and lower PTSD symptoms among breast cancer survivors. Similarly, ***Zhou et al. (2024)*** demonstrated that resilience moderated the association between Chinese students' fear of COVID-19 and PTG; however, PTSD symptoms were not investigated.

Few studies examine how emotional and cognitive strengths influence these multiple outcomes simultaneously, despite evidence that PTSD and PTG can co-occur ***(Pat-Horenczyk et al., 2023).*** In their research on Turkish earthquake survivors, ***Özdemir & Mızrak (2023)*** found that meaning-making and resilience were important predictors of PTG; however, they did not include PTSD in their model.

Although self-efficacy has been demonstrated to reduce PTSD symptoms and enhance coping ***(Benight & Bandura, 2004),*** little research has been done on how it works in

tandem with resilience and emotional intelligence to predict both PTSD and PTG. For example, ***Lu et al. (2022)*** did not evaluate PTSD or EI, but they did find that resilience predicted PTG through coping and self-efficacy in COVID-19 caregivers. There is limited research published on post-traumatic growth, mainly synthesizing resilience, self-efficacy and emotional intelligence as interrelated factors. Knowledge of how these factors interact can help in getting a better appreciation of how people can recover psychologically after experiencing such a traumatic event. For this reason, developing more complex, embodied and multifaceted intervention strategies constitutes a decisive facet of this integrated approach

There has been little research done on culturally varied or non-clinical trauma-exposed individuals, such as students, refugees, or catastrophe survivors in Asia and the Global South. There is a lack of theorizing on the possibilities of developing psychological resilience and growth of youth in conflict areas such as Kashmir. Non-clinical, culturally varied populations are not included in the majority of trauma and PTG studies, which are based on Western clinical populations or veterans of war. ***Pat-Horenczyk et al. (2023)*** focused on Israeli trauma survivors. Though very few research examine these dynamics in young adults or students in South Asian or Middle Eastern contexts, ***Lu et al. (2022)*** worked with Chinese caregivers. The majority of the current research in **PTSD** and post-traumatic growth has been conducted on Western subjects. Therefore, its results may not generalize to non-western contexts in conflict-affected countries. This geographical bias is why more work must be conducted across a range of cultural contexts in order to identify an understanding of these constructs globally.

Studies comparing males and females regarding resilience, self-efficacy, and emotional intelligence have been done; however, there is a scarcity of literature indicating how these differences present themselves in a population of traumatized individuals, especially in conflict-affected areas. Many existing interventions have centered on global or specific contexts like school or work setting while excluding young people from conflict areas. Examining these gender differences during times of trauma and instability will help design gender-specific interventions.

Research conducted on resilience improvement, self-efficacy, and emotional quotient does not consider the culture and the environment and often is inapplicable to the conflict areas such as the valley of Kashmir. However, such programs lack a focus on these specific contexts and thus require culturally appropriate adaptations to enhance the efficiency and appropriateness of the programs. Therefore, developing and validating such interventions could further strengthen their utilitarian value in Mental Health.

Furthermore, few cross-sectional researches have explored the relationship between resilience, self-efficiency, and emotional intelligence with the **PTG**. To a large extent, previous studies have employed cross-sectional research strategies in examining these constructs and, hence, only describe the associations between these factors. ***Zhou et al. (2024)*** limited understanding of long-term recovery by studying resilience and PTG in kids afflicted by COVID-19 using a cross-sectional design. Because the nature of the change in the processes and structures of these constructs is gradual, the methodological requirement for longitudinal design arises because of the need to examine how all these factors unfold and affect psychological outcomes at different stages of recovery and development.

In summary, key research gaps include:

- This generates the requirement for research exploring hallmarks, such as resilience, self-efficacy and emotional intelligence, among the population in multicultural frameworks, especially in a conflicted region like Kashmir.
- Lack of research in specific gender-defined definitions of these constructs also restricted those who have been through traumatic events.
- Establishing new culturally appropriate and effective programs for youth living in conflict-affected areas.
- Insufficient research on the issue to track these given constructs in the phase of post-traumatic growth.

It is imperative for continued knowledge development in the area of psychologically determined strengths and the personality factors that support trauma-exposed populations in their psychological development processes. It also provides the evidence base for the improvement of intervention and support programs as well as helps early diagnosis and treatment of mental illnesses, leading to better outcomes for youth in such conflicted areas as Kashmir.

The dearth of literature on the given subjects underlines areas that require more study to improve the knowledge of resilience, self-efficacy, and emotional intelligence among young persons in conflict-affected areas such as Kashmir. The nature of the above-mentioned gaps will be addressed in the next chapter about the applied methodological approach for examining the above-said predictors among Youth with **PTSD**.

SUMMARY

The present thesis chapter serves to outline the Review of the literature. First, the chapter focuses on the introduction and meaning of the literature review The chapter focuses on four key psychological constructs: **PTSD**, post-traumatic growth (**PTG**), resilience, self-efficacy and emotional intelligence (EI) as variables that were hypothesized to have an impact on **PTG**. Resilience is the capacity to rebuild after stress, self-efficacy is the believers of an individual to control situations, and EI is the capacity to recognize, understand and cope with emotions. These constructs are important for people to deal with and heal from such traumatic incidents.

This section provides an extensive examination of the scholarly research on several psychological concepts, including post-traumatic stress disorder (PTSD), post-traumatic growth (PTG), resilience, self-efficacy, and emotional intelligence. Additionally, it explores the gender-based differences observed in these areas.

Furthermore, the chapter highlights the study's importance and ramifications for existing knowledge gaps in the field. It addresses shortcomings in current research, particularly the lack of studies focusing on non-Western countries affected by conflict.

In accomplishing these psychological constructs among the youth in the context of Kashmir, the study would help in planning for culturally sensitive interventions compatible with the needs of the youth who have been exposed to traumatic activities in their communities.

CHAPTER 3

AIMS AND OBJECTIVES

BACKGROUND OF THE STUDY

The region of Kashmir, known for its picturesque landscapes and cultural richness, has been a focal point of conflict and strife for several decades. The ongoing stressors had profound psychological impacts on the population, particularly on the youth. One of the significant consequences is the high prevalence of post-Traumatic Stress Disorder **(PTSD).** This condition, which develops after experiencing traumatic events, is characterized by symptoms including flashbacks, heightened anxiety, and persistent, uncontrollable thoughts about the traumatic experience. While the negative effects of **PTSD** have been extensively studied, recent investigations have begun to explore the concept of post-traumatic growth **(PTG)** – a positive psychological transformation that occurs as a result of grappling with extremely challenging life situations ***(Tedeschi & Calhoun, 2004).*** In the Kashmiri context, it is vital to comprehend the factors that promote **PTG** among youth affected by **PTSD**. This research suggests that resilience, self-efficacy, and emotional intelligence are critical factors in predicting **PTG**. Resilience is defined as the ability to bounce back from adversity; self-efficacy refers to an individual's belief in their capability to perform actions necessary to handle future situations; and emotional intelligence encompasses the capacity to identify, comprehend, and regulate one's own emotions as well as those of others.

OBJECTIVES OF THE STUDY

The purpose of the current research is to determine the relationship and degree to which resilience, self-efficacy and emotional intelligence predict **PTG** in the sample of Kashmiri youths diagnosed with **PTSD** and, secondly, to discover whether there

exists gender differences in the mentioned predictors. The specific objectives of the study are as follows:

This research aims to:

1. Examine the connection between resilience and post-traumatic growth in Kashmiri youth diagnosed with **PTSD.**
2. Investigate the link between self-efficacy and post-traumatic growth among young people in Kashmir suffering from **PTSD.**
3. Analyze the relationship between emotional intelligence and post-traumatic growth in Kashmiri youth with **PTSD**.
4. Determine whether resilience, self-efficacy, and emotional intelligence can predict post-traumatic growth in young Kashmiri's diagnosed with **PTSD**.
5. Assess gender-based differences in resilience, self-efficacy, emotional intelligence, and post-traumatic growth among Kashmiri youth with **PTSD**

RESEARCH QUESTIONS:

This study answers the following research questions:

1. **Does resilience, self-efficacy and emotional intelligence significantly predict post-traumatic growth?**

Previous research clearly demonstrates that resilience serves as a protective factor against **PTSD** ***(Ewert & Tessier, 2019).*** In the context of trauma-related growth, it is crucial to examine how resilience influences post-traumatic growth in challenging circumstances ***(Galia, Karole, Kavishwar, Kumta, & Vyas, 2022***). This study aims to investigate the influence of resilience on **PTG** in youth experiencing **PTSD**. The

significance of self-efficacy in trauma recovery is well-established in the literature. Individuals with high self-efficacy tend to employ effective coping mechanisms and exhibit less severe **PTSD** symptoms ***(Bandura, 1997; Benight & Bandura, 2004).*** Prior studies have also shown that self-efficacy plays a crucial role in fostering post-traumatic growth in **PTSD** cases ***(Sehra & Mishra, 2022; Cieslak et al., 2009).*** Additionally, emotional intelligence has been found to positively affect growth following traumatic experiences (***Li., Cao, Cao. Wang, & Cui, 2012; Wild., &Paivio, 2004).*** Based on these findings from previous research, the current study proposes that resilience, self-efficacy, and emotional intelligence are predictors of post-traumatic growth among Kashmiri youth with post-traumatic stress disorder, as stated in Hypothesis-4.l

2. Is there a significant relationship between resilience and PTG in PTSD?

Resilience and **PTG** are interrelated, with numerous studies highlighting how resilience can foster **PTG** in different settings. The concept whereby one can make suitable adaptations in order to effectively handle negative experiences is termed resilience and is often used to link with **PTG**, which is the process of positive psychological change that comes with having dealt kwith some trauma or adversities ***(Berluche,2024; Bitar et al., 2024; Cërmjani & Kelmendi, 2024).***Based on findings from earlier research, the present study anticipates identifying a connection between resilience and post-traumatic growth, as proposed in Hypothesis 1.

3. Is there a significant relationship between self–efficacy and PTG in PTSD?

Self-efficacy and post-traumatic growth (**PTG**) interact in a complex and reciprocal manner with each other in persons with **PTSD**. Research shows that self-efficacy is

another moderating factor in this process regarding trauma and growth ***(Hruska et al., 2023).***Research has demonstrated that self-efficacy partially mediates the extent of PTG, indicating that individuals with greater self-efficacy are more prone to experiencing growth following a traumatic event ***(Park & Hong, 2023).*** Consequently, based on prior research findings, the present study anticipates uncovering a connection between self-efficacy and post-traumatic growth, as outlined in Hypothesis 2.

4. Is there a significant relationship between emotional intelligence and PTG in PTSD?

It is worth mentioning that while, according to the research, **PTG** may be related to emotional intelligence, this relationship may vary depending on the individual and environmental factors (***Zahra, Dhenwal, Singh,& Aasim, 2024; Henson et al., 2022).***

Research has shown a positive correlation between emotional intelligence and post-traumatic growth. Individuals who possess effective emotional self-regulation skills tend to experience enhanced psychological recovery following traumatic *events* ***(Tuck & Patlamazoglou, 2019).*** Consequently, based on findings from prior research, the present study anticipates identifying a connection between emotional intelligence and post-traumatic growth, as outlined in Hypothesis 3.

5. Do the means of resilience, self-efficiency, EI and PTG significantly differ between males and females in PTSD?

Some past comparative investigations have found gender differences in resilience whereby women have more resilience than men within the trauma-exposed population, dependent on age. However, the results are not unanimous ***(Killgore et al.,***

2010). Also, individual characteristics may be the reason for gender differences, including, for example, biological and psychological factors. However, according to other research, specific abilities, such as regulating emotion and empathy, are potentially enhanced in the female gender, making them more stress-resilient ***(Thompson & Voyer, 2014).***

The issue of self-efficacy by gender is an area of the literature that has attracted considerable interest. It has been shown that males generally have been observed to have higher levels of self-efficacy than females ***(Pajares, 2002).***In gender variations on emotional intelligence, it is postulated that women have higher scores in appraisal and experience of emotions as well as female empathy than male counterparts even though males have higher scores in self-regulation and stress tolerance ***(Mandell & Pherwani, 2003).***

The **PTG** literature underlines the point that men as well as women can make significant changes for the better after trauma, and maybe not in the same ways. For example, the female can obtain **PTG** by enhancing emotional self-liberation and making use of social support more actively, which may be helpful throughout the trauma and finding meaning in the experience ***(Helgesonet at., 2006).*** On the other hand, males are likely to use such coping strategies as cognitive restructuring, wherein they alter their view of the trauma and try to come up with solutions, which may also be helpful in the process of development ***(Vishnevsky et al., 2010).*** However, the consequence can be similar where the **PTG** is concerned but the process may be somehow different for the two genders.

Thus, evidence from previous studies, the current study would find gender differences in Resilience, Self-Efficacy, Emotional Intelligence and Post post-traumatic growth among the Youth of Kashmir **PTSD** as stated in Hypothesis-5.

HYPOTHESES:

Specifically, the following hypotheses are developed from the study questions.

H1 **1)** There will be a significant positive relationship between **PTG** and Resilience among the youth of Kashmir with **PTSD**.

H 2 **2)** There will be a significant positive relationship between **PTG** and Self-efficacy among the youth of Kashmir with **PTSD**.

H3 **3)** There will be a significant positive relationship between **PTG** and Emotional Intelligence among the youth of Kashmir with **PTSD**.

H4 **4)** Resilience, Self Efficacy and Emotional Intelligence will come out to be as significant predictors of **PTG** among the Youth of Kashmir with **PTSD**

H5 **5)** There will be significant gender differences in Resilience, Self-Efficacy, Emotional Intelligence and Post Traumatic Growth among the Youth of Kashmir **PTSD**.

SUMMARY

The chapter gives an overview of the leading research goals, which are to determine the relationship and degree to which resilience, self-efficacy and emotional intelligence predict **PTG** in the sample of Kashmiri youths diagnosed with **PTSD**. Secondly, to discover whether gender differences exist in the mentioned constructs resilience, self-efficacy, emotional intelligence and **PTG** in Kashmiri youth. It also

stresses the need to consider gender factors in the above-mentioned constructs. Thus, the following research questions and hypothesis to facilitate the study

This chapter makes us comprehend the process of choosing the sample, instruments used, actions taken, and statistical methods implemented in this study. It is crucial to highlight that the empirical validation of the proposed hypotheses relies on key factors. The first will be to review the literature for literature in **PTSD**, **PTG**, resilience, self-efficacy and EI. A particular emphasis should be placed on the fact that methodology occupies a central place in any research. In this study, an attempt was made to get some specific information about young Kashmiri youth with **PTSD**. Therefore, this section of the thesis outlines the research design in terms of sample selection, data sources, instruments used, method of data collection, and statistical treatment of data collected. Further classification of research methods could be done by the use of outcomes, techniques of data collection, methods for data analysis, level of control, approach used, and data resources among others. For any research question to be tackled, deciding on the methods to use beforehand is mandatory. The nature of a research problem and the kind of data necessary to address the problem determines the methodology choice. In line with **Kelinger (1996),** "Research design is a general blueprint, an organization and a plan of investigation formulated to provide answers to the research questions and manipulate variance." Another way is the distinction between the operations through which the variables are organized into a specific form and how the data are collected and analyzed.

The current research can be described as basically descriptive. Several views are about concerning descriptive research, including that the research is valuable in providing information about the prevailing conditions. This kind of research mainly entails describing the characteristics of Kashmiri youth with **PTSD** and determining

correlations between variables. It is also referred to as statistical research; since descriptive research involves a systematic and scientific approach to sampling and collecting data and information, it is often described as quantitative research. The main aim of this type of study is to make a catalogue of data and features of what is being researched. This addresses issues of frequencies, averages and all other arithmetical computations. As mentioned above, descriptive research is usually highly reliable; it identifies associations between elements, explores hypotheses, along with developing reliable generalized principles and theories that are known to be valid. It is especially appropriate for the behavioral sciences, in which some of the behaviors that are being investigated cannot be carried out under observation. It establishes information concerning the phenomena to explain the 'state of the art' concerning variables or conditions in a specific scenario. Some of the methods used include descriptive studies, such as surveys that aim at stating the current position; relational studies, such as correlation studies that focus on how two or more variables are related; and developmental studies, which strive at establishing the changes that occur over time. Studies are developmental. This way of contrasting 'what is' and 'what ought to be' will let the researcher know what needs to be worked on. Logical and systematic planning and direction of a study is, therefore, a central element of a research project. Considering all these factors, the present study was conducted in stages:

1. Selecting appropriate instruments that can be utilized in order to achieve accurate results.
2. A survey should be carried out to measure and assess the variables.
3. Ensuring that the administering and scoring of the tests is done correctly.
4. Selecting of right statistical approaches for data analysis.

Hence, it is appropriate to give a background of the sample, the instruments utilized, and the approach and techniques employed in the study, as this chapter will describe

the sample selected for collection of valid data about the study purposes, nature and detail of the tests administrated, how and how the tests were scored and administered, and the method that was used for the analysis of the data.

Studies have also indicated that persons who experience potentially traumatic events also experience positive and negative consequences while trying to cope with the aftermath of the information. Thus, the implications of trauma can be both beneficial and ill-fated at the same time. It is, however, recognized that traumatic occurrence predominates stress disorders, especially war, and little is known about the stressors that determine such outcomes in the context of the Kashmiri people, a population that has been in conflict for more than two decades. In response to this gap, the present study aims to identify the risk factors that may contribute to **PTSD** and factors that determine **PTG** among young adults who have undergone stressful life events due to conflict in Kashmir. This Chapter describes the method employed to accomplish these objectives. Hence, it offers the readers a coherent and explicit description of the study design and data sources, the measures used and the procedures done. This document also presents the ethical standards followed in the study and the analytical processes done in testing the research hypotheses and achieving the study's objectives.

CHAPTER 4
METHODOLOGY

This chapter makes us comprehend the sample choice, instruments used, actions taken, and statistical methods implemented in this study. It is crucial to highlight that the empirical validation of the proposed hypotheses relies on key factors. The first will be to review the literature for literature in **PTSD**, **PTG**, resilience, self-efficacy and EI. A particular emphasis should be placed on the fact that methodology occupies a central place in any research. In this study, an attempt was made to get some specific information about young Kashmiri youth with **PTSD**. Therefore, this section of the thesis outlines the research design in terms of sample selection, data sources, instruments used, method of data collection, and statistical treatment of data collected. Further classification of research methods could be done by the use of outcomes, techniques of data collection, methods for data analysis, level of control, approach used, and data resources among others. For any research question to be tackled, deciding on the methods to use beforehand is mandatory. The nature of a research problem and the kind of data necessary to address the problem determines the methodology choice. In line with ***Kelinger (1996),***"Research design is a general blueprint, an organization and a plan of investigation formulated to provide answers to the research questions and manipulate variance." Another way is the distinction between the operations through which the variables are organized into a specific form and how the data are collected and analyzed.

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correlations between variables. It is also referred to as statistical research; since descriptive research involves a systematic and scientific approach to sampling and collecting data and information, it is often described as quantitative research. The main aim of this type of study is to make a catalogue of data and features of what is being researched. This addresses issues of frequencies, averages and all other arithmetical computations. As mentioned above, descriptive research is usually highly reliable; it identifies associations between elements, explores hypotheses, along with developing reliable generalized principles and theories that are known to be valid. It is especially appropriate for the behavioral sciences, in which some of the behaviors that are being investigated cannot be carried out under observation. It is done to establish information concerning phenomena to explain the 'state of the art' concerning variables or conditions in a specific scenario. Some of the methods used include descriptive studies, such as surveys that aim at stating the current position; relational studies, such as correlation studies that focus on how two or more variables are related; and developmental studies, which strive at establishing the changes that occur over time. Studies are developmental. This way of contrasting 'what is' and 'what ought to be' will let the researcher know what needs to be worked on. Logical and systematic planning and direction of a study is, therefore, a central element of a research project. Considering all these factors, the present study was conducted in stages:

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2. A survey should be carried out to measure and assess the variables.
3. Ensuring that the administering and scoring of the tests is done correctly.

4. Selecting of right statistical approaches for data analysis.

Hence, it is appropriate to give a background of the sample, the instruments utilized, and the approach and techniques employed in the study, as this chapter will describe the sample selected for the collection of valid data about the study purposes, nature and detail of the tests administrated, how and how the tests were scored and administered, and the method that was used for the analysis of the data.

Studies have also indicated that persons who experience potentially traumatic events also experience positive and negative consequences while trying to cope with the aftermath of the information. Thus, the implications of trauma can be both beneficial and ill-fated at the same time. It is, however, recognized that traumatic occurrence predominates stress disorders, especially war, and little is known about the stressors that determine such outcomes in the context of the Kashmiri people, a population that has been in conflict for more than two decades. In response to this gap, the present study aims to identify the risk factors that may contribute to **PTSD** and factors that determine **PTG** among young adults who have undergone stressful life events due to conflict in Kashmir. This Chapter describes the method employed to accomplish these objectives. Hence, it offers the readers a coherent and explicit description of the study design and data sources, the measures used and the procedures done. This document also presents the ethical standards followed in the study and the analytical processes done in testing the research hypotheses and achieving the study's objectives.

RESEARCH DESIGN:

This research utilizes a cross-sectional design to explore two primary aspects: the nature of trauma experienced by young people in Kashmir and the associated PTSD symptoms, as well as the concept of PTG and the influence of factors such as

resilience, self-efficacy, and emotional intelligence. The study's population comprises individuals aged 18-25 from nine principal districts in Kashmir: Srinagar, Anantnag, Baramulla, Pulwama, Kupwara, Bandipora, Budgam, Ganderbal, and Kulgam. The sample consists of 250 participants diagnosed with PTSD according to DSM-5 criteria, who have been clinically identified as experiencing traumatic stress. The sample is evenly divided by gender, with 125 males and 125 females. The Kashmir Advanced Scientific Research Centre (KASRC), a research institution, provided the study sample. Located in the region of Kashmir, which undertakes research studies in different fields of science and technology. KASRC aims to enhance the dissemination and creation of new knowledge in the most numerous and various fields of science. The centre is capable of research within the following areas: Bio Chemistry, Bio Physics, Psychology and Information Technology, Music, Sound and Acoustics, all of which contain their prospects. This research collaborates with the Centre (KASRC) across faculties and disciplines to enhance the existing knowledge to contribute towards the betterment of the society of Kashmir and to enhance scientific knowledge in the world.

Although this research seeks to generalize results among the above-mentioned groups, it does not apply to adults or regions other than Kashmir. Also, the gender differences shall be examined to ensure that many factors affect the **PTG** among the population under study.

SAMPLE SELECTION:

This study employs a purposive sampling technique, which is a form of non-probability sampling. The selection of this method was based on specific population characteristics and the objectives of the research.

Cochran (1977) considered and stressed that the sample size can be slightly reduced if the population is infinite. A large population contributes more information than a small one because of the relative magnitudes involved. He also presented a formula for determining the final sample size.

Where:

n = the sample size which was taken at the beginning

Z = Z–value (the number of standards deviates which corresponds to the desirable level of confidence, for instance, 1. 96 for 0. 95 levels of confidence).

p = proportion of an attribute of the population being estimated (can be used to represent 0.0.5 where it is expected that variation in the population attributes is most likely to be high).

e = the amount of variation one is willing to tolerate or accept for the measure of precision to be attained.

INCLUSION AND EXCLUSION CRITERIA:

***Inclusion Criteria*:**

1. The Youth who have resided in Kashmir since their birth.
2. The age ranges from 18-25 years
3. Individuals who have undergone a traumatic experience as specified by the DSM-5 criteria
4. Participants must meet the DSM-5 diagnostic criteria for **PTSD**.

5. Minimum education up to grade 8th
6. Individuals' willingness to participation

Exclusion Criteria:

1. Individuals with other psychiatric co-morbidities are excluded
2. Those Individuals are reluctant to participate.

MEASURES USED IN THIS STUDY

The information gathered comes from these psychometric instruments in the format of a structured interview. Professional researchers always make sure that privacy and confidentiality are observed while gathering information. The subjects' demographic information and answers to the instruments are gathered orderly ***(Dillman, Smyth, & Christian, 2014).*** This study employed a self-report measure, which included six diverse questionnaires. The study utilized various assessment tools, including a demographic information form, a concise trauma survey, the **PTSD** checklist, an inventory measuring post-traumatic growth, a scale evaluating resilience, and a measure of general self-efficacy. Additionally, the Schutte Self-Report Emotional Intelligence Test (SSEIT) was administered. These instruments were collectively referred to as the 'Set of Questionnaires' and are described in detail below:

Self-structured Socio-demographic Datasheet:

To collect information, the study participants developed a semi-structured socio-demographic questionnaire. This form included various personal details such as name, age, sex, family structure, residential location, marital status, socio-economic standing, occupation, educational attainment, and the income of both the patient and

their family. These socio-demographic factors were incorporated into the data collection process.

Kuppuswamy Socio-economic Study Scale:

In India, community-based and medical clinic assessments are conducted vastly. Kuppuswamy completed its 1976 formulation, which was most recently updated in 2016. This is based on the composite score, which runs from 3-29 and is based on the family head's work and educational background and the family's monthly income. ***Khairnar, Wadgave, Shimpi, and Pranali (2016)*** propose a classification system that categorizes individuals into five distinct socio-economic groups: the highest socio-economic class, the upper-middle socio-economic class, the middle-lower socio-economic class, the upper-lower socio-economic class, and the lowest socio-economic class.

The Brief Trauma Questionnaire (BTQ):

Schnurr et al. (1995) created the Brief Trauma Interview, which served as the foundation for the BTQ, a self-administered survey consisting of ten items. The BTQ was originally designed to assess traumatic exposure in accordance with the DSM-IV criteria.

Besides that, its primary goal is to recognize those events that may result in **PTSD** or other stress-induced mental disorders. BTQ is commonly applied in clinical and research practices to assess trauma exposure more effectively. The BTQ is typically a short questionnaire containing 10 items or questions where each question is related to a particular type of trauma such as natural disaster, physical or sexual abuse, life-threatening accident, warfare or seeing people being killed. Candidates are supposed

to point to whether they have ever gone through any of such incidences in their lifetime. Based on yes /no for each positive answer (yes) to the questions score of 1 is given in this study. Moreover, individuals are asked follow-up questions about the event, for example, the age at which the event occurred, the duration of trauma, and whether it caused clinically significant distress or impaired functioning. There is simplicity with the BTQ, and the fact that it is easy to administer is an added advantage of the test. It is an entirely subjective measure, which the participant can fill in without professional help, although it must be administered for analysis to a healthcare provider or a researcher. The BTQ allows clinicians and other researchers to assess which patients' risks of developing trauma-based conditions are higher. This test is helpful during mass examinations in various environments such as hospitals, mental health facilities, and after disasters. Confusingly, it does not diagnose **PTSD** but facilitates the identification of trauma exposure that would need more assessment of the presence of trauma satisfying DSM-IV criterion A.1; the average Kappa coefficients were more significant than 0.70. Except for other life-threatening occurrences (17), all of the Kappa coefficients for the presence of trauma meeting both A. 1 and A. 2 were greater than 70 (95%CI = 74-1.00).

For the one current **PTSD** identified, there was complete agreement. For the five cases of lifetime **PTSD**, there was 89% agreement (K =.89). Initial intra class correlation coefficients for CAPS present and lifetime PTSD severity scores were found to be .96 and .99, *respectively* ***(Schnurr, Spiro, Vielhauer, Findler, and Hamblen, 2002).***

The PTSD Checklist for DSM-5 (PCL-5):

The **PTSD** Checklist for DSM-5 (PCL-5) is a 20-question self-assessment tool designed to measure the presence and severity of PTSD symptoms related to an individual's most distressing recent event or stressor ***(Weathers et al., 2013).*** The questions in the PCL-5meet the DSM-5 criteria for **PTSD** and have three functions: they can be used for **PTSD** screening, tracking the evolution of symptoms over time, and aiding in an initial or provisional diagnosis of **PTSD**. Respondents use a 5-point Likert scale, with zero representing "not at all" and 4 representing "extremely," to rate how much each issue has upset them over the past month. The item responses are added to determine the final score, which ranges from 0 to 80. A score of 33 is thought to be a fair threshold for a preliminary

Post-Traumatic Growth Inventory:

The Post Traumatic Growth Inventory (PTGI) is widely regarded as the foremost and most thoroughly validated instrument for evaluating positive psychological shifts. Crafted by ***Tedeschi and Calhoun in 1996***, this 21-item assessment measures the magnitude of life alterations stemming from a crisis. Each item is rated on a scale of 0 to 5, with the cumulative PTGI score derived from the sum of all responses. Factor-specific scores are calculated by aggregating the responses to items within each factor, denoted by Roman numerals. The PTGI generates scores from 0 to 105, with elevated scores indicating more substantial post-traumatic growth. The inventory encompasses five subscales: personal strength, interpersonal relationships, life

appreciation, spiritual transformation, and new opportunities. Its developers report that the PTGI exhibits suitable test-retest reliability across a two-month span (0.71) and appropriate internal consistency (0.90). The instrument's reliability was established using a cohort of university students.

The Resilience Scale:

The Resilience Scale was created by ***Wagnild and Young in 1993.*** Initially, it had 50 items, but it was eventually reduced to 25, each representing one of the five essential resilience traits. In this rating system, a scale of 1 to 7 is used, where 1 signifies "Strongly Disagree" and 7 denotes "Strongly Agree" for each question. The total score ranges from 25 to 175. Scores exceeding 145 suggest moderately high to high resilience, while scores falling between 125 and 145 indicate moderately low to moderate resilience. Scores below 120 point to low resilience. This measurement tool is considered one of the most effective for evaluating resilience because it is extensively used across various age groups and demographics. Significant relationships with variables including stress, sadness, life satisfaction, and self-esteem confirm validity. With a reliability coefficient of α =.91, the scale has strong internal consistency and is deemed a dependable measure for evaluating resilience.

General Self-Efficacy Scale:

This Scale measures self-efficacy. The 10-item Schwartz questionnaire was developed in 1981, and then the latest version was made in 1993 and was validated in 25 countries. The self-efficacy assessment consists of 10 self-reported items, with the

overall score determined by adding up all item scores. The total score ranges from 10 to 40, with higher scores indicating greater self-efficacy. The scale's validity has been evaluated using Cronbach's alpha, yielding a value of 86, while Spearman-Brown's and Gutmann's splitting methods produced a value of 0.81. The scale's reliability is represented by Cronbach's alpha coefficients ranging between .76 and .90.

The Schutte Self-Report Emotional Intelligence Test (SSEIT), also known as the Assessing Emotions Scale, was developed by ***Schutte et al. (1998)*** to evaluate overall emotional intelligence. This assessment tool consists of four components: general emotional intelligence, emotion perception, emotion utilization, and management of self-relevant emotions. The test comprises 33 items that participants rate on a 5-point scale, ranging from 1 ("strongly disagree") to 5 ("strongly agree"). An individual's total emotional intelligence score is calculated by combining the responses from each of the four subscales.

According to ***Schutte et al.,*** the SSEIT has a reliability value of 0.90 and is reliable for adults and children. Researchers from Nigeria have effectively employed the scale, and it has demonstrated excellent internal consistency when validated using samples from that country. Cronbach's alpha is 0.78, and the two-week test-retest reliability coefficient is 0.78.

PROCEDURE:

Preparatory for data collection, permission for research was sought from the Director of Kashmir Advance Scientific Research Centre (KARSC). When the permission was

granted, the researcher approached the patients systematically who were following for treatment in the Centre. The research scholar provided information about the work, and confusion was eradicated. The researcher assured participants that their responses would be used solely for research purposes and would remain confidential. Participants received questionnaires, an information sheet, and a consent form. They were instructed to review the information sheet and provide their signature on the consent form. Subsequently, with assistance from the research scholar, participants individually completed the questionnaires.

If any of the participants found any of the experiences distressing, they were free to leave the study, and the participants were referred to concerned mental health professionals for further support in handling such incidences.

Before the main study, it was essential to perform a pilot study specifically targeting youth of Kashmir with post-traumatic stress disorder. As for this pilot study, one of the important steps is to evaluate the reliability of the instruments to be employed in data collection. A sample of 40 participants, 20 male and 20 female, completed the sample for the pilot study based on the information given and valid and reliable operational tools that would enable identifying the subjects' psychological state for the main study. The purpose of this section will be to explain why a pilot study is important for the measurement of tools among young people in Kashmir with **PTSD**.

INTERNAL CONSISTENCY:

One of the most widely employed statistical indicators for assessing the internal consistency of instruments is Cronbach's alpha. This measure evaluates the degree to which items within a test are interconnected.

The internal consistency of the tools shall be tested in the Kashmiri context, for which a pilot study is crucial.

***Potential for Lower Reliability*:** One may conjecture that the degree of internal consistency of scales designed and used with the persons originating from Western countries will be lower in the case of the Kashmiri youth. This could be due to a difference in the type of trauma that the victims have gone through, different cultural practices when it comes to response to such incidents or even understanding of the statements.

***Testing Internal Consistency in the Pilot*:** The pilot study will help the researchers get Cronbach's alpha of the tools employed in the study. Suppose the alpha is below the low accepted range, such as less than 0.70. In that case, the researchers may review the list of items and check which has brought the reliability down, then make changes to accomplish the changes needed before scaling up the study.

Hence, the pilot study in this current research is an imperative process of researching Kashmiri youth with **PTSD** as it is a fundamental element that helps to understand what cultural adaptation is vital in ascertaining the instruments that precisely reflect the psychological aspects of the youth in Kashmir.

It is advisable to carry out a pilot study excellently and comprehensively to arrive at reliable and valid tools for this current research, **"Psychological Predictors of Post Traumatic Growth among the Youth of Kashmir with PTSD.**

Reliability of scales based on the pilot study

Variables	Reliability coefficients of Present study	Reliability coefficients as per author's	Number of items
Brief Trauma Questionnaire	KR-20 =0.71	K = 0.74	10
PTSD Checklist for DSM-5	α =0.75	α =0.94	20
Post Traumatic Growth Inventory	α =0.78	α =0.90	21
The Resilience Scale	α =0.81	α =0.90	25
General Self-Efficacy Scale (GSE):	α =0.74	α =0.91	10
Schutte self- Report Emotional Intelligence Test (SSEIT):	(Cronbach's alpha) α =0.80	α =0.90	33

The discrepancy in reliability coefficient values between the current study and the author's findings may be attributed to several factors. Sample characteristics can significantly impact scale reliability. The present study's sample, being less diverse than the population for which the scales were originally developed, might result in lower test reliability. Furthermore, the sample's homogeneity could restrict the range of responses, as participants may share similar experiences and levels of trauma

exposure. This limited variation in responses could contribute to the observed differences in reliability coefficients.

Another factor is different demographic characteristics because the sample demographics under study differ from that of the original study in some way, such as age, gender or culture. This mismatch can minimize internal consistency and decrease the Cronbach's alpha coefficient. Understanding items could be another reason, as participants may not be understood or the responses given are ambiguous. Cultural differences can contribute, as some questions that may be posed may not be comprehensible to the current population, thus leading to low reliability. The modes of administration of the test could have influenced the scale's reliability in one way or another. Although proper instruction was given still, the respondents might be confused about the instructions. It could have shown inconsistently in the items, resulting in a lower alpha value. Also, external factors like distractions, rapport with the researcher and participants' affective state can make a difference in the answers to the items. For some participants, response patterns may be where the participant agrees with every statement or chooses only the middle-range option, thus negatively impacting reliability. Furthermore, the effect of social desirability bias is that it might have skewed the variation of sensitive questions relating to trauma.

RESEARCH ETHICS FOLLOWED IN THIS CURRENT STUDY:

The study poses no direct impact on the youth's well-being; therefore, it was relatively risk-free.

Approval of the study: The study proposal was submitted to the Ethics Committee of Lovely Professional University with approval for research.

Informed consent: Prior to the study, participants were briefed on its details and asked to provide their written consent. Each individual received an information sheet and consent form outlining the study's purpose, voluntary nature, and confidentiality measures. The questionnaires were completed independently by the participants, though a researcher was present during the process. Respondents typically took about one hour to finish the survey.

Managing psychological distress: In this research, young adults with **PTSD** are the sample population, and all are exposed to stress caused in Kashmir. Concern has also emerged as to whether participating in such type of research study recall of traumatic incidences may cause stress to the respondents. However, meta-research revealed that similar investigations tend to produce practical and, at times, even positive results concerning participants with reasonably low-risk indicators ***(Griffin et al., 2003).*** Hence, the consent form lets the participants know the extent of the risk involved in participating in the study. They were instructed to contact the research supervisor if administering the questionnaires was distressful. Concerns relative to the study could also be conveyed at any one time by the participant through the consent form where they wrote their contact information.

Disseminating research findings: Sharing research findings is a crucial ethical responsibility in any research process, and research feels incomplete if its results are not disseminated to those who could benefit from them. To fulfill this ethical obligation, some of the findings from this study have already been communicated and published by internationally recognized publishers.

DATA PREPARATION: The data is then inputted in a statistical analysis package for analysis, such as the Statistical Package for Social Sciences (SPSS) entails checking for missing values and outliers together with coding of responses correctly. This step helps to check and ensure the data collected is suitable for the analysis before doing any analysis ***(Field 2018).***

STATISTICAL ANALYSIS: As per the research hypothesis of this study, the following statistical tests shall be conducted through the use of (SPSS Version 28). The descriptive statistics (mean, SD) will be used. Pearson's Product Moment Coefficient of Correlation will be used to test the degree of relationship in the variables. Regression analysis will determine the correlation between the independent variables (Resilience, Self-Efficacy and Emotional Intelligence) and the dependent variable (Post Traumatic Growth). Comparisons of gender differences will also be checked on all the variables depending on the t test ***(Tabachnick & Fidell, 2013).***

INTERPRETATION AND REPORTING:

These findings will be discussed in light of previous research and studies on the same topic. In light of the results reported in the subsequent section will analyze the implications of the study for theory and practice ***(Yin, 2018)***

SUMMARY

This chapter outlines the research methodology employed in accomplishing the study objectives to give details regarding the study design and data sources. It also identifies measures, procedures, ethical concerns and statistical techniques used in the study to test the research hypotheses and attain the objectives. Participants were young adults from Kashmir aged between 18-25 years who met the clinical diagnosis of **PTSD** based on their symptoms. Furthermore, those important ethical issues complied with some prescribed research ethic principles, which include the levels of resilience, self-efficacy. Descriptive statistics represent the EI and **PTSD** symptoms of participants. Descriptive statistics describe the frequency distribution of the variables. In contrast, inferential statistics, specifically co-relational and regression analyses extrapolate the findings and determine other variables that may significantly predict **PTG**. Gender differences are analyzed using the t-test.

CHAPTER 5
STATISTICAL ANALYSIS

This chapter's analytical approach examines and establishes relationships between resilience, self-efficacy, EI, and **PTG** levels among Kashmiri youth experiencing **PTSD**. The study involved 250 participants, with data collection guided by the research questions and hypothesis outlined in the introduction. These psychological constructs are interconnected due to a fundamental inquiry concerning resilience, self-efficacy, and emotional intelligence: it is crucial to comprehend how these factors relate to one another and their impact on an individual's ability to reorganize and recuperate following traumatic experiences.Thus, higher specific resilience correlates with better mental health in traumatized populations ***(Connor & Davidson, 2003).*** The ability to come back strongly after a setback is all that we call resilience. Research by ***Benight and Bandura (2004)*** revealed a positive correlation between enhanced coping mechanisms, decreased **PTSD** symptoms, and self-efficacy - the conviction that one can handle potential scenarios. The concept of emotional intelligence refers to the capacity to effectively control and utilize emotions, both in one and in others.

It affects the child's interactions with peers and adults and his or her ability to connect with the feelings of others. Hence, optimal psychological healing from the effects of trauma is promoted ***(Salovey & Mayer, 1990).*** In this chapter, the author employs many statistical methods to analyze the data given. Descriptive statistics allows for looking at the participant's demographic characteristics and observed levels of the

primary constructs. Inferential statistics such as regression and correlation analyses are conducted on the research relationships between resilience, self-efficacy, EI, and **PTG**. This type of comparison is important because prior research indicates that there are gender differences when it comes to thoughts and emotions after the trauma has occurred ***(Mandell & Pherwani, 2003; Else-Quest, Hyde, & Linn, 2010);*** t-tests are used to check for gender differences in these areas.

DESCRIPTIVE STATISTICS:

The sample's socio-demographics and how resilience, self-efficacy, emotional intelligence, and psychological resilience are aligned are discussed in detail in the next section. Understanding these descriptive statistics is crucial to contextualize the subsequent inferential analyses and comprehending the study's findings in light of the participants' varying demographic and psychological profiles.

Demographic Characteristics:

The availability of the demographic characteristics which are included in the sample composing are age, gender, educational level and district of residence. These details ensure that the participant demography of 250 young people from the Kashmir valley and between the ages 18 and 25 are represented in the study. It is vital to know all of these features to better contextualize the study results and simplify the sample's randomness analysis. The range of age in the sample should also mirror young people's population if psychological development and resilience studies are of interest ***(Twenge & Campbell, 2001).*** The gender distribution is nearly balanced: 51 per cent

for females, 49 per cent for male participants, and 2% for males and 48. The low participation rate of females, estimated at 8%, is sufficient to warrant a comprehensive analysis of the gender differences in psychological characteristics ***(Else-Quest et al., 2010).*** Education is where adolescent participation has different educational levels, such as high school, under graduation and post-graduation, which is well by the adolescent population of Kashmir ***(Kashmir Education Initiative, 2020).*** As per ***Bhat & Rather (2012),*** the participants are selected from nine important districts of Kashmir, which include Srinagar, Anantnag, Baramulla, Pulwama, Kupwara, Bandipora, Budgam, Ganderbal and Kulgam, so that the participant selection has Both geographical and the sample represents socio-political complexity of the region. Such demographic diversification is needed to understand how socio-cultural and environmental factors influence these young people in war, in their coping styles, sense of self-efficacy, levels of emotional intelligence, and post-traumatic growth ***(Masten, 2001)***

Socio- demographics based on Kapu Swami Scale

Table 1: Gender Distribution of youth with Post Traumatic Stress Disorder.

Gender	Frequency	Percentage
Male	125	50%
Female	125	50%
Total	**250**	**100%**

Table 1 shows the frequency distribution of youth with **PTSD**. The above table shows that out of 250 participants, 125 belong to the male gender, corresponding to 50 %, and 125 belong to the female gender, corresponding to 50%. Thus indicating that both genders are equally divided into two groups.

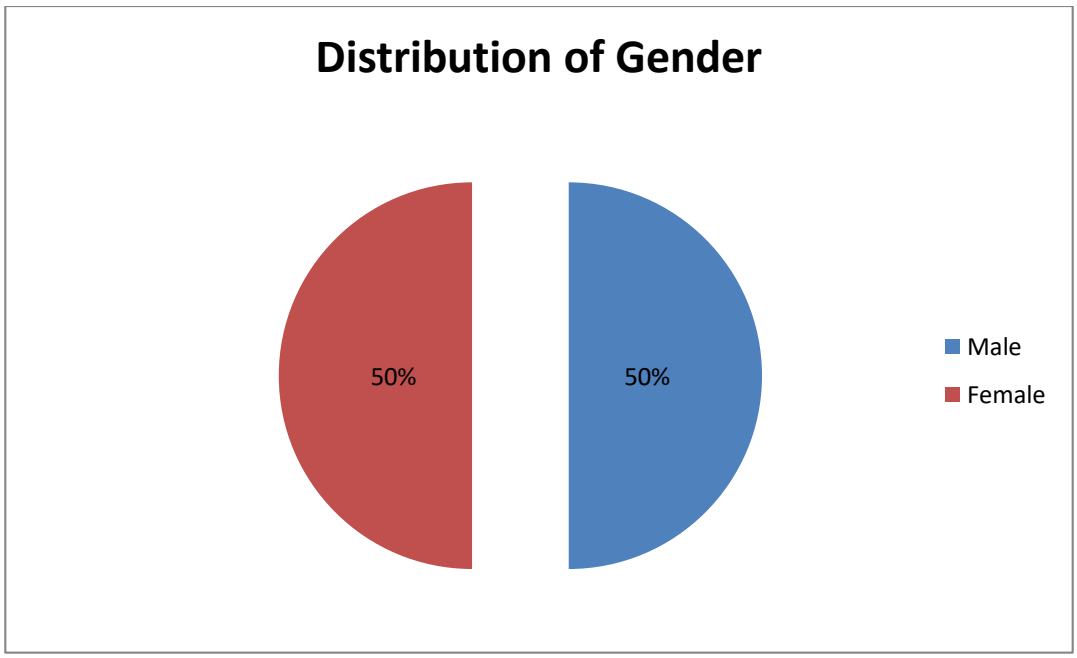

Figure 1: Gender Distribution Chart

Table 2: Frequency Distribution with respect to Marital Status among youth with PTSD.

Marital Status	Frequency	Percentage
Unmarried	196	78.5%
Married	54	21.5%
Total	**250**	**100%**

Table 2 illustrates the marital status distribution of the sample, where 196, corresponding to 78.5% of the participants, are unmarried, and 54 out of 250, corresponding to 21.5%, are married. This distribution shows a significant predominance of unmarried youth with **PTSD** within the sample, thus highlighting the majority's demographic characteristics of unmarried individuals.

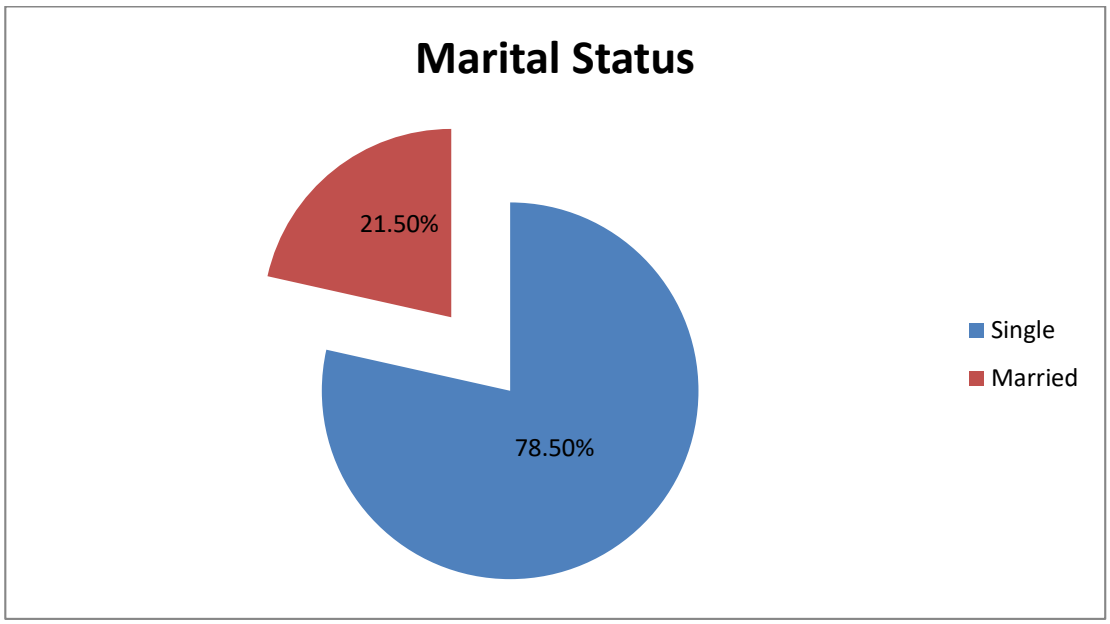

Figure 2: Marital Status Distribution Chart (Single and Married)

Table 3: Family Type Distribution (Nuclear and Joint) among youth with PTSD

Family Type	Frequency	Percentage
Nuclear	178	71.2%
Joint	72	28.8%
Total	**250**	**100%**

Table 3 shows the family type distribution of the sample; out of 250, 178 youth, corresponding to 71.2%, are from nuclear families, and 72 out of 250 youth, with a percentage of 28.8%, are from joint families. Thus, the significant predominance of nuclear families of youth with **PTSD** highlights the prevailing family structure within the sample.

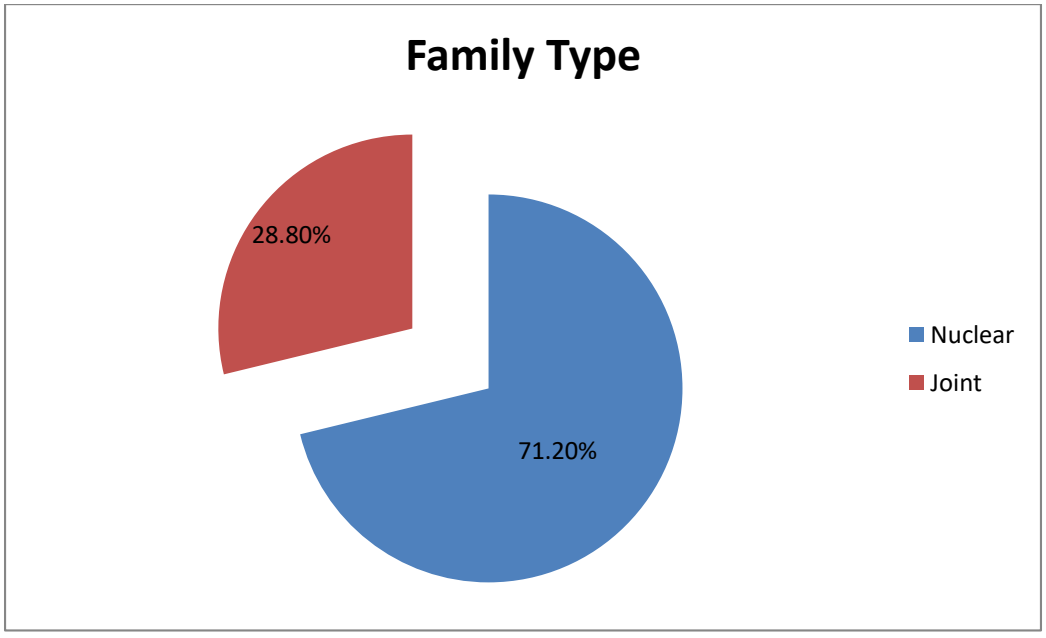

Figure 3: Family Type Distribution Chart (Nuclear and Joint)

Table 4: Area of Residence Distribution (Rural and Urban) among youth with PTSD.

Area of Residence	Frequency	Percentage
Rural	202	80.8%
Urban	48	19.2%
Total	**250**	**100%**

Table 4 illustrates the distribution of youth concerning area of residence, with a significant number of majorities 202 youth with **PTSD**, corresponding to 80.8% residing in rural and the remaining 48 out of 250 corresponding to 19.2% living in urban areas. This distribution highlights a predominant focus on rural populations within the study, which is essential for understanding the unique challenges and experiences faced by individuals in these settings.

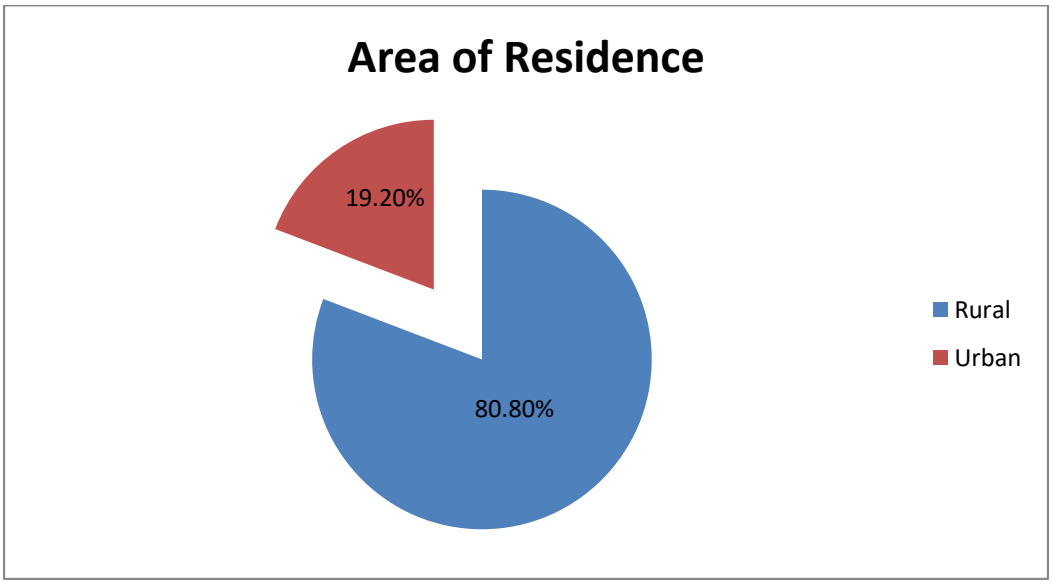

Figure 4: Area of Residence Distribution Chart (Rural and Urban)

Table 5: District Distribution of youth with PTSD

District	Frequency	Percentage
Srinagar	73	29.2%
Anantnag	31	12.4%
Baramulla	28	11.2%
Pulwama	24	9.6%
Kupwara	27	10.8%
Bandipora	19	7.6%
Budgam	14	5.6%
Ganderbal	21	8.4%
Kulgam	13	5.2%
Total	**250**	**100%**

Table 5 shows the district-wise distribution of youth with **PTSD** across various districts in Kashmir**.** The research revealed that a considerable proportion of the participants in the sample, 73 out of 250, is from Srinagar, corresponding to 29.2%, followed by Anantnag, 31 (12.4%). 28 youth from the Baramulla district, corresponding to(11.2%), 24 youth from Pulwama, corresponding to (9.6%), and 27 youth with **PTSD** from Kupwara, corresponding to (10.8%). From other districts, 19 are from Bandipora, corresponding to (7.6%); 14 from district Budgam corresponding (5.6%); 21 from Ganderbal, corresponding to (8.4%), and 13 out of 250 from district Kulgam corresponding to (5.2%) also contribute to the sample.

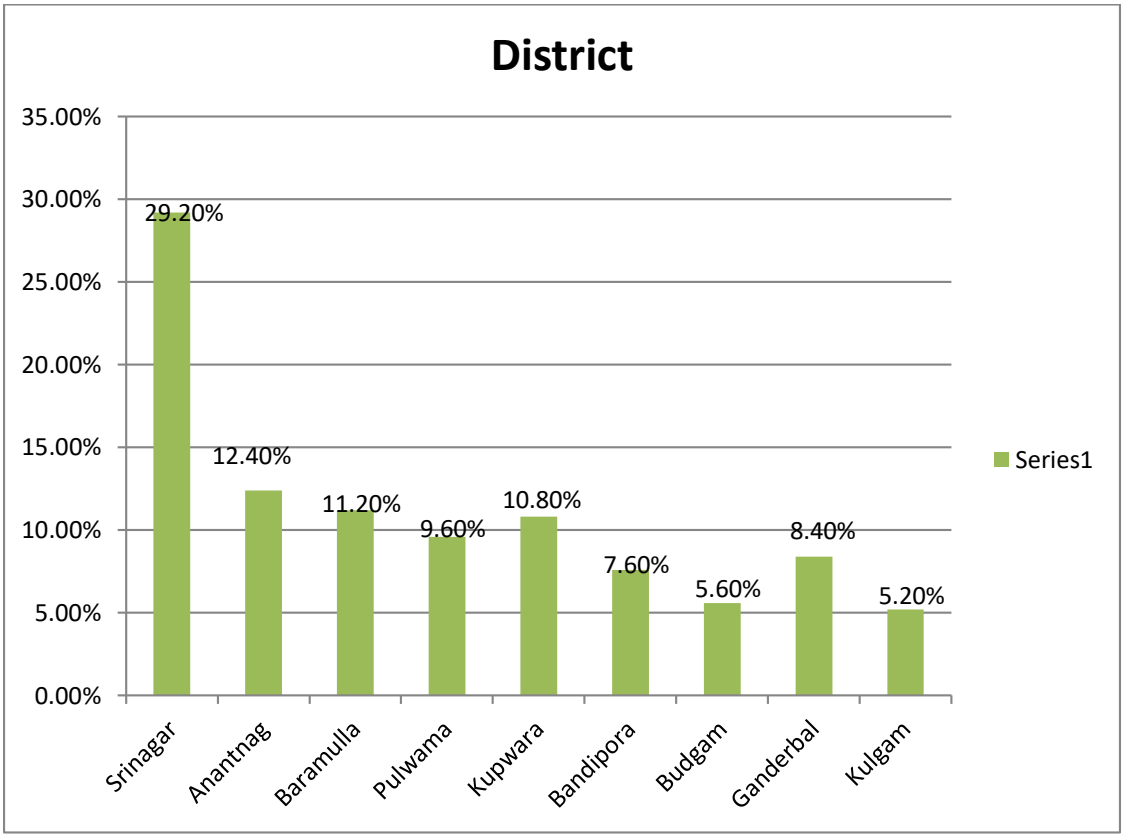

Figure 5: District Distribution

Table 6: Frequency Distribution of Occupation among youth with PTSD.

Occupation	**Frequency**	**Percentage**
Business	18	7.2%
Skilled Worker	13	5.2%
Professional	21	8.4%
Student	169	67.6%
Unemployed	29	11.6%
Total	**250**	**100%**

Table 6 presents the Frequency distribution of participants by occupation, highlighting the importance of diverse occupational backgrounds within the sample.

Students comprise the largest group, 67.6% of the sample, followed by unemployed individuals, who comprise 11.6% of the participants, indicating a notable segment of the study population facing employment challenges. Professionals represent 8.4% of the sample, offering insights into this occupational category, while business participants account for 7.2%, and skilled workers form the smallest group at 5.2%. The total sample size is 250, ensuring a comprehensive representation of various occupational statuses, which is crucial for analyzing the impact of occupation on post-traumatic growth and other related factors.

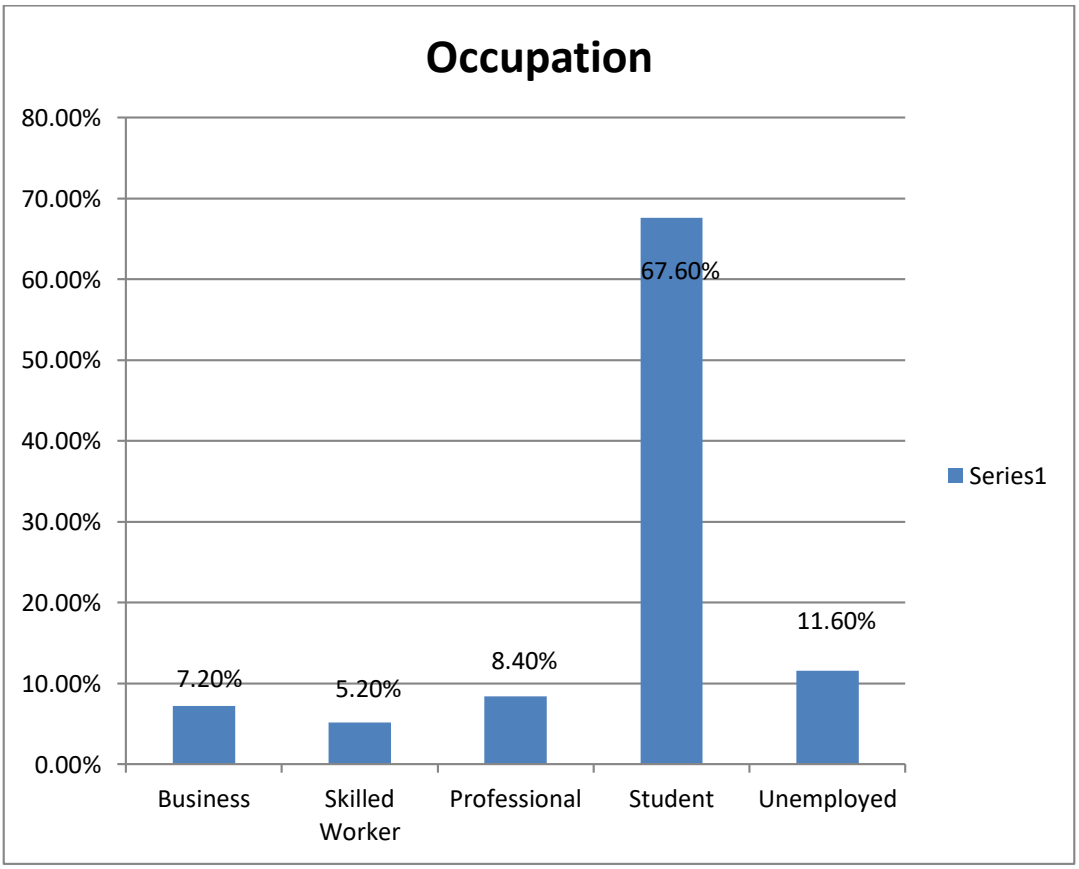

Figure 6: Occupation Distribution

Table 7: Frequency distribution of Socio-Economic Status among youth PTSD.

Socio-Economic Status	Frequency	Percentage
Low	60	24.0%
Lower Middle	68	27.2%
Middle	52	20.8%
Upper Middle	47	18.8%
High	23	9.2%
Total	**250**	**100%**

Table 7 shows the frequency distribution of 250 participants across different socio-economic statuses. The majority of the participants, 68, fall into the lower middle class, accounting for 27.2% of the sample, followed by the low socio-economic status group, 60 youth, corresponding to 24.0%. The middle class constitutes 20.8% of the participants, while the upper middle class represents 18.8%. The High socio-economic status group comprises the most minor portion at 9.2%.

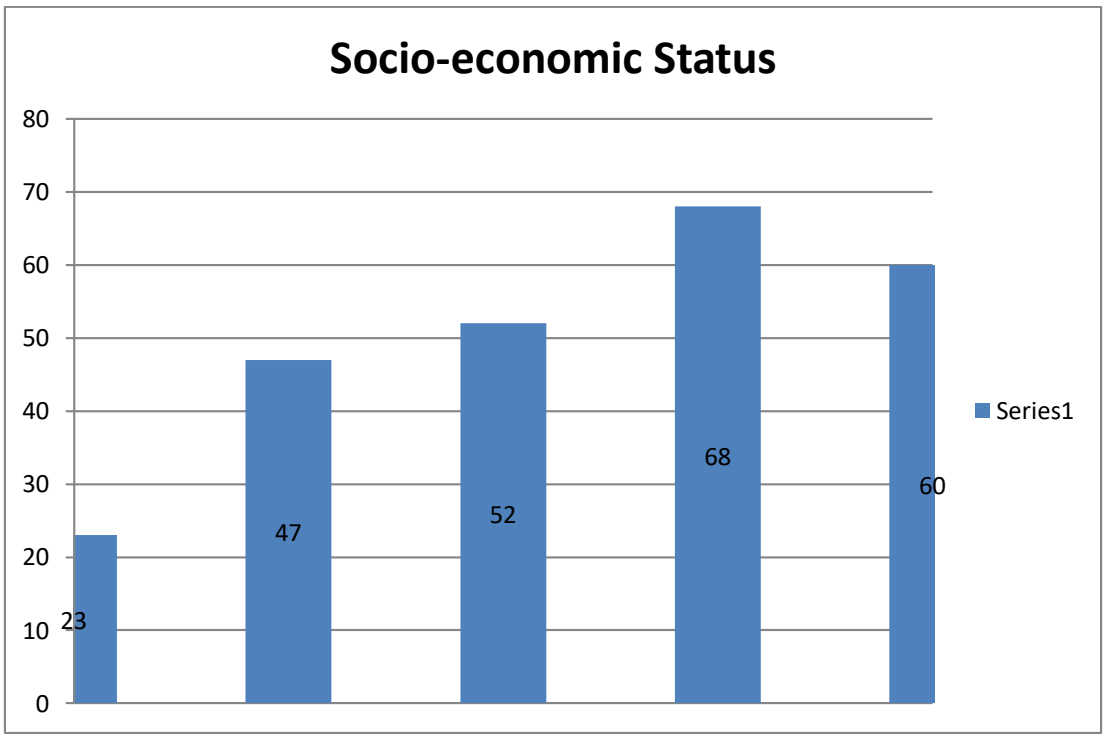

Figure 7: Socio-Economic Status Distribution

Section B

Trauma type, Levels of **PTSD** symptoms, emotional intelligence, self-efficacy, and resilience: To provide a comprehensive overview of the participants' psychological profiles, several descriptive statistics are employed. These include the average, standard deviation, lowest, and highest values for resilience, self-efficacy, emotional intelligence (EI), and post-traumatic growth **(PTG).** This statistical analysis offers a thorough insight into the psychological characteristics of the study participants.

Table 8: Description of Trauma type

Trauma	Male		Female		Total	
	Freq.	%	Freq.	%	Freq.	%
Serious car accident	9	7.2	6	4.8	15	6
Major natural and/or technological catastrophe	60	48	100	80	160	64
Sexual contact	11	8.8	64	51	75	30
Physical punishment as a child	70	56	25	20	95	38
Physical assault	90	72	70	56	160	64
Another situation where respondent feel that he/she could be injured or killed	120	96	50	40	170	68
Violent death of close friend , family member	100	80	105	84	205	82

Table 8 shows a description of trauma among youth. The majority of the patients, i.e., 205 (82%), reported the Violent Death of a Close Friend or Family Member. A total of 170 (68%) of patients reported having situations where respondents felt that he/she could be injured or killed, and 160 (64 %) of patients with physical assault. Around

160 (64%) patients out of 250 experienced major natural and/or technological catastrophes.95 (38%) out of 250 patients experienced emotional or physical punishment as a child, and 75 (30%) out of 250 patients were having sexual contact. Results further indicate that 160 (64%) youth with **PTSD** had experienced physical assault, and 15 (6%) out of 250 patients experienced serious car accidents.

Concerning male gender, results indicate that 120 (96%) of patients reported having situations where respondents felt that he/she could be injured or killed.90 (72%) of youth with **PTSD** had experienced physical assault.100 (80%) reported the Violent Death of a Close friend. Around 60 (48%) males experienced significant natural and/or technological catastrophes. 70 (56%) out of 125 male youth experienced emotional or physical punishment as a child. A total of 11 (8.8%) out of 125 youth were having sexual contact. Findings indicate that 9 (7.2%) of 125 males experienced serious car accidents.

Concerning the female gender, results indicate that. 105 (84%) reported the Violent Death of a Close Friend, Family Member. 50 (40%) of patients reported having situations where respondent felt that he/she could be injured or killed.70 (56%) youth with **PTSD** had experienced physical assault around 100 (80%) females experienced significant natural and/or technological catastrophe. 25(20%) out of 125 female youth experienced emotional or physical punishment as a child. A total of 64 (51%) out of 125 youth were having sexual contact. Findings indicate that 6 (4.8%) of 125 males experienced serious car accidents.

Table 9: Distribution of Resilience, Self-Efficacy, Emotional Intelligence, and PTG

Variable	Mean ± SD	Min	Max	Levels	Range	Frequency	%age
PTG	60.10 ± 16.88	30	89	Low	0-45	34	13.60%
				Medium	46-69	145	58.00%
				High	70-105	71	28.04%
Resilience	99.20 ± 27.64	50	149	Low	0-120	24	9.60%
				Medium	121-145	154	61.60%
				High	146-200	72	28.00%
Self-Efficacy	22.50 ± 7.31	10	34	Low	0-13	15	6.00%
				Medium	14-27	139	55.60%
				High	28-40	96	38.40%
Emotional Intelligence	120.40 ± 23.58	80	159	Low	0-111	34	13.60%
				Medium	112-136	128	51.20%
				High	137-200	88	35.20%

Table 9 shows the frequency distribution of 250 Kashmiri youth with varying levels of resilience, self-efficacy, emotional intelligence (EI), and post-traumatic growth (**PTG**). The above table shows that only 34 participants (13.6%) fall into the low

PTG range corresponding to (0-45), indicating minimal post-traumatic growth. A large and significant portion, i.e. 145 youth corresponding to (58%), are in the medium **PTG** range from (46-69), thus reflecting moderate levels of post-traumatic growth among youth with **PTSD**. Further, the majority of youth with **PTSD**, i.e.71participants corresponding to (28.4%), are in the high **PTG** range from (70-105), suggesting that a proportion of the sample in the study experiences a high level of growth following trauma. Thus, findings indicate that most participants experience substantial post-traumatic growth, with a smaller but notable group experiencing moderate growth. Only a tiny fraction experiences minimal growth.

Regarding resilience, 24 participants (9.6%) are in the low resilience range from (0-120), indicating very low resilience levels. A larger group, 154 participants corresponding to (61.6%), fall into the medium resilience range from (121-145), showing moderate resilience. Moreover, finally, 72 participants, corresponding to (28%), are in the high resilience range from (146-200), indicating strong resilience. The data shows that most of the participants with **PTSD** have developed high resilience, which is crucial for coping and recovering from trauma; a significant portion exhibits medium resilience, and very few display low resilience.

Regarding self-efficacy, 15 participants corresponding(6.0%) fall into the low self-efficacy range (0-13), thus indicating very low confidence in their ability to manage situations.96 out of 250 participants (38.4%) are in the high self-efficacy range from(28-40), reflecting a high level. In the above table majority, i.e. 139 participants

with **PTSD** corresponding to (55.6%), are in the medium self-efficacy range between (14 and 27). This distribution indicates that most youth with **PTSD** have developed a medium level of self-efficacy

In terms of emotional intelligence among youth with **PTSD**, 34 participants out of 250, corresponding to (13.6%) are in the low EI range (0-111), indicating low emotional intelligence. 128 participants, corresponding to (51.2%) fall into the medium EI range (112-136), showing moderate levels of emotional intelligence. 88 participants, corresponding to (35.2%), are in the high EI range (137-200), reflecting strong emotional intelligence. The data suggests that most participants have a medium level of emotional intelligence, which is very beneficial for emotional regulation strategies and interpersonal relationships domain. The sample's resilience score averaged 99.20 with a standard deviation of 27.64. Self-efficacy measurements yielded a mean of 22.50 and a standard deviation of 7.31. Additionally, the analysis revealed that among youth with **PTSD**, the average emotional intelligence score was 120.40, accompanied by a standard deviation of 23.58.

Table 10: Description of Post-traumatic stress disorder

Variable	**Mean**	**Standard Deviation**
Trauma Type	4.5	2.23
PCL-5		
Re experiencing	9.7	5.25
Avoidance	6.3	2.3
Negative Alterations in Cognition	**9.9**	**4.17**
Hyper arousal	**6.7**	**4.2**
Total PCL-5 Score	42	17.12

Table 10 shows a description of post-traumatic stress disorder. The mean for trauma is 4.5, with a standard deviation of 2.23 among the youth of Kashmir. For **PTSD** symptoms**,** the mean for re-experiencing traumatic events among youth is 9.7, with a standard deviation of 5.25. The mean for avoidance symptoms of **PTSD** among youth is 6.3, with a standard deviation of 2.3. The finding from PCL-5 further indicates that the mean for negative Alterations in Cognition among youth was 9.9 with a standard deviation of 4.17was compared to other symptoms, and the hyper-arousal score was 6.7 with a standard deviation of 4.2. The overall total mean score of **PTSD** symptoms was 42, with a standard deviation of 17.12.

Section C

Following section includes relationships between resilience, self-Efficacy, emotional intelligence, and post-Traumatic Growth

Table 11: Correlation Matrix

Variable	Resilience	Self-Efficacy	Emotional Intelligence	PTG	PCL-5	New Possibilities	Relating to Others	Personal Strength	Spiritual Change	Appreciation of Life
Resilience	1.00	0.55**	0.52**	0.60**	-0.50*	0.53**	0.51*	0.58**	0.55*	0.57**
Self-Efficacy	0.55**	1.00	0.49**	0.59**	-0.48*	0.54**	0.50**	0.57*	0.54**	0.56*
Emotional Intelligence	0.52**	0.49**	1.00	0.58**	-0.47**	0.51*	0.49*	0.56**	0.53*	0.55**
PTG Total	0.60**	0.59**	0.58**	1.00	-0.55**	0.80**	0.75*	0.78**	0.76**	0.77**
PCL-5	0.50	-0.48	-0.47	0.55	1.00	0.52	-0.51	0.54	-0.53	0.55
Post traumatic Growth Factors										
New Possibilities	0.53**	0.54**	0.51**	0.80**	-0.52*	1.00	0.70**	0.73**	0.71**	0.72**
Relating to Others	0.51**	0.50**	0.49*	0.75**	-0.51*	0.70**	1.00	0.69*	0.68*	0.70**
Personal Strength	0.58**	0.57**	0.56**	0.78**	-0.54**	0.73**	0.69**	1.00	0.72**	0.74**
Spiritual Change	0.55**	0.54**	0.53**	0.76**	-0.53*	0.71**	0.68**	0.72**	1.00	0.73**
Appreciation of Life	0.57*	0.56**	0.55**	0.77**	-0.55**	0.72**	0.70**	0.74**	0.73*	1.00

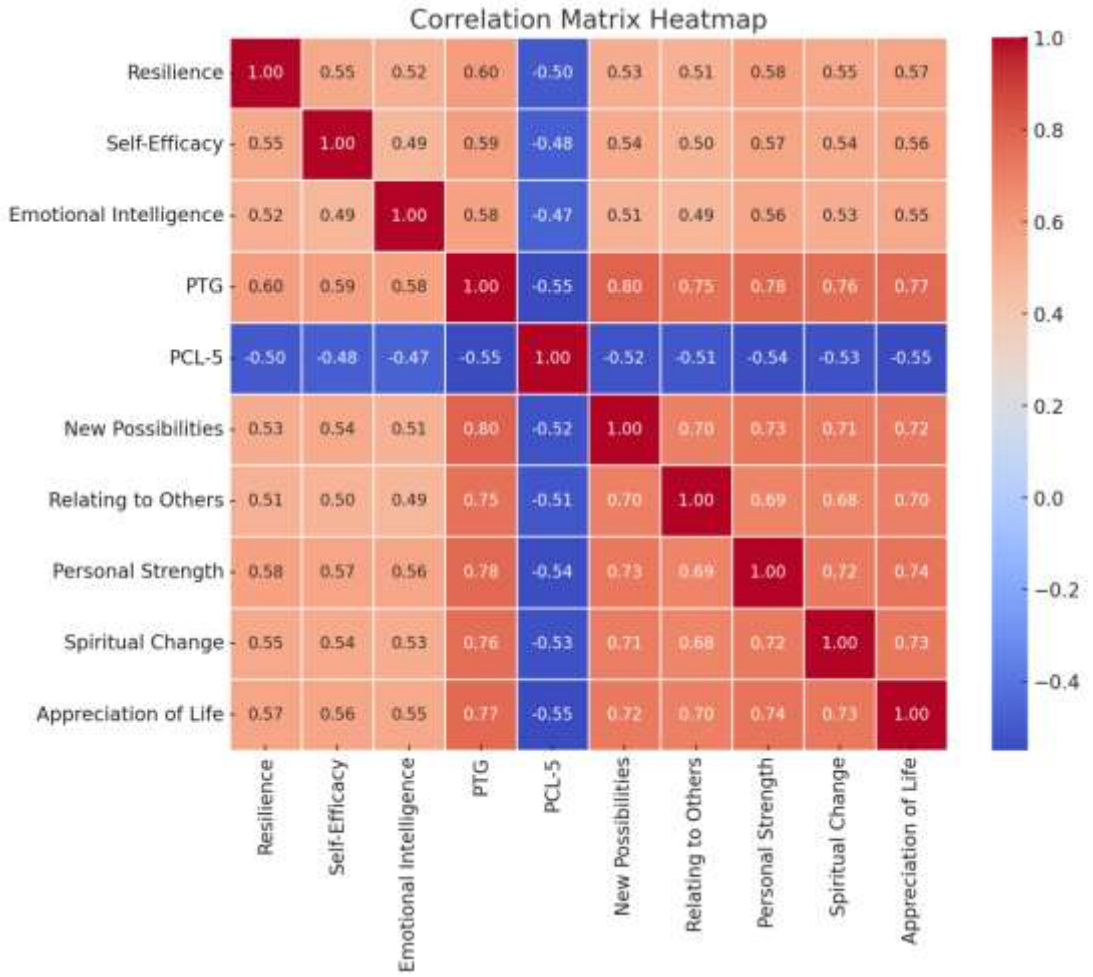

Figure 8: Correlation Matrix

Table 11's correlation analysis demonstrates significant associations among resilience, self-efficacy, emotional intelligence (EI), post-traumatic growth (PTG), and PTSD symptoms (PCL-5). The results indicate that resilience exhibits strong positive correlations with self-efficacy ($r=0.55$, $p<0.01$), PTG ($r=0.60$, $p<0.01$), and its sub-domains: New possibilities ($r=0.53$, $p<0.01$), Relating to others ($r=0.51$, $p<0.05$), Personal Strength ($r=0.58$, $p<0.01$), Spiritual change (0.55, $p<0.05$), and Appreciation of life ($r=0.57$, $p<0.01$). This suggests that increased resilience is linked to greater self-efficacy and more substantial post-trauma growth. Likewise, self-efficacy shows significant and strong correlations with EI ($r=0.49$, $p<0.01$), PTG ($r=0.59$, $p<0.01$),

and its components: New possibilities (r=0.54, p<0.01), Relating to others (r=0.50, p<0.05), Personal Strength (r=0.57, p<0.05), Spiritual change (0.54, p<0.05), and Appreciation of life (r=0.56, p<0.05). The analysis also reveals that EI has a strong positive and significant correlation with resilience (r=0.52, p<0.05) and PTG (r=0.58, p<0.01). Additionally, EI shows moderate positive correlations with PTG domains: New possibilities (r=0.51, p<0.05), Relating to others (r=0.49, p<0.05), Personal Strength (r=0.56, p<0.01), Spiritual change (0.53, p<0.01), and Appreciation of life (r=0.55, p<0.01). These findings suggest that individuals with higher EI were better equipped to overcome trauma-related difficulties.

Table 12: Multiple Regression Analysis

Model Summary

R	R^2	Adjusted R square	Std error of the estimate
0.50	0.25	.24	16.65848

ANOVAb

Model	***Sum of Squares***	***Df***	***Mean Square***	***F***	***Sig.***
Regression	*23120.707*	*3*	*7706.902*	*27.77*	***.000a***
Residual	*68266.209*	*247*	*277.505*		
Total	***91386.916***	***250***			

a. Predictors: (Constant), EI, resilience, self-efficacyb. Dependent Variable: PTG total

Coefficients a

Variables	**Unstandardized Coefficients**		**Standardized Coefficients**	**t-value**	**Significance**
	(b)	**Std.Error**	**Beta**		
Constant	19.62	6.549		2.996	0.003
Resilience	0.15	.041	0.21	3.502	0.001
Self-efficacy	0.54	.186	0.16	2.893	0.004
Emotional Intelligence	0.19	.036	0.32	5.491	0.000

b. Dependent Variable: PTG Totala. Predictors: (Constant), EI, resilience, self-efficacy

The multiple regression analysis presented in Table 12 shows an R value of 0.50, demonstrating a positive correlation between all variables. With an adjusted R square of 0.24, the model explains approximately 24% of the variation through three predictors: resilience, self-efficacy, and emotional intelligence. This model was found to be statistically significant ($F_{3, 247} = 27.77$, $p<0.01$). The analysis revealed that all three variables were significant predictors of post-traumatic growth among youth, each having a positive impact. Specifically, resilience (Beta = 0.21, $p<0.01$), self-efficacy (Beta = 0.16, $p<0.01$), and emotional intelligence (Beta = 0.32, $p<0.01$) emerged as notable contributors to this growth.

Table 13: Multiple Regression analysis for Post Traumatic Growth factors.

Dependent Variable	Predictors	R	R2	F-value	Beta-Coefficient	Significance
Personal strength	Resilience	0.11	0.12	1.004	.032	.637
	Self-Efficacy				.016	.800
	Emotional Intelligence				.090	.194
Relating to others	Resilience	.289a	.083	7.466	.002	.257
	Self-Efficacy				.079	.219
	Emotional Intelligence				.257	**.001**
New Possibilities	Resilience	.273a	.075	6.603	.015	.813
	Self-Efficacy				.106	.102
	Emotional Intelligence				.222	**.001**
Spiritual change	Resilience	.079a	.006	.50	.015	.814
	Self-Efficacy				.073	.280
	Emotional Intelligence				.005	.943
Appreciation of life	Resilience	.264a	.069	6.123	1.032	.303
	Self-Efficacy				1.64	.101
	Emotional Intelligence				3.03	**.003**

Multiple regression analysis for Post Traumatic Growth factors is presented in Table 13. The analysis examined three predictors: Resilience, Self-Efficacy, and Emotional Intelligence. Results indicate that among these variables, only emotional intelligence emerged as a significant predictor of the "relating to others" Post Traumatic Growth

factor (Beta = 0.26, p<0.001). Collectively, these three variables accounted for 8 percent of the overall variance in this factor.

Further, it was observed concerning new possibilities of post-traumatic growth among three predictors, Resilience, Self-Efficacy and Emotional Intelligence. Once more, emotional intelligence emerged as the sole significant predictor (Beta = 0.22, p < 0.01), accounting for 7% of the overall variance. Regarding the appreciation of post-traumatic growth among the three predictors - Resilience, Self-Efficacy, and Emotional Intelligence - the results indicated that emotional intelligence was the only significant predictor (Beta = 3.02, p < 0.01), explaining 6.9% of the total variance.

Table 14: Gender Difference in Resilience among youth with PTSD.

Variable	Gender	N	Mean	SD	df	t-value	p-value
Resilience	Female	125	117	29.86	248	3.73	**0.001*** **
	Male	125	105	23.69	248		

Table 14 shows Gender Differences in Resilience among youth with **PTSD**. The mean resilience score for females (N=125) is 117, with an SD of 29.86; for males (N=125), the mean resilience score is 105, with an SD of 23.69. This indicates that females in this current study have greater resilience than males. t-test was used to compare the means of the two groups. Males and females. Findings indicate a significant difference in resilience concerning gender at (248) = 3.73p<0.001.

Table 15: Gender Difference in Self-efficacy among youth with PTSD.

Variable	Gender	N	Mean	SD	df	t-value	p-value
Self –efficacy	Male	125	30.43	10.69	248	2.137	**0.04***
	Female	125	28.11	5.74			

Table 15 shows Gender Differences in Self-efficacy among youth with **PTSD**. The mean self-efficacy score for males (N=125) is 30.43 with an SD of 10.69, while for females (N=125), the mean self-efficacy score is 28.11 with an SD of 5.74. This indicates that males in this current study have greater Self-efficacy than females. t-test was used to compare the means of the two groups. i.e. males and females. Findings indicate a significant difference in Self-efficacy concerning gender at a t (248)= 2.137, $p<0.05$.

Table 16: Gender Difference in Emotional Intelligence among youth with PTSD.

Variable	Gender	N	Mean	SD	Df	t-value	p-value
Emotional intelligence	Male	125	76.91	31.57	248	9.377	**0.001*****
	Female	125	113.12	26.64			

Table 16 shows Gender Differences in Emotional Intelligence among youth with **PTSD**. The mean Emotional Intelligence score for males (N=125) is 76.91. With an SD of 31.57, while for females (N=125), the mean emotional intelligence score is 113.12 with an SD of 26.93. This indicates that females in this study have more excellent Emotional Intelligence than males. t-test was used to compare the means of

the two groups. e males and females. Findings indicate a significant difference in Emotional Intelligence concerning gender at (248) = 9.37, p <0.001.

Table 17: Summary results of t-test across Gender Difference in Post-Traumatic Growth and its factors among youth with PTSD.

Variable	Gender	N	Mean	SD	df	t-value	p-value
Personal strength	Male	125	13.04	8.38	248	2.017*	**0.04**
	Female	125	11.39	3.09			
Relating to others	Male	125	12.49	6.29	248	2.810**	**0.005**
	Female	125	14.84	6.87			
New Possibilities	Male	125	13.34	4.82	248	0.82	.408
	Female	125	13.85	4.93			
Spiritual change	Male	125	5.80	2.37	248	3.545***	**0.001**
	Female	125	6.71	1.62			
Appreciation of life	Male	125	12.20	3.56	248	2.49*	**0.02**
	Female	125	11.18	2.83			
PTG TOTAL	Male	125	63.37	21.40	248	4.67***	**0.001**
	Female	125	74.94	17.53			

Table 17 shows Gender Differences in Post-Traumatic Growth and its factors among youth with **PTSD**.

The mean score of Post-Traumatic Growth factor personal strength for males (N=125) is 13.04 with an SD of 8.38, while for females (N=125), the mean score was 11.39, with an SD of 3.09.The analysis revealed a statistically significant distinction between the two groups, as evidenced by the t-test results: t (248) = 2.017, p<0.05. Regarding

the **PTG** factor relating to others, the mean score of males is 12.49 with an SD of 6.29, while the mean score for females is 14.84 with an SD of 6.87. Females exhibited a higher average score than males on PTG factors associated with interpersonal relationships. A statistically significant disparity was observed between the two groups, as indicated by t (248) = 2.810, $p<0.01$.Concerning **PTG** factor new possibilities, the mean score of males is 13.34 with an SD of 4.82, while the mean score for females is 13.85 with an SD of 4.93. Females scored higher on average than males in the PTG factor of new possibilities, though no statistically significant distinction was observed between the two groups. Regarding **PTG** factor spiritual change, the mean score of males is 5.80 with an SD of 2.37, while the mean score for females is 6.71 with an SD of 1.62. The mean score of females on **PTG** factor spiritual change is higher than males, and there was a significant difference between the two groups t (248) =3.545, $p<0.001$.

Analysis indicates that for **PTG** factor appreciation of life, the mean score of males is 12.20 with an SD of 3.56, while as mean score for females is 11.18 with an SD of 2.83. The mean score of males on **PTG** factor appreciation of life is higher than females. The analysis revealed a statistically significant distinction between the two groups, as evidenced by the t-test results: t (248) = 2.49, $p<0.05$.

Over total mean Post-Traumatic Growth score for males (N=125) is 63.45 with an SD of 21.40, while for females (N=125), the mean Post-Traumatic Growth is 74.94 with an SD of 17.53. This indicates that females in this current study have attained more incredible post-traumatic Growth as compared to males. t-test findings indicate a significant difference in overall Post-Traumatic Growth concerning gender at t (248) = 4.67, $p<0.001$.

CHAPTER 6

DISCUSSION

The present study consists of 250 young adults, 125 males and 125 females with post-traumatic disorder. Our study attempted to asses and explores variables such as resilience, self-efficacy, emotional intelligence and post-traumatic growth among the youth diagnosed with post-traumatic stress disorder. The present study attempts to find the relationship between self-efficacy, resilience, emotional intelligence and post-traumatic growth variables. In addition, we also attempt to find the impact of resilience, self-efficacy and emotional intelligence on post-traumatic growth and explore gender differences.

DISCUSSION OF METHODOLOGY:

The present study consists of 250 participants, 125 males and 125 females, with Post-traumatic disorder. All patients were selected after screening based on inclusion and exclusion criteria. This study is a cross-sectional study in nature. The advantage of the cross-sectional design is its feasibility, time constraints, and collection of samples at a single point in time frame to find the relationship between variables ***(Bryman, 2016).*** The sample was collected from Kashmir Advanced Research Centre (KARC) Srinagar. Most of the diverse population from various Kashmir regions visit this institute for treatment of various psychological conditions. The purposive sampling method was used as it was less time-consuming and more convenient for the researcher to collect data. The self-structured socio-demographic data sheet for demographics, BTQ for trauma, and PCL-5 to asses symptomology of **PTSD** symptoms ***(Weathers et al., 2013)*** are commonly used to assess traumatic symptoms. The resilience scale to measure resilience level ***(Wagnild & Young, 1993).***To assess self-efficacy, by general self-efficacy scale (GSE), this scale is used widely and

validated in 25 countries (***Schnauzer & Jerusalem, 1995***). To evaluate the emotional intelligence among the youth with **PTSD**, the Schutte self-report emotional intelligence test (SSIET*) (**Schutte et al., 1998)*** is used to measure levels of emotional intelligence. Post-traumatic growth among youth with **PTSD** is being measured by the post-traumatic growth inventory and is used in most studies ***(Tedeschi & Calhoun, 1996).***

DISCUSSION OF RESULTS

Socio-demographic characteristics:

The socio-demographic attributes that comprise the sample in the current study are age, gender, education, occupation, family income, family type and area of residence, as the sample demography comprises 250 Kashmiri youth with post-traumatic stress disorder between the ages of 18-25 as shown in details. Understanding these socio-demographic attributes is fundamental in placing the result findings in the sample's representativeness. It should be noted that the fair representation of the sample is essential and crucial for research mainly focusing on psychological development and resilience ***(Twenge & Campbell, 2001).***

The sample in this study comprises 250 participants 125 belong to the male gender, corresponding to 50 %, and 125 belong to the female gender, corresponding to 50%. Thus indicating that both genders are equally divided into two groups. Gender is equally divided into two groups because this balanced representation of gender is important for eliminating gender bias and hence enhancing the validity of the current study ***(Holdcroft,2007)***, allowing for accurate comparison of variables in this present study, such as resilience, self-efficacy, emotional intelligence and post-traumatic growth (**PTG**) concerning gender. Concerning marital status, 196, 78.5% of the

participants, are unmarried, and 54 out of 250, corresponding to 21.5%, are married. This distribution shows a significant predominance of unmarried youth with **PTSD** within the sample, thus highlighting the majority's demographic characteristics of unmarried individuals. The possible reason for that could be because most of the participants in this study are between the ages of 18-25 years, and another reason associated would be the late marriages in Kashmir ***(Wani, Patram, & Bhat,2017).*** It should be noted that such a high percentage of unmarried participants can differ significantly from married participants concerning traumatic growth after trauma, thus providing insights into how marital status impacts post-traumatic growth ***(Kim., & Kwak, 2021).***

The family type distribution of the sample, out of 250, 178 youth corresponding 71.2% are from nuclear families and 72 out of 250 youth with 28.8% from joint families. Thus, the significant predominance of nuclear families of youth with **PTSD** highlights the prevailing family structure within the sample ***(Hussain, Dar, Shah, & Roub, 2024).*** Understanding this distribution of family type is very important for analyzing the impact of family dynamics and support systems on post-traumatic growth and other related variables in this study.

The distribution of youth concerning area of residence, with a significant number of majority 202 youth with **PTSD**, corresponds to 80.8% residing in rural areas ***(Housen et al.,2019)*** and the remaining 48 out of 250 corresponding to 19.2% living in urban areas. This distribution highlights a predominant focus on rural populations within the study, essential for understanding individuals' unique challenges and experiences in these settings and allows for an in-depth analysis. This rural-urban breakdown in the sample provides valuable insights into the differing impacts of trauma and recovery

processes across diverse living conditions in district-wise distribution of youth with **PTSD** across various districts in Kashmir**.** The study found that a significant portion of the sample population, 73 out of 250, is from Srinagar, corresponding to 29.2%, followed by Anantnag 31 (12.4%). 28 youth from the Baramulla district, corresponding to(11.2%), 24 youth from Pulwama corresponding to (9.6%), and 27 youth with **PTSD** from upward corresponding to (10.8%). From other districts, 19 are from Bandipora, corresponding to (7.6%); 14 from district Budgam, corresponding (to 5.6%); 21 from Ganderbal corresponding to (8.4%), and 13 out of 250 from district Kulgam corresponding to (5.2%) also contribute to the sample. The above data provided an understanding of the distribution in different districts' geographic areas, which can be helpful for intervention across the Kashmir valley Kashmir ***(Bhat & Singh, 2019).*** This distribution may allow researchers to understand regional variations in **PTG**, thus providing comprehensive insights into how these factors, such as geographical and socio-cultural, influence the recovery and growth after trauma. Also, this balanced yet varied representation from different districts of Kashmir Valley will help the researchers to identify unique challenges and strengths within each district, thus contributing to more targeted and effective interventions for trauma-affected populations.

The distribution of participants by occupation highlights the importance of diverse occupational backgrounds within the sample. Students population with **PTSD** constitute the largest group, comprising of 67.6% of the sample ***(Shah, H., & Mishra, A. K. 2021)***, followed by unemployed youth with **PTSD**, who make up 11.6% of the participants ***(Bhat, M. A., & Joshi, J. 2020; Housen et al, 2019).,*** indicating a notable segment of the study population facing employment challenges ***(Naqshbandi, M. M.,***

& Amin, W. (2013). Professionals represent 8.4% of the sample, offering insights into this occupational category, while business participants account for 7.2%, and skilled workers form the smallest group at 5.2%. The total sample size is 250, ensuring a comprehensive representation of various occupational statuses, which is crucial for analyzing the impact of occupation on post-traumatic growth and other related factors and variables.

Further from the distribution of 250 participants across different socio-economic statuses. The majority of the youth 68 with **PTSD** fall into the lower middle class, accounting for 27.2% of the sample ***(Firdosi, M. M., & Margoob, M. A. 2016),*** followed by the 60 low socio-economic status group youth with **PTSD** corresponding to 24.0%. ***(Shoib, S., Mushtaq, R., Jeelani, S., Ahmad, J., Dar, M. M., & Shah, T.,2014).*** The middle class constitutes 20.8% of the participants, while the upper middle class represents 18.8%. Thus, the High socio-economic status group of youth with **PTSD** comprises the most minor portion at 9.2%. Thus, according to this distribution, valuable insight into socio-economic status, especially those with low socio-economic status are unable to take proper intervention and treatment from different mental health services and also very low social support ***(Abedzadeh-Kalahroudi, M., Razi, E., & Sehat, M. 2018)*** further, how these variables can impact post-traumatic growth after trauma and other related factors in this study, identifying the unique influences of the socio-economic status and challenges associated with each status on the study's outcomes.

Trauma types, Post Traumatic symptoms, Resilience, Self-Efficacy, Emotional Intelligence, and Post Traumatic Growth

The majority of the patients, i.e., 205 (82%), reported the Violent Death of a Close Friend or Family Member. Concerning the male gender, 100 (80%) reported the Violent Death of a Close Friend or Family member, and concerning the female gender, results indicate that. 105 (84%) reported the Violent Death of a Close Friend or Family Member. There can be many reasons for such an increase in number. The valley is continuously experiencing political unrest and violence for the past few years. Previous research found that the loss of friends and loved ones to violence in Kashmir plays a crucial role in trauma exposure in the population within that area, aspects which impact one's mental health and social relations. Various studies show that in regards to Kashmir conflict, 30. 6% experienced high traumatic exposure, 24. 0% showed very high traumatic exposure, 34. 0 % experienced moderate traumatic exposure in the present sample and 10. 5% of respondents showed low traumatic exposure. Gender distribution in terms of trauma identified was; Males 100%, females 100%.

The prevalence rate of the traumatic events was as follows: "Feeling stressed" (97. 3%); "fear of search operations, crackdowns or curfew" (89. 2%); "Witnessed protest or participated in protest" (88. 3%); "loss of a family member, relative or friend due to a bullet, pellet or any explosive" (76. 5%); and "Watching violent Of all the traumatic events, 13 out of 17 were found to have a significance relationship with gender included finding out that male had a significantly higher prevalence in all the events than female ***(Dar & Deb,2022).*** Further. There is a high incidence of trauma history about violent episodes, with 33.3% of young adults reporting severe exposure to

traumatic experiences, including witnessing the death of loved ones. A study conducted revealed that sixty-two per cent of family members of **PTSD** patients had psychiatric morbidity, thus showing the effects of trauma on the family ***(Wani & Margoob, 2006).*** **PTSD** is more common in people exposed to violent death, with the mentioned courses being chronic in many cases ***(Wani & Margoob, 2006).*** Violence deprives families of the fittest caregiver and breadwinner in the family and burdens women with the responsibilities of the headship of the family, and such families are rendered socially worthless ***(Qayoom, 2014).*** The things that these families go through continue to create more cases of mental disorders, making it difficult for the community to gain stability and strength ***(Jahangir et al., 2021).*** As stated, people may experience traumas from violent death, and such effects may be countered through support structures enhancing resilience among survivors. Meanwhile, the overall influence remains a significant issue in the ongoing conflict with Kashmir.

A total of 170 (68%) of patients reported having situations where respondents felt that he/she could be injured or killed, and 160 (64 %) of patients with physical assault. In terms of male gender, results indicate that 120 (96%) of patients reported having situations where respondents felt that he/she could be injured or killed, and with females, 50 (40%) of patients reported having situations where respondents felt that he/she could be injured or killed. Our findings are almost similar to previous research done in Kashmir, where key traumatic events include fear of search operations (89. 2%), witnessing protests (88. 3%), and personal threats of violence (2022). Prevalence of trauma among young adults exposed to stressful events of armed conflicts in South Asia. About 50% of respondents show signs of **PTSD** related to witnessing violence, experiences of losing relatives and so on ***(Bhat & Rangaiah, 2015).*** In addition to

physical trauma, one should include restriction of movement and feelings of lack of freedom – all these issues fall under the category of psychological trauma ***(Khan & Majumdar, 2017).*** Currently, the healthcare system in Kashmir is inadequate in managing trauma and suicidal patients, and their sense of hostility and neglect increases ***(Wani et al., 2011).***

Around 160 (64%) patients out of 250 experienced major natural and/or technological catastrophes, out of which 60 (48%) males experienced significant natural and/or technological catastrophes and 100 (80%) females experienced significant natural and/or technological catastrophes. Our results are in line with previous findings that the psychological disorder that has been reported to be more common in Kashmir, especially after disasters such as floods and earthquakes, is post-traumatic stress disorder. According to the research studies, there is a direct correlation between the chances of developing **PTSD** and the unfortunate incidence of such catastrophic events among the survivors. A survey conducted eighteen months after the 2005 earthquake showed that 55 per cent, 2 for women, while the average number of partners for men was 33. 4% of the men had **PTSD** symptoms ***(Naeem et al., 2011).*** Another study using the systematic review identified the different types of mental health disorders with their pooled prevalence as follows: **PTSD** at 49. There is about 2% among Pakistani survivors; the percentage is comparatively higher among women survivors ***(Hosseinnejad et al., 2021).*** Family and friend support are important; increased levels of the two counteracts **PTSD** after floods, according to Dar et al. (2018). The studies also show that the chances of developing **PTSD** increase with the degree of trauma exposure ***(Naeem et al., 2011).*** Psychological symptoms have been context of natural calamities; however, no study from Kashmir addresses that

Technological catastrophes may also cause **PTSD**. In the wake of the September 2005 earthquake, **PTSD** was positively related to the level of 55. 2 per cent of women and 33 per cent man believe that in marriage, a man should dominate his wife. United mention that 4% of men have attempted suicide, and such disasters have a severe impact on mental health; according to ***Naeem et al.,*** 95 (38%) out of 250 patients experienced emotional and physical punishment as children. Previous Studies have also revealed how negative, incredibly emotional and physical punishment during childhood impacts someone's psychological and behavioral health in adulthood ***(Herrenkohl et al., 2012) (Gershoff et al., 2018) (Heilmann et al., 2021)***. To begin with, research evidence has indicated that physical discipline in childhood worsens behavior over time ***(Heilmann et al., 2021).***Physical punishment probably hinders the child's social and emotional well-being, as such treatment makes the child feel ashamed and undeserving of love, have mood swings and other related issues. ***(Thompson & Kaplan, 1996)***

75 (30%) out of 250 patients were having sexual contact. Concerning gender, a total of 11 (8.8%) out of 125 youth were having sexual contact. and 64 (51%) female youth out of 125 youth were having sexual contact. A large amount of research has outlined the severe consequences of such experiences, pointing out that survivors of such situations develop an illness called post-traumatic stress disorder ***(Guggisberg et al., 2021).***In one study, sexual contact has been reported to affect 21.2% of the population ***(Guggisberg et al., 2021).*** While using the sharing economy, women and children are endangered to a more significant extent, as threats of victimization are higher among them. The effects of these sexual contact experiences may be long-lasting and result

in higher use of social maladjustment and other psychiatric conditions ***(Dar, N. A., & Mehraj, B. 2018).***

PTSD remains a very disabling outcome, which comprises a state of hyper arousal, avoidance behavior, re-experience of the event, and a change of thought and emotional processing patterns. Persons who have been sexually assaulted are at a further higher risk of developing **PTSD**, and from the research done, different writers have it that re-victimized persons are prone to the risk of developing **PTSD** (WALSH et al., 2012). However, the extent and horror of the issue in the context of Kashmir remain relatively underreported ***(Walsh et al., 2012)***

Results further indicate that 160 (64%) youth with **PTSD** had experienced physical assault. Concerning the male gender, 90 (72%) youth with **PTSD** had experienced physical assault, and 70 (56%) female youth with **PTSD** had experienced physical assault. Physical assault is correlated with the development of **PTSD**. Different studies show that even though both men and women experience a significant amount of trauma from physical violence, female victims are more likely to have trauma due to sexual abuse, which aggravates the psychological aftermath and increases the **PTSD** probability. More so, on average, men experience more physical violence, which leads to the development of **PTSD** ***(Hyman et al., 2008; Koch et al., 2006).*** The researchers also give abundant explanations concerning the causes of such gender differences. For instance, such factors as the sexual concomitance to most physical attacks, especially to women, higher likelihood of women falling victim to both adult and childhood sexual assault may define a different psychological reality that is sometimes hard to capture in research. Moreover, minority people and people from

culturally diverse backgrounds may apprehend trauma dissimilarly or may display post-traumatic stress distinctively ***(Koch et al., 2006).***

Further, road traffic accidents are one of the common causes of trauma with espoused psychological implications for both male and female victims. However, factors which may increase the prevalence of post-traumatic stress disorder following a car accident and the course of this syndrome in men and women can be different. ***(Vrana & Lauterbach, 1994).*** In this present studyonly15 (6%) out of 250 patients experienced serious car accidents. Concerning males, gender findings indicate that 9 (7.2%) out of 125 males experienced serious car accidents, and concerning females gender, 6 (4.8%) out of 125 males experienced a serious car accident.

Regarding resilience, 24 participants (9.6%) are in the low resilience range from (0-120), indicating very low resilience levels. A larger group, 154 participants corresponding to (61.6%), fall into the medium resilience range from (121-145), showing moderate resilience. Moreover, finally, 72 participants corresponding to (28%), are in the high resilience range from (146-200), indicating strong resilience ***(Wagnild & Young, 1993).*** Findings show that most of the participants with **PTSD** have developed resilience, which is crucial for coping and recovering from trauma; a significant portion exhibits medium resilience, and very few display low resilience. The mean score and standard deviation of Resilience within the sample was 99.20 (SD = 27.64). This discovery in our current study follows extant literature, which recognizes the importance of resilience as a critical factor in managing adversity and trauma.

Regarding self-efficacy, 15 participants corresponding(6.0%) fall into the low self-efficacy range (0-13), thus indicating very low confidence in their ability to manage

situations. 96 out of 250 participants (38.4%) are in the high self-efficacy range from (28-40), reflecting a high level. Out of 200, 139 participants with **PTSD** corresponding to (55.6%), are in the medium self-efficacy range between (14-27) ***(Schwarzer & Jerusalem, 1995).*** This distribution indicates that most of the youth with **PTSD** have developed a medium level of self-efficacy. The mean score and standard deviation of self-efficacy were found to be 22.50 (SD = 7.31). It should be noted that when it comes to self-efficacy, effective functioning and mental health are contingent upon self-efficacy, or the perception of one's capacity to manage potential circumstances ***(Schwarzer & Jerusalem, 1995).*** Thus, the necessity for required for initiatives after trauma that foster youth empowerment and confidence in managing stress and obstacles is underscored by the moderate level of self-efficacy in this sample.

In terms of emotional intelligence among youth with **PTSD**, 34 participants out of 250, corresponding to (13.6%) are in the low EI range (0-111), indicating low emotional intelligence. 128 participants, corresponding to (51.2%) fall into the medium EI range (112-136), showing moderate levels of emotional intelligence. 88 participants, corresponding to (35.2%), are in the high EI range (137-200), reflecting strong emotional intelligence. The data suggests that most participants have a medium level of emotional intelligence, which is very beneficial for emotional regulation strategies and interpersonal relationships ***(Schutte et al., 1998).***

Further, as evident score and standard deviation of emotional intelligence among youth with **PTSD** was found to be 120.40 (SD = 23.58). Emotional intelligence, which encompasses important skills such as self-regulation, empathy, and emotional awareness, is crucial for social functioning and psychological well-being ***(Salovey &***

Mayer, 1990). In our study concerning emotional intelligence, moderate EI scores suggest that a significant number of participants with **PTSD** possess a moderate capacity to comprehend and regulate their emotions. However, for better outcomes, it is important that targeted interventions could further improve these abilities, particularly in conflict-affected regions such as Kashmir.

However, important insights into the psychological profile, such as post-traumatic growth and **PTSD** symptoms of the youth, were observed that only 34 participants (13.6%) fall into the low **PTG** range corresponding to (0-45), indicating minimal post-traumatic growth. A large and significant portion, i.e. 145 youth corresponding to (58%), are in the medium **PTG** range from (46-69), thus reflecting moderate levels of post-traumatic growth among youth with **PTSD**. Further, the majority of youth with **PTSD** i.e., 71 participants corresponding to (28.4%), are in the high **PTG** range from (70-105), suggesting that a high proportion of the sample in the study experiences a high level of growth following trauma. These findings indicate that most participants experience substantial post-traumatic growth, with a smaller but notable group experiencing moderate growth. Only a tiny fraction experiences minimal growth **PTG** ***(Tedeschi & Calhoun, 1996).*** In general, most participants as evidenced by the mean score for **PTG** of 60.10 (SD = 16.88). This shows that **PTG factors** such as A renewed appreciation for life after adversity, enhanced relationships, and personal growth are all components of ***PTG (Tedeschi & Calhoun, 1996).*** Although the majority of participants with **PTSD** are adapting to their traumatic experiences, the moderate **PTG** scores in this sample with **PTSD** indicate that there is potential to cultivate even more significant **PTG** with the help of therapeutics through supportive interventions and mental health resources.

In this present study, the mean score for trauma is 4.5, with a standard deviation of 2.23 among the youth of Kashmir. In a similar line of research, several studies done in the past have established that there are adverse mental health impacts associated with cumulative trauma ***(Greeson et al., 2013) (Layne et al., 2014)*** and the combined effects of different types of childhood adversity: A research study of the coexistence of different type of abuse and neglect and the household dysfunction showed that coexistence of these painful events is common and that childhood maltreatment may be manifested by the combined effects of these traumatic events rather than a particular type of abuse ***(Dong et al., 2004).*** In the same manner, a study conducted with children of Chinese rural-to-urban migrants showed that with an increased number of traumatic event types, like accidents, interpersonal violence, and vicarious trauma, internalizing and externalizing behaviors are more severe as seen from the children's experiences trauma ***(Liang et al., 2020).*** Such patterns of results lead to the notion that the lifetime mean number of trauma experiences, which refers to how many kinds of traumatic events an average person has been exposed to in their lives, is likely more representative as a measure for predicting mental health outcomes ***(Greeson et al., 2013) (Liang et al., 2020) (Layne et al.,2014).***

For **PTSD** symptoms, the mean score for re-experiencing traumatic events among youth is 9.7, with a standard deviation of 5.25. The mean score for avoidance symptoms of **PTSD** among youth is 6.3, with a standard deviation of 2.3. The finding from PCL-5 further indicates that the mean score for negative Alterations in Cognition among youth was 9.9 with a standard deviation of 4.17was higher compared to other symptoms, and the mean hyper-arousal score was 6.7 with a

standard deviation of 4.2. Overall, the total mean score of **PTSD** symptoms was 42, with a standard deviation of 17.12

This relatively high score on PCL-5 suggests that the participants experienced substantial **PTSD** symptoms, a condition that is not uncommon in conflict zones (Weathers et al., 2013.). This indicates much more attention to the imperative necessity for a comprehensive mental health support system to address the pervasive impact of long-term trauma and support the psychological recovery of Kashmiri youth emphasized by these findings.

Relationships between Resilience, Self-Efficacy, Emotional Intelligence, and Post-Traumatic Growth

The correlation and regression analyses conducted in this particular study disclosed more about the relationship between self-efficacy, resilience, emotional intelligence and post-traumatic growth in the young Kashmiri population suffering from **PTSD**.

In this current study, the resilience among the youth of Kashmir with traumatic experiences shows a positive and significant relationship with self-efficacy, overall **PTG** and its domains, such as new possibilities, Relating to others, Personal Strength, spiritual change and Appreciation of life. Thus, indicating that higher resilience is associated with higher self –efficacy and more significant growth following trauma. Our findings align with previous research suggestions that resilience is an important buffer against adversities and their effects, thus promoting and facilitating positive psychological outcomes ***(Bonanno, 2004).*** Thus, the first hypothesis which states that "There will be a significant relationship between **PTG** and Resilience among the youth of Kashmir with **PTSD**", is supported and confirmed in this current study. As **PTG** was positively related to resilience among the participants. It seems that

resilience is a key to positive psychological change after a traumatic event ***(Connor & Davidson, 2003).*** Several studies have established that people with a high level of resilience tend to view difficulties as developmental rather than impedance. This perspective helps them focus on the positive consequences and/or meaning of the traumatic occurrence ***(Bonanno, (2004) Master (2001).*** As the present study's findings point out, resilience should be defined not as the absence of psychopathology but as the presence of positive adjustment and development under stress ***(Luthar et al., 2000).*** Those who are perceived as resilient often employ healthy coping strategies in the process of managing potential post-traumatic stress between the onset of the trauma and its actual manifestation in people's lives. Because of those coping mechanisms, they can achieve psychological resilience and develop meaning and coherence; hence, they are happy people.

Moreover, some resilience features have been connected to optimism, self-efficiency, and social support, enhancing the possibilities of relatively positive **PTG**. Positive thinkers are more likely to perceive stressful circumstances positively and are assured of their capacity to overcome challenges, which enhances personal growth (Carver et al., 1989). In the same way, post-trauma growth can be fostered by both changing the cognitive appraisal of the event that occurred and by focusing on relationally derived meaning through offering compassion and help through solid social support systems ***(Tedeschi & Calhoun, 2004)***

The results of the present research are consistent with prior research in which resilience has been underlined as a critical factor in enhancing the **PTG** among trauma-exposed population. ***Bensimon (2012)*** did a study that established that resilience was a significant predictor of **PTG** among terror-related trauma. Further,

***Prati and Pietrantoni (2009*)** analyzed a meta-analysis that confirmed the high level of relationship between resilience and **PTG** in numerous samples of traumatized individuals.

Similarly, the second variable in our study, self-efficacy, correlates significantly and strongly with emotional intelligence and post-traumatic growth (**PTG**) and its domains; New possibilities, Relating to others, Personal Strength, spiritual change and Appreciation of life. Our findings align with previous studies where self-efficacy determines overcoming stressful situations and trauma ***(Bandura, 1997).***Thus, the second hypothesis, which states that "There will be a significant relationship between **PTG** and self-efficacy among the youth of Kashmir with **PTSD**", is supported and confirmed in this current study.

In particular, people require self-efficiency to deal with and recover from traumatic circumstances. According to ***Bandura (1997),*** self-efficacy refers to the capability of the individual to perform actions that can prevent future situations. The present cross-sectional study indicates that self-efficacy is related to psychological effects and coping strategies in trauma-exposed individuals. In the present study, it was found that self-efficacy has a significantly positive relationship with **PTG**. This implies that there is a higher level of self-efficacy among Kashmiri youth with **PTSD** and also higher beneficial outcomes of **PTG**.

This kind of relationship has been given a good account in the literature. For example, ***Benight (2004)*** emphasized that self-efficacy enhances resilience, indicating that individuals gain confidence and effective behavior under stressors. The approach of coping strategies, for instance, problem-solving and seeking social support, is crucial to recover and redress the impact of trauma. People with enhanced self-effort are in

the correct position to be involved in these measures, according to ***Schwarzer and Jerusalem (1995)***. Speaking of **PTG**, this kind of adaptive coping contributes to the development of process traumatized people who can reuse the experience to create benefits for the self instead of suffering ***(Tedeschi & Calhoun, 2004).***

Moreover, studies have established self-efficacy as an evaluation assessing protection against the development of **PTSD** symptoms. According to research, people with high self-efficacy will be less likely to find traumatic events overwhelming. They will be more likely to have confidence in their ability to overcome obstacles, thus reducing their possibility of developing **PTSD** ***(Benight & Bandura, 2004).*** This protective effect is highly relevant given the current conflict and violence situation, for instance, in the territory of Kashmir: the psychological vulnerability of youths in conflict regions is high ***(Kashani et al., 2018).***

One construct that seems to be relevant in the context of mental health interventions as a way of fostering **PTG** among the youth in Kashmir is self-efficacy. Self-help and coping skill enhancement programs, which are the programs that build up self-efficiency, help ensure the youths get the needed tools to address their traumatic experiences productively. In their findings, ***Zolnikov (2018)*** established that such interventions contribute to positive mental health effects and **PTG**. Since **PTG** is positively related to self-efficacy, it highlights the importance of self-efficacy in the trauma recovery context. Mental health workers can, therefore, by cultivating self-traumatized people, particularly those living in conflict-prone areas, gain better psychological well-being and **PTG**.

Finally, these findings mark self-efficacy's relevance for enhancing and encouraging the Post Traumatic development. The potential utility of interventions designed to

enhance self-efficacy when treating people who have been exposed to trauma may lead to positive psychological change.

The third variable in this current study is emotional intelligence. The finding indicates that emotional intelligence shows a strong positive and significant correlation with resilience and overall traumatic growth (**PTG**) and moderate positive correlations with domains such as New possibilities, Relating to others, Personal Strength, spiritual change and Appreciation of life. Indicates higher emotional intelligence facilitates overcoming painful from traumatic experiences. This is in line with ***Salovey and Mayer's (1990)*** model of conceptualization of emotional intelligence, hence helping in emotional regulation and the show of interpersonal relationships, which is instrumental in the recovery process.

Thus, the third hypothesis, which states that "There will be a significant relationship between **PTG** and Emotional intelligence among the youth of Kashmir with **PTSD**", is supported and confirmed in this current study.

As discussed to a certain extent, EI determines how people make sense of and regulate their reactions to significant traumas. EI is important for healthy emotional self and other regulation, empathy, and interpersonal relationships because, as described by ***Salovey and Mayer (1990)***, EI or Emotional intelligence is the capacity to accurately understand and manage emotion, both in self and others. The present investigation found the existence of a significant positive association between EI and **PTG**, confirming the research hypothesis that Kashmiri adolescents with **PTSD** have higher levels of **PTG** with more EI.

Research backs up the journey of examining the role of EI as a facultative critical in the process of trauma healing. A high EI enables people to manage the traumatogenic

aspects of stress more efficiently and better cope with the application of healthy mechanisms. For instance, people with high EI use adaptive coping styles like seeking social support, which contains positive thinking, personal resourcefulness and tolerance to stress ***(Ciarrochi et al., 2002).*** The cognitive and emotional transformation, the hallmark of post-adversity growth, can be understood as a flow that is helped by an increased ability to understand and control emotions ***(Joseph & Linley, 2006)***. Also, EI plays a critical role in forming consistent social networks essential for psychological assistance. Supportive relationships are something that people with high levels of emotional intelligence are capable of creating and maintaining, which provides them with adequate resources to deal with the challenges of trauma ***(Schutte et al., 1998).*** The social relations are crucial for the growth of **PTG** because, through these relations, the person can develop new beneficial ways of perceiving the traumatic events by being encouraged and validated. Because conflict and tension are so prevalent that even Kashmiri youth, it might be beneficial to the youth's EI. Learning EI improvement interventions such as mindfulness and emotional skills that encompass EI can help these adolescents with what they need to regulate their emotions after an upsetting event and support each other ***(Mikolajczak et al., 2009).*** Through such interventions, the ill community patient can feel supported by the community to improve on **PTG** due to the positive community socially supported environment.

The findings of the present investigation are congruent with the construct of **PTG** literature and underscore the importance of emotional intelligence in the transfer. To better regulate their experiences of trauma and to be better able to use those experiences for personal change, people can develop their affect awareness and

mastery. In light of the studies mentioned above, the emotional intelligence program of EI should be incorporated into mental health treatment approaches to enhance the survivor's restoration and improvement pathway. Therefore, these findings show the role of emotional intelligence in post-trauma development. In this way, the recipients of offence-focused interventions may build improved psychological well-being and growth once they increase their psychological knowledge.

Further, it was found that there was a negative relationship between PCL-5 scores and resilience, self-efficacy, and Emotional intelligence. Its domains, such as new possibilities, Relating to others, Personal Strength, spiritual change and Appreciation of life, demonstrate the negative influence of severe **PTSD** on favorable psychological outcomes such as resilience, self –efficacy and emotional intelligence by showing a negative correlation between **PTSD** and resilience, self –efficacy and emotional intelligence, poorer post-traumatic growth and higher **PTSD** symptoms.

Overall findings in this study indicate a strong positive relationship between resilience, self-efficacy, emotional intelligence (EI), and post-traumatic growth (**PTG**) among Kashmiri youth with **PTSD**. Thus, it is possible to conclude that resilience, self-efficacy, and emotional intelligence are closely linked to enhancing post-traumatic growth and reducing the symptoms of **PTSD** when a person has experienced trauma. These results show the concept of recovery and welfare after trauma experienced by youth.

In terms of psychological predictors, findings in this study revealed a positive relationship between variables such as resilience, self –efficacy and emotional intelligence 24% variation by three predictors in our study, i.e., resilience, self-efficacy and emotional intelligence were found to be statistically significant. Thus, in

above multiple regression analysis revealed that resilience emerged as a significant predictor among the youth of Kashmir with **PTSD**. This finding aligns with existing literature that emphasizes the role of resilience as a critical factor in recovery from trauma, enabling individuals to adapt and thrive despite adversity ***(Bonanno, 2004).*** Similarly, self–efficacy emerged as a significant predictor among the youth with **PTSD**. This indicates that higher self-efficacy – the degree of confidence in one's ability to deal with the demands of life – is linked to higher **PTG**. A theoretical framework to support it is self-efficacy, where clients with a higher level of self-efficacy are likely to adopt better coping mechanisms with a low incidence of **PTSD** ***(Bandura, 1997; Benight & Bandura, 2004).***

Likewise, emotional intelligence came as a significant predictor and has a positive impact on total post-traumatic growth and its domains, such as relating to others, new possibilities, and appreciation of life among the youth of Kashmir with **PTSD**. This means that EI positively impacts **PTG**, showing that emotional intelligence is vital when it comes to growth after traumatic experiences. In turn, high EI is conducive to more appropriate patterns of emotional regulation, understanding of other's emotions, and social contacts, which are all important contributors to accurate psychological functioning ***(Salovey & Mayer, 1990; Ciarrochi et al., 2002).*** Thus, the fourth hypothesis, which states that **"Resilience, Self-Efficacy and Emotional Intelligence"** will come out to be as significant predictors of **PTG** among the Youth of Kashmir with **PTSD**" is supported and confirmed in this current study.

GENDER DIFFERENCES

Some of the psychological theories and frameworks, such as resilience, self-efficacy, emotional intelligence (EI), and post-traumatic growth (**PTG**), are known to be

affected by gender in one way or the other. Numerous studies have documented these differences well-articulated in several research papers, underscoring the significance of gender-sensitive approaches in mental health research and interventions.

GENDER DIFFERENCES IN RESILIENCE

This current study showed a significant difference in resilience concerning gender. The psychological literature has particularly described gender differences in resilience and noted that women often experience more resilience than men in the samples from trauma. Higher resilience scores were evident for the female participants than the male participants in the present study. Findings in this study align with ***Killgore et al. (2010);*** such findings align with earlier literature, positing that the female sex is endowed with better adaptive emotional regulation than males, owing to more significant and better coping with stressful events. The possibility of gender difference could be explained as females socializing in different ways to deal with difficulties. More often, women are prompted to talk more, share what they feel, and even seek help, which plays an essential aspect in increasing the level of resilience in women. On the other hand, males are usually expected to be strong and not to show emotions; therefore, they may be limited in the use of emotions, and especially support as sources of coping ***(Tamres et al., 2002).***

In the same vein, social support is critical in developing resilience since it provides clients with practical, informational and instrumental resources that enable them to cope with stress and rebound from trauma ***(Masten & Obradović, 2006). Taylor et al. (2000)*** argue that females enjoy more extensive and more effective social support than males, and therefore, they can better cope with the effects of stress and are more resilient. During stress, females often show a higher level of coping than males

because females rely on social support. Besides, it has been articulated that gender differences in coping styles define resilience. Previous studies have revealed that females can use problem-focused and emotion-focused coping styles, which are regarded as positive coping styles; these include instrumental support and positive re-appraisal and are positively related to resilience ***(Ptacek Smith & Dodge, 1994).*** On the other hand, Males use coping methods such as avoidance and distractions, which may not have as significant value as those promoting resilience in the long run ***(Carver et al., 1989).***

Mental health needs to be tailored and targeted, especially when it comes to the youth from Kashmir, as the gender differences in the level of resilience shown above depict. It is about gender-specific strategies to take advantage of the distinct features of a female or a male and apply such data to the programs for increasing resilience. For example, intervention designed for males may involve the fostering of male support systems and the modeling of appropriate emotional behavior for males, and the same for females may involve the enhancement of the existing coping strategies of the females and their support systems ***(Bonanno, 2004).***

All in all, it becomes vital to understand gender differences in resilience to establish gender-specific mental health services. Because differentiation of these aspects is essential for the applicators to benefit further the trauma-exposed clients, practitioners should deal with the distinction.

GENDER DIFFERENCES IN SELF-EFFICACY

In this present study, there was a significant difference in self-efficacy concerning gender, and the study revealed that males had higher self-efficacy than females, a fact supported by research on self-efficacy and gender. Social expectation from society

and practicing independence and the ability to solve problems builds up more self-efficacy among the males supported by ***Pajares (2002).*** This is the reason why the distinction of perceived self-efficacy is as crucial as it has a significant effect on how one perceives their ability to recover and cope with trauma. Also, gender differences in self-efficacy are well established in psychological research, which finds that males all have higher self-efficiency than females. The present study established that male participants showed higher self-efficient-efficacy female participants. This finding is, therefore, consistent with what exists in the existing literature, where it is clear that many of these gender gaps are informed by societal expectations. Self-efficacy as ***Bandura (1997)*** put it, self-efficacy is the belief in one's capability to perform the chosen activities to deal with possible situations. Also, higher self-esteem is associated with better psychological consequences and problem-solving skills; therefore, self-efficiency plays a crucial role in the trauma healing process.

Psychological factors that shape people's attitudes towards themselves and their actions from childhood might be another reason for such gender differences. The use of language is essential in gender-specific development as assertive and problem-solving behavior, which is typical of, for example, the independent behavior of males, increases their self-efficacy ***(Pajares, 2002).***This socialization system produces a more substantial self-assurance of their ability to handle adversities in the future. Thus, females might be brought up more communal and relational than males so that they may give less value to the sense of personal efficacy. While females can demonstrate competencies similar to males, this kind of socialization reduces the self-efficacy of females ***(Bussey & Bandura, 1999).***

Other studies also show influences on how one responds to and handles stress. Self-efficacy is found by research to equally shape how one deals with stress/pressure. In this case, those with higher levels of self-efficacy are more likely to perceive stressors as challenges that must be overcome instead of perceiving them as threats that must be avoided, hence promoting healthier ways of coping with stress ***(Benight & Bandura, 2004).*** This capability is critical in post-traumatic populations as the development of an adequate stress-coping system can significantly affect patients' psychological re-adaptation process. Earlier, in a study, ***Schwartz and Jerusalem (1995)*** elaborated that being more self-efficacious; males are more inclined to embrace active coping modes of material and instrumental assistance. They can help in their recovery from traumatic experiences as listed below;

Based on gender differences seen in the self-efficacy of intended Kashmiri youth, there is a need to enhance the efficacy of the females. In this regard, females might develop better self-efficacy through personal enhancement campaigns, which enhance skills and self-assertion. ***Bandura (1997)*** has shown that it is helpful to provide mastery experiences, modeling and social persuasion to change self-efficacy. They can help close the gap in gender differences in self-efficacy and help both males and females recover and adjust to trauma.

The development of effective mental health interventions for male and female clients about their gender differences in self-efficacy is dependent on knowledge of gender differences. Those willing to appreciate such differences can improve the psychological well-being and recovery of the victims of the trauma.

GENDER DIFFERENCES IN EMOTIONAL INTELLIGENCE

In this present study, it was seen that there was a significant difference in emotional intelligence concerning gender, and the study revealed that females had higher emotional intelligence than males, a fact supported by research done on self-efficacy and gender. Studies have been done in the past on gender differences in EI, and there has been a notable finding that females exhibit higher EI than males. High levels of self-awareness also revealed that female participants had significantly higher EI scores than the males in the present study. This finding aligns with what has been uncovered in the preceding literature; women's levels of emotional intelligence are reported to be higher than men's since the latter essential aspect is constituted by empathy ***(Mandell & Pherwani, 2003). Salovey and Mayer (1990)***, in their social and emotional intelligence model, entails the ability to, assess the emotions of self as well as others, as well as being able to manage them. Advancement of EI is associated with enhancing different social transactions, mood and psychological health.

Several reasons can be attributed to the gender differences seen in EI. Socialization processes are imperative, as girls are often 'programmed' to display their feelings and be responsive to other people's feelings starting from childhood. Through this socialization, theoretical EI increases since they develop better emotions and empathy scores than the control group, as noted by ***Petrides and Furnham (2000).*** Males may be conditioned to be more independent and have less emotional demands and this can limit them from developing specific skills that make a higher emotional intelligence.

Studies show that females with higher EI have a better coping mechanism and a positive psychological adjustment. The results showed that positive strategies, including social support and positive re-appraisal, are higher among females with high

EI. These can help counter the repercussions of stress and trauma that characterize the life of a student ***(Ciarrochi, Deane, & Anderson, 2002).*** People can find a purpose and growth in adverse events because these forms of coping improve the level of **PTG**.

These gender differences in EI have significant implications for appreciating the need to mainstream gender-sensitive approaches to mental health interventions among the youths from the context of Kashmir. Any programs meant to enhance EI have to consider the specific strengths and challenges that specific genders face. ***Brackett, Rivers, and Salovey (2011)*** postulate that the kind of interventions that would be aimed at males are the efforts to develop their facilitative emotion skills, while, on the other hand, the kind of interventions that would be aimed at females are the strengthening of the skills that females already possess in terms of emotion regulation. Furthermore, Mandel's conclusion on the significance of educational and therapeutic programs for the development of EI in trauma-exposed populations due to the positive impact of high EI on mental health is supported. To enhance social relationships and emotional controls and to boost psychological challenging levels, practitioners can market EI ***(Schutte et al., 1998).*** In summary, the degrees between genders in EI ought to be understood to develop mental health intervention that meets the specific needs of each gender. Understanding these differences can help practitioners become even more helpful to trauma-exposed individuals in need of recovery and personal growth.

GENDER DIFFERENCES IN POST-TRAUMATIC GROWTH

In the psychological field, **PTG** has been explored concerning gender differences in order to understand how the male and female patterns of coping and transformation

impact trauma. In this present study, there was a significant difference in post-traumatic growth concerning gender, as total post-traumatic growth for females was higher than for males. Concerning **PTG** factors, the personal strength of males was higher than females. **PTG** factor relating to others is higher in females than males. The mean score of females on the **PTG** factor relating to others is higher than males, and there was a significant difference.

Concerning the new **PTG** factor possibilities, it was observed that females showed higher growth than males, and no significant difference was found between the two groups. **PTG** factor spiritual change is higher in females than males, and there was a significant difference between the two groups.

Analysis revealed that **PTG** factor appreciation of life is higher for males than females, and there was a significant difference between the two groups.

Previous research indicates that the likelihood of the occurrence of **PTG** could be influenced by how an individual copes with stressors and the available social support rather than by gender. This is the case even though personal variables such as resilience, self-efficacy, and emotional intelligence are mostly gendered ***(Tedeschi & Calhoun, 1996).*** The literature also notes that both males and females can recover a great deal after trauma, perhaps in different ways. For instance, females may gain **PTG** by boosting the emotional gender-role scripts and employing social resources to more extent, which can help them in the process of trauma and finding meaning in their suffering ***(Helgeson et al., 2006).*** On the other hand, males might be better disposed to using cognitive operations such as rewiring the trauma and finding a solution, which, if done, can promote development ***(Vishnevsky et al., 2010).*** It is

important, therefore, to point out that the result, in terms of the level of **PTG**, can be similar for both male and female participants, irrespective of how they go about it.

Studies show that support from others, one's beliefs, and coping strategies play significant roles in determining **PTG** ***(Calhoun & Tedeschi, 2001).*** All these factors are capable of crossing the gender divide, and this means that one can develop them to access the potential that exists in them. The authors, specifically ***Joseph and Linley (2006),*** have emphasized cognitive reorganization and construction of a positive meaning from the traumatic experience as integral to **PTG** that affects both males and females.

More importantly, reporting and experiencing **PTG** are significantly related to cultural and social aspects. Patriarchal culture, for example, may also influence the manner men and women experience trauma; in patriarchal societies, this may interfere with the self-report of **PTG** ***(Cohan & Cole, 2002).*** These social realities can be said to limit the realization of development, which is not the same as saying that they limit the capability for development.

Thus, the fifth hypothesis, which states that "There will be significant gender differences on **"Resilience, Self-Efficacy, Emotional Intelligence and Post Traumatic Growth among the Youth of Kashmir PTSD."** is supported and confirmed in this current study.

It is imperative to understand all these factors if one is to synthesize effective interventions for use concerning the youth of Kashmir. **PTG** involves acquiring healthy coping methods and boosting social support systems; therefore, mental health programs must incorporate these. For the practitioners to promote an environment that

will enable every person to contribute their best, both males and females have equal capability to embrace **PTG**.

Validation of Hypothesis

Hypothesis	**Statistical Test**	**Conclusion**
H1: There will be a significance relationship between **PTG** and Resilience among the youth of Kashmir with **PTSD**	Pearson Correlation	Supported
H2: There will be a significance relationship between **PTG** and Self Efficacy among the youth of Kashmir with **PTSD**	Pearson Correlation	Supported
H3: There will be a significance relationship between **PTG** and Emotional Intelligence among the youth of Kashmir with **PTSD**	Pearson Correlation	Supported
H4: Resilience, Self Efficacy and Emotional Intelligence will come out to be as significant predictors of **PTG** among the Youth of Kashmir with **PTSD**	Multiple Regression	Supported
H5: There are significant gender differences in resilience, self-efficacy, EI and **PTG**	Independent Samples t-test	Supported

CHAPTER 7

CONCLUSION

In This study's total number of participants was 250, comprising 125 males and 125 males. This study attempted to explore and asses psychological constructs such as resilience, self-efficacy, emotional intelligence and traumatic growth after trauma among the young adults of Kashmir diagnosed with DSM-5 criteria of post-traumatic stress disorder. The further study attempted to find the relationship between self-efficacy, resilience, emotional intelligence and post-traumatic growth and the Addition of gender differences among the variables.

In this study, the participants were selected based on criteria such as inclusion and exclusion. The self-structured socio-demographic data sheet was used for demographic information, BTQ was used to assess the nature of trauma, and PCL 5 was used to assess the symptomology of the symptoms of **PTSD**. The resilience scale, General self-efficacy (GSE) and Schutte self-report emotional intelligence (SSIET) were used to assess resilience, self-efficacy and emotional intelligence among the youth with **PTSD**. A post-traumatic growth inventory was used to measure the post-traumatic growth among the youth.

The results showed a negative relationship between **PTSD** symptoms and resilience, self-efficacy, emotional intelligence, **PTG** and its domains. Since the participants were exhibiting higher **PTSD** symptoms, a negative relationship was found between resilience, self-efficacy, EI and **PTG**. Thus, all the domains of **PTG**, such as personal strength, new possibilities, spirituality, better relationships, and appreciation of life, were found to be worsened by increased levels of **PTSD** symptoms.

Resilience, self-efficacy, and emotional intelligence were significant predictors for **PTG**. The significance of the predictors pointed out the efficacy of the systematic growth after the trauma, which also statistically proved their influence.

A significant difference in resilience concerning gender was observed, as females show a high level of resilience as compared to males. Similarly, differences in self-efficacy concerning gender were observed, as males show a higher level of self-efficacy than females. Further a significant difference in emotional intelligence concerning gender was observed, as female shows a high level of emotional intelligence compared to males.

Post-traumatic growth gender was observed. The results depicted in this present study showed that there was a significant difference in post-traumatic growth concerning gender, as total post-traumatic growth for females was higher than for males. Concerning **PTG** factors, the personal strength for males was higher than for females. **PTG** factor relating to others is higher in females than males. The mean score of females on the **PTG** factor relating to others is higher than males, and there was a significant difference.

Post Traumatic Growth factor, new possibilities and spiritual change in females were higher compared to the males' group, and a significant difference was found between the males and females. In other factor appreciation of life is higher for males compared to females, and there was a significant difference between the two groups.

CONCLUSION

There was a significant relationship between **PTG** and Resilience among the youth of Kashmir with Post-traumatic Disorder.

There was a significant relationship between **PTG** and Self Efficacy among the youth of Kashmir with Post-traumatic Disorder.

There was a significant relationship between **PTG** and Emotional Intelligence among the youth of Kashmir with Post-traumatic Disorder.

Resilience, Self-Efficacy and Emotional Intelligence came out to be as significant predictors of **PTG** among the Youth of Kashmir with Post-traumatic Disorder.

There were significant gender differences in **Resilience, Self-Efficacy, Emotional Intelligence and Post Traumatic Growth among the Youth of Kashmir Post-traumatic Disorder.**

IMPLICATIONS

Implications for Theory and Practice

The findings of this study hold significant implications for the field of psychological resilience and trauma for theory and practice. The correlations between resilience, self-efficacy, EI, and **PTG**s have positive results and show that they are interdependent for recovery from trauma. Such results suggest the theoretical compatibility of combining theories of resilience and emotional intelligence and the concept of **PTG** and declare the possibility of developing the identified psychological characteristics to improve traumatic stress ***(Bonanno, 2004; Salovey& Mayer, 1990).***

Those females, on average, were found to be more emotionally intelligent than males, and those males were found to have higher self-efficiency, which fully supports that gender-sensitive interventions are needed in psychological proofs and procedures.

Hence, such patterns of gender differences can be pointed out to focus on developing interventional strategies that will aim at reducing those disparities to fill the gaps and meet the needs of the two sexes. For instance, psychological interventions that are tailored and designed to improve the emotional intelligence and resilience of males and increase the self-efficacy of females can result in more effective support systems ***(Killgore et al., 2010; Else-Quest, Hyde & Linn, 2010).***

Based on such studies, it would, therefore, be important for mental health professionals to attend to the best interest in dealing with trauma and other difficulties of the youth from Kashmir and other parts of the world to foster resilience, self-efficacy and other remnants of positive psychological therapy (**PTG**). Assertiveness and problem-solving training, which could be taken together with self-care, educational and social support and emotional regulation programs, might be preferred. For example, in the CBT-based resilience training courses, inoculation training is also highlighted, and the latter is effective in the prevention of the onset and minimization of **PTSD** and enhancement of vulnerable individuals' psychological resilience ***(Masten, 2001; Meichenbaum, 2007).***

Besides, it is evidenced by the need for special skills that can only be acquired from the programs or classes. Emotional intelligence is mandatory during the healing process. While MBSR assists people in controlling their emotions, EI enhanced by improving interpersonal relationships through training programs can promote ***PTG (Gross, 2002; Schutte et al., 1998).*** Mainly, putting into practice these programs within the spheres of community mental health services could turn out to be especially useful, or, in any case, there will never be a lack of support and access.

Moreover, the study revealed a high level of **PTG** among the participants and the participants with a history of trauma regardless of their gender. Accordingly, with the appropriate encouragement as well as treatment, it is possible to go through psychological growth in the event of trauma by both the male and female subjects.

Thus, the results of the research contribute to the theoretical knowledge of the connections between resilience, self-efficiency, EI, and **PTG**, as well as provide the picture of practical guidelines for enhancing the protective mental resources through the improvement of the level of resilience and working on the self and emotional resources. From the gender and diversity perspective, mental health practitioners will be well placed to assist trauma-exposed clients in achieving their recovery objectives and self-development.

Theoretical Implications:

The results from this study are considerable, particularly about the theories to which further development is required as to resilience, self-efficacy, EI, and **PTG**. The proximity of the means of these constructs shows that the **PTG** construct is related to theories of resilience and EI, and there are many connections between them. This integration enriches and entails that **PTG** can be experienced by those with higher levels of resilience, self-efficiency, and empathy. This resonates with ***Bonanno's (2004)*** work on resilience, defined not as a trait but as the qualities inherent in everybody that can be trained and evolved.

The research findings also endorse the features of Bandura's social cognitive theory **(1997)** on self-efficacy in managing and healing trauma. According to Bandura, people with high self-efficacy know how to approach, face and manage stressors because they use efficacious coping strategies that promote **PTG**. On this aspect, the

results of this study regarding the positive relationship between self-efficacy and **PTG** also support this theoretical framework and call for more research for enhanced self-efficacy in victims of trauma.

In addition, the present work also extends the findings of ***Salovey and Mayer (1990)*** on the role of the part of EI in recovery from trauma. **PTG** is facilitated by an improved manner of handling and expressing emotions and understanding and communicating with other people – all of which High EI entails. Theoretically, this implication means that the concept of EI should be inscribed in the components of the psychological cure and trauma models. Perhaps acknowledging EI as the component of different theoretical models of **PTG** can supply more information about how people grow from different traumatic experiences that, in turn, can enhance the understanding of the phenomenon in the sphere of trauma resilience.

Moreover, the outcomes for the differences in resilience, self-efficacy and EI of males and females and **PTG** suggest that theoretical models of resilience and growth should include gender-sensitive factors. Such a result supports ***Else-Quest, Hyde and Linn (2010),*** who emphasized the importance of gender in the psychological examination. It is thus to the advantage of these theories and practices to have a fusion of the gender aspects, especially in terms of their functionality in different areas.

Hence, based on the hypothesis formulated for this study, the theoretical contribution of the study is as follows. It has been established that each of the variables, resilience, self-efficacy, EI and **PTG**, is involved in the trauma recovery process. Thus, these constructs promote the integrated theoretical framework to capture an efficient understanding of **PTG**. However, it is suggested that further research into these relationships should be continued with a view to defining and estimating the

effectiveness of such interventions, which can be used to enhance these psychological characteristics in traumatized individuals.

Practical Implications

Such is the significance of the practical implications of this particular study for researchers and mental health practitioners who work with traumatized youth – such as those in Kashmir. It is evident from the analysis of findings that resilience, self-efficacy, EI, and **PTG** are positively related; thus, a need for interventive approaches that are also comprehensive and complex. In practical terms, these studies convey the message that, by bolstering resilience, self-efficacy, and EI, **PTG** and, therefore, better mental health can be boosted to a large extent. It is possible to observe that various programs contain elements of resilience training interventions, which include cognitive-behavioral therapy (CBT) and stress inoculation training, enabling the learner to acquire the skills to manage the adverse effects of trauma ***(Meichenbaum, 2007).***

Based on the gender disparities that were revealed in the research, with females showing relatively higher levels of resilience and EI than males and the latter expressing relatively higher levels of self-efficacy, differential approaches are needed. Feminine-based programs that draw upon the successful modes of operation of female affective self-competencies and surrounding social resources should work best. Other aspects of training that could complement their coping and social competencies include mindfulness-based stress reduction (MBSR) and training in emotional intelligence to support **PTG** ***(Grossman et al., 2004).***In men, ways of enhancing self-efficacy include mastery experiences, social modeling, and verbal encouragement, which can all assist in enhancing men's coping skills ***(Bandura, 1997).***

In addition, incorporating social support into mental health care services is necessary. Available social support has been posited to moderate the impact of the trauma and improve psychological well-being ***(Cohen & Wills, 1985).*** Peer support and community interventions can help put the identified individuals through the proper channels to avail themselves of any resources they require for recovery. Such programs may include peer support programs, sponsorships, other schemes, and constructive community activities to support resilience.

PTG is also supported through education establishments and workplaces. Mental health literacy included in school curricula or company's wellness initiatives can increase the participants' awareness of resilience, self-efficiency, and EI. These settings offer a chance to gain vocational competence via workshops and training sessions, as well as through other exercises that belong to observational and participation-based learning ***(Seligman & Csikszentmihalyi, 2000).***

Finally, in the area of policy-making, the study stresses the adoption of adequate mental health policies that should protect the rights of persons with mental health disorders and that should consider their gender. It is established that gender-specific mental health needs to be supported and enhanced for both males and females; therefore, policymakers should provide funds for mental health programs focusing on gender differences. Moreover, efforts should be made to construct environments that would not make specialists and those who need their help shy to turn to specialists.

Therefore, the implications of this study indicate the need to develop complex, gender-sensitive, and community-oriented mental health promotion programs that will aim to increase mental health literacy and community resilience, self-efficacy, and EI. Therefore, by working to change these psychological traits, practitioners can enhance

the chances of the speedy recovery and growth of trauma-exposed people and create a more psychologically healthy society.

LIMITATIONS

First, this study's cross-sectional approach, which collects data at a particular point in time, is one of its main drawbacks. No inferences on causative linkages or the directionality of influence between variables can be made, despite the examination of the relationships between PTSD, PTG, resilience, emotional intelligence, and self-efficacy. A cross-sectional study limits the ability to draw a causal conclusion about the relationships between self-efficacy, emotional intelligence, resilience and post-traumatic growth and makes it more difficult to determine the causal linkages between resilience, self-efficacy, emotional intelligence, posttraumatic stress disorder (PTSD), and posttraumatic growth (PTG). Therefore, it is impossible to say for sure if these correlations are directed. It is advised to conduct longitudinal research to examine the ways in which these factors interact over time, especially in the wake of trauma. In future studies, the longitudinal design could benefit to better understand the dynamics of these relationships over time. ***(Tedeschi and Calhoun, 2004).***

Second, answer bias, such as social desirability and erroneous self-perception, may be introduced by the use of self-report surveys. To evaluate every variable, this study used standardized self-report instruments. Even though these instruments are frequently employed in psychological research and offer useful benefits in extensive investigations, they are inevitably prone to a number of biases, such as subjective misunderstanding, recall bias, and social desirability bias. In an effort to appear resilient, participants may over-report positive changes or under-report symptoms because of stigma. Furthermore, responses may be influenced by emotional states at

the time of data collection, particularly in trauma survivors whose emotional regulation may be erratic. Future studies could improve the depth and reliability of their findings by incorporating mixed-method approaches, including behavioural measures or interviews.

Third, the absence of contextual and environmental factors: Despite concentrating on individual psychological factors, the study omitted contextual factors that can have a substantial impact on trauma recovery and growth, such as family dynamics, social support, socioeconomic status, access to mental health services, and cultural belief systems. These outside variables have the potential to either mitigate or worsen psychological discomfort by serving as moderators or mediators. The study might have oversimplified the intricate environment in which trauma and recovery take place by leaving these out. Future study models should take these outside variables into account since they may operate as significant moderators or mediators. Furthermore, limited generalizability because of sample characteristics, the study's participants were selected from a particular demographic and cultural background, which might have limited how broadly the results might be applied. Recovery from trauma is intricately linked to environmental, social, and cultural contexts. As a result, the results seen in this group might not be applicable to groups with other ethnicities, religious convictions, gender identities, or trauma kinds (such as abuse, natural disasters, or war). To guarantee wider application, future research should take into account a variety of samples from various demographic and cultural groups.

There is a lack of qualitative viewpoints, the study only used quantitative data, which might not adequately represent the complex and individualized experiences of trauma

survivors. Personal meaning-making, narrative identity, spiritual coping, and internal growth are examples of factors that frequently arise from lived experience and are not always easily measured. Incorporating qualitative techniques, such narrative analysis or interviews, would improve our comprehension of how people interpret and create their posttraumatic experiences.

Lastly, the study did not include any experimental manipulation or intervention, even though it looked at the connection between psychological qualities and trauma effects. The efficacy of intervention programs designed to improve resilience, emotional intelligence, and self-efficacy as potential protective factors against PTSD and as promoters of PTG should be investigated in future studies.

FUTURE DIRECTIONS

First, in order to monitor the evolution of PTSD, PTG, and associated psychological variables over time, and to track how trauma responses change over time future research should use a longitudinal approach. Researchers would be able to follow the natural course of PTSD and PTG through these investigations, as well as determine the greatest influences of resilience, emotional intelligence, and self-efficacy. To eliminate the judgmental bias in this present study use of sampling techniques such as random sampling and incorporation of longitudinal design should be included rather than the cross-sectional design. The temporal relationships between resilience, self-efficacy, emotional intelligence, and trauma-related outcomes would become more evident as a result. The studies in future should explore how resilience, self-efficacy and emotional intelligence impact PTG and possibly incorporate qualitative methods to gain deeper insights into individual experiences. Exploring other possible

moderating and meditating factors like social support and culture could also help gain comprehensiveness regarding trauma recovery ***(Bonanno, 2004; Masten, 2001).*** Second, intervention-based studies that seek to improve protective psychological traits like emotional intelligence and self-efficacy should be investigated in future study. The efficacy of these therapies in lowering PTSD symptoms and encouraging PTG in traumatized individuals might be assessed. To evaluate the efficacy of therapies that focus on important psychological strengths, experimental and quasi-experimental studies are required. Potential frameworks for these programs could include emotion regulation training, cognitive-behavioral approaches, and strength-based therapy models. The theoretical implications of the study would have real-world applicability if such therapies were evaluated in clinical and community settings.

Thirdly, more research should be done on the function of the social milieu and cultural background. Participants from a range of cultural, linguistic, socioeconomic, gender, and trauma backgrounds should be included in future studies to emphasize variety in sample selection. Finding out how cultural norms, values, and belief systems affect how trauma and recovery are seen can be aided by cross-cultural comparative research. A number of variables, including religious or spiritual coping, community resilience, and social support, may considerably mitigate the association between trauma and posttraumatic consequences This would highlight the ways in which various populations could display distinct trauma response and recovery patterns.

Future research should include contextual variables such family support, community cohesiveness, cultural norms, access to resources, and exposure to ongoing stressors in order to properly reflect the complex nature of trauma recovery. These elements

could provide a more ecological and systemic view of healing by moderating or mediating the association between internal psychological characteristics and trauma outcomes.

Examining trauma experiences in greater detail may be possible by combining quantitative and qualitative procedures. Themes like personal meaning-making, identity transformation, spiritual growth, and emotional reconnection—all of which are frequently at the heart of PTG but are challenging to quantify—can be found through qualitative narratives, interviews, or reflective journaling. Furthermore, to gain a deeper understanding of the ways in which emotional intelligence and self-efficacy impact PTSD and PTG, future research should use multivariate and mediation/moderation models. For example, self-efficacy may mitigate the detrimental effects of stress on mental health, while emotional intelligence may act as a mediator between exposure to trauma and growth. Last but not least, it is critical that future studies use representative and varied samples that span a range of ages, genders, socioeconomic backgrounds, and trauma exposure types. In addition to improving the findings' generalizability, such inclusivity would aid in the creation of therapies that are specifically suited for particular communities.

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ANNEXURE

ANNEXURE

SOCIO-DEMOGRAPHICS AND CLINICAL DATA SHEET

1. Code :
2. Age :
3. Gender : 1. Male 2. Female 3. Other
4. Residence : 1. Rural 2.Urban 3. District
5. Marital Status : 1). Unmarried 2). Married 3). Divorced
6. Religion :
7. Education : 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17.

   Specify:
8. Occupation : 1. Private2.Govt employee3.Bussiness4) Student
9. Family Type : 1. Nuclear 2. Joint3) other 4) Total family members
10. Income of family:
11. Income of patient:
12. Socioeconomic Status: 1. Lower 2. Middle 3. Upper

PROFORMA

Socio-demographic Profile

1. Name:

2. Age:

3. Gender:

4. Residence:

5. Family type

a) Nuclear b) Extended c) Joint

6. Marital status

a) Married b) Unmarried c) Widowed d) Separated

7. Occupation

a) Employed b) Unemployed c) Farmer d) Businessman e) Student

8. Education:

9. Income of the family

10. Socioeconomic status (Modified Kuppuswamy socioeconomic status scale)

a) EDUCATION

Professional 7

Graduate or post graduate 6

Intermediate or post high school diploma 5

High school certificate 4

Middle school certificate 3

Primary school certificate 2

Illiterate 1

b) OCCUPATION

Professional 10

Semi-professional 6

Clerical, Shop-owner, Farmer 5

Skilled worker 4

Semiskilled worker 3

Unskilled worker 2

Unemployed 1

c) MONTHLY INCOME OF FAMILY

>41430 12

20715-41429 10

15536-20714 6

10357-15535 4

6214-10356 3

2092-6213 2

<2091 1

SOCIOECONOMIC CLASS

I. Upper 26-29

II. Upper middle 16-25

III. Lower middle 11-15

IV. Upper lower 5-10

V. Lower < 5

Trauma Event	Has this ever happened to you?	If the event happened, did you think your life was in danger or you might be seriously injured	If the event happened, were you seriously injured?
1.Have you ever served in a war zone, or have you ever served in a noncombat job that exposed you to war-related casualties	**No Yes**	**No Yes**	**No Yes**
2. Have you ever been in a serious car accident, or a serious accident at work or somewhere else?	**No Yes**	**No Yes**	**No Yes**
3.Have you ever been in a major natural or technological disaster,suchasafire,tornado,hurricane,flood,earthquake,orchemicalspill?	**No Yes**	**No Yes**	**No Yes**
4.Have you ever had a life-threatening illness such as cancer, a heart attack, leukaemia, AIDS, etc.?	**No Yes**	**No Yes**	**No Yes**
5.Before age 18, were you ever physically punished or beaten by a parent, caretaker, or teachers or that: you were very frightened; or you thought you would be injured; or you received bruises, cuts, welts, lumps or other injuries?	**No Yes**	**No Yes**	**No Yes**

6.Not including any punishments or beatings you already reported in Question 5, have you ever been attacked, beaten, or mugged by anyone, including friends, family members or strangers?	**No Yes**	**No Yes**	**No Yes**
7.Has any one ever made or pressured you into having some type of un wanted sexual contact? Note: By sexual contact we mean any contact between someone else and your private parts or between you and some else's private parts	**No Yes**	**No Yes**	**No Yes**
8.Have you ever been in any other situation in which you were seriously injured, or have you ever been in any other situation in which you feared you might be seriously injured or killed?	**No Yes**	**No Yes**	**No Yes**
9.Has a close family member or friend died violently, for example, in a serious car crash, mugging, or attack?	**No Yes**	**No Yes**	**No Yes**
10.Have you ever witnessed a situation in which someone was seriously injured or killed, or have you ever witnessed a situation in which you feared someone would be seriously injured or killed? Note: Do not answer "yes" for any event you already reported in Questions1-9	**No Yes**	**No Yes**	**No Yes**

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month

	IN THE PAST MONTH, HOWMUCH WERE YOU BOTHERED BY:	NOTAT ALL	ALITT LE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1	Repeated, disturbing, and Unwanted memories of the stressful experience?	0	1	2	3	4
2	Repeated, disturbing dreams of the stressful experience?					
3	Suddenly feeling or acting stressful as if experience were actually happening again (as if you were actually back there reliving it)?					
4	Feeling very upset when Something reminded you of the stressful experience?					
5	Having strong physical Reactions when something reminded you of the stressful experience (e.g., heart pounding, trouble breathing, sweating)?					
6	Avoiding memories, Thoughts or feelings related to the stressful experience?					
7	Avoiding external reminders of the stressful experience (e.g., people, places, Conversations, activities, objects, or situations)?					
8	Trouble remembering important parts of the stressful experience?					
9	Having strong negative					

	beliefs about yourself, other people, or the world (e.g., having thoughts such as: I am bad, there is something seriously wrong with me, No one can be trusted, and the world is completely dangerous)?					
10	Blaming you for Someone else for the stressful experience or what happened after it?					
11	Having strong negative Feelings such as fear, horror anger, guilt, or shame?					
12	Loss of interest in activities That you used to enjoy?					
13	Feeling distant or cutoff From other people					
14	Trouble experiencing positive feelings (e.g., being unable to feel happiness or have loving feelings for people close to you)?					
15	Irritable behaviour, angry outbursts, or acting aggressively					
16	Taking too many risks or doing things that could cause you harm?					
17	Being "super-alert" or watch full or on guard?					
18	Feeling jumpy or easily startled?					
19	Having difficulty concentrating?					
20	Trouble falling or staying Asleep?					

Please read the following statements. To the right of each you will find seven numbers, ranging from "1" (Strongly Disagree) on the left to "7" (Strongly Agree) on the right. Circle the number which best indicates your feelings about that statement. For example, if you strongly disagree with a statement, choose "1". If you are neutral, choose "4", and if you strongly agree, choose "7", etc.

		Strongly Disagree				**Strongly Agree**		
1	When I make plans, I follow through with them.	1	2	3	4	5	6	7
2	I usually manage one way or another.	1	2	3	4	5	6	7
3	I am able to depend on myself more than anyone else.	1	2	3	4	5	6	7
4	Keeping interested in things is important to me.	1	2	3	4	5	6	7
5	I can be on my own if I have to.	1	2	3	4	5	6	7
6	I feel proud that I have accomplished things in life.	1	2	3	4	5	6	7
7	I usually take things in stride	1	2	3	4	5	6	7
8	I am friends with myself.	1	2	3	4	5	6	7
9	I feel that I can handle many things at a time.	1	2	3	4	5	6	7
10	I am determined.	1	2	3	4	5	6	7
11	I seldom wonder what the point of it all is.	1	2	3	4	5	6	7
12	I take things one day at a time.	1	2	3	4	5	6	7
13	I can get through difficult times because I've experienced difficulty before.	1	2	3	4	5	6	7

14	I have self-discipline.	1	2	3	4	5	6	7
15	I keep interested in things.	1	2	3	4	5	6	7
16	I can usually find something to laugh about.	1	2	3	4	5	6	7
17	My belief in myself gets me through hard times.	1	2	3	4	5	6	7
18	In an emergency, I'm someone people can generally rely on.	1	2	3	4	5	6	7
19	I can usually look at a situation in a number of ways.	1	2	3	4	5	6	7
20	Sometimes I make myself do things whether I want to or not.	1	2	3	4	5	6	7
21	My life has meaning.	1	2	3	4	5	6	7
22	I do not dwell on things that I can't do anything about.	1	2	3	4	5	6	7
23	When I'm in a difficult situation, I can usually find my way out of it.	1	2	3	4	5	6	7
24	I have enough energy to do what I have to do.	1	2	3	4	5	6	7
25	It's okay if there are people who don't like me.	1	2	3	4	5	6	7

Indicate for each of the statements below the degree to which this change occurred in your life as a result of the crisis/disaster, using the following scale:0 = I did not experi ence this change as a result of my crisis.1 = I experienced this change to a very small degree as a result of my crisis.2 = I experienced this change to a small degree as a res ult of my crisis.3 = I experienced this change to a moderate degree as a result of my cr isis.4 = I experienced this change to a great degree as a result of my crisis.5 = I experi enced this change to a very great degree as a result of my crisis.

		0	1	2	3	4	5
1	I changed my priorities about what is important in life.						
2	I have a greater appreciation for the value of my own life.						
3	I developed new interests.						
4	I have a greater feeling of self-reliance.						
5	I have a better understanding of spiritual matters.						
6	I have a better understanding of spiritual matters.						
7	I established a new path for my life.						
8	I have a greater sense of closeness with others.						
9	I am more willing to express my emotions.						
10	I know better that I can handle difficulties.						
11	I am able to do better things with my life.						
12	I am better able to accept the way things work out.						
13	I can better appreciate each day.						
14	New opportunities are available which would not have been otherwise.						
15	I have more compassion for others.						
16	I put more effort into my relationships.						
17	I am more likely to try to change things which need changing.						
18	I have a stronger religious faith.						
19	I discovered that I am stronger than I thought I was.						
20	I learned a great deal about how wonderful people are.						
21	I better accept needing others.						

Indicate for each of the statements using the following scale:
Not at all true = 1
Hardly true = 2
Moderately true = 3

Exactly true = 4

		Not at all true	**Hardly true**	**Moderately true**	**Exactly true**
1	I can always manage to solve difficult problems if I try hard enough				
2	If someone opposes me, I can find the means and ways to get what I want.				
3	It is easy for me to stick to my Aims and accomplish my goals.				
4	I am confident that I could deal efficiently with unexpected events.				
5	Thanks to my resourcefulness, I know how to handle unforeseen situations				
6	I can solve most problems if I invest the necessary effort.				
7	I can remain calm when facing Difficulties because I can rely on my coping abilities.				
8	When I am confronted with a problem, I can usually find several solutions.				
9	If I am in trouble, I can usually think of a solution				
10	I can usually handle whatever comes my way.				

Name: _____Date: _____

		Strongly agree	**Disagree**	**Neither disagree or agree**	**Agree**	**Strongly agree**
1	I know when to speak about my personal problems to others	1	2	3	4	5
2	When I am faced with obstacles, I remember times I faced similar obstacles and overcame them	1	2	3	4	5
3	I expect that I will do well on most things I try	1	2	3	4	5
4	Other people find it easy to confide in me	1	2	3	4	5
5	I find it hard to understand the non-verbal messages of other people*	5	4	3	2	1
6	Some of the major events of my life have led me to re-evaluate what is important and not important	1	2	3	4	5
7	When my mood changes, I see new possibilities	1	2	3	4	5
8	Emotions are one of the things that make my life worth living	1	2	3	4	5

9	I am aware of my emotions as I experience them	1	2	3	4	5
10	I expect good things to happen	1	2	3	4	5
11	I like to share my emotions with others	1	2	3	4	5
12	When I experience a positive emotion, I know how to make it last	1	2	3	4	5
13	I arrange events others enjoy	1	2	3	4	5
14	I seek out activities that make me happy	1	2	3	4	5
15	I am aware of the non-verbal messages I send to others	1	2	3	4	5
16	I present myself in a way that makes a good impression on others	1	2	3	4	5
17	When I am in a positive mood, solving problems is easy for me	1	2	3	4	5
18	By looking at their facial expressions, I recognize the emotions people are experiencing	1	2	3	4	5
19	I know why my emotions change	1	2	3	4	5
20	When I am in a positive mood, I am able to	1	2	3	4	5

	come up with new ideas					
21	I have control over my emotions	1	2	3	4	5
22	I easily recognize my emotions as I experience them	1	2	3	4	5
23	I motivate myself by imagining a good outcome to tasks I take on	1	2	3	4	5
24	I compliment others when they have done something well	1	2	3	4	5
25	I am aware of the non-verbal messages other people send	1	2	3	4	5
26	When another person tells me about an important event in his or her life, I Almost feel as though I have experienced this event myself	1	2	3	4	5
27	When I feel a change in emotions, It end to come up with new ideas	1	2	3	4	5
28	When I am faced with a challenge, I give up because I believe I will fail*	5	4	3	2	1

29	I know what other people are feeling just by looking at them	1	2	3	4	5
30	I help other people feel better when they are down	1	2	3	4	5
31	I use good moods to help myself keep trying in the face of obstacles	1	2	3	4	5
32	I can tell how people are feeling by listening to the tone of their voice	1	2	3	4	5
33	It is difficult for me to understand why people feel the way they do*	5	4	3	2	1

List of Publications:

Published Papers:

Title	Journals	Indexing
1.Coping strategies and Resilience as predictors of Post Traumatic Growth in Youth with Post Traumatic stress Disorder: A cross sectional study from Kashmir Valley in North	*Journal of Chemical Health Risks*	Currently in Scopus
2.Relationship between Post Traumatic Growth and Emotional Intelligence among the Youth of Kashmir with Post Traumatic Stress Disorder	*Educational Administration: Theory and practice*	Was Active in Scopus at the time of Publication
3.Analyzing factors Influencing Post Traumatic Growth in Young Adults of Kashmir Valley with **PTSD**: Through ANNOVA and Regression Models	*Library Progress International*	Was in Scopus when published

4. Post-traumatic Growth Among Youth with PTSD: A Holistic Approach Using Quantitative and Qualitative Methods	*Cuestiones de Fisioterapia*	In Scopus

List of Conferences:

Participation	International Conference on "Equality, Diversity and Inclusivity: Issues and Concerns"	Organized on 25th Sep 2021 by School of Education & School of Humanities, Lovely Professional University, Punjab
Paper Presentation on "Resilience and Post Traumatic Growth-Review"	International Conference on "Holistic Health &Well being: Issues, Challenges & Management"	Organized on 2nd to 3rd June 2023 by School of Education & Department of Psychology at Lovely Professional University, Punjab
Paper Presentation on "Acceptance and Commitment Therapy for OCD and Depression; A	International Conference on "Good Health & Wellbeing Through Physical Education &	Organized on 30th September 2023 by School of Physical Education & Department of

Case Study"	Sports"	Physiotherapy at Lovely Professional University, Punjab