

Psychological Distress and Coping Strategies among Families of Missing Persons in Pakistan

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The present research was designed to explore psychological distress and coping strategies among families of missing persons in Pakistan. The sample (N = 225) included both men (n = 108) and women (n = 117) with age range of 20-82 years. Psychological distress and coping strategies of the respondents, were assessed with Urdu versions of Depression Anxiety Stress Scale and Cope Questionnaire; respectively. Results of the study showed that women experience higher levels of depression, anxiety, and stress as compared to men. Significant difference was also found between men and women with reference to coping strategies. Results showed that women were more inclined to use emotion focused coping strategies to deal with distress, whereas non-significant difference was observed with reference to problem focus coping strategies. Significant differences were also observed across varying age groups, revealing older respondents reporting more psychological distress and use of emotion focused coping. However, non-significant difference was observed among the three age groups on problem focus coping. Results also indicated that psychological distress and practice of emotion focus coping was directly proportional to shorter duration of missing; whereas problem focus coping was inversely related with extended time period. Spouses expressed high level of psychological distress and more inclination for emotion focus coping as compared to other relationships. Future implications of the study were also discussed.

Keywords: missing persons, psychological distress, coping strategies, Pakistan.

Psychological distress is rarely defined as a distinctive concept and is often embedded in the concept of strain, stress, and distress (Bonanno, 2006). Lerutta (2002) considers psychological distress as the emotional condition that one feels while coping with unsettling, frustrating or detrimental situations. Psychological distress is an act of divergence from healthy state of being and involves maladaptive patterns of coping; usually reflected as negative feelings of restlessness, depression (Bondurka-Beverse et al., 2000), anger, anxiety, loneliness (Durakovic-Belko, Kulenovic, & Dapic, 2003), isolation, problematic interpersonal relationships (Barlow & David, 2002), and suicidal thoughts (Decker, 1997). The effects of negative life events can be measured by using variety of outcomes including transience (Lantz, 2005), depression (Taylor & Turner, 2002), and health (Treharne, Lyons & Tupling, 2001).

Predictors of psychological distress assessed in Lebanese hostages of war (Saab, Chaaya, Doumit, & Farhood, 2003), indicated that even after two years of release, hostages had experienced psychological distress and turned to religion in the hope of finding refuge and therapy. A longitudinal investigation exploring psychological distress among the migrants in Australia (Chou, 2006) suggested that refugees reported poor mental health as compare to those who move toward Australia for family reunion. Moreover, Post Traumatic Stress Disorder is reported in Palestinian adolescents (Qouta, Punamaki, Montgomery, & Sarraj, 2007), when they experienced stressful life events and military violence and also showed low cognitive and high chance of neuroticism in childhood. Studies of young adults (Bonanno, 2006) found that people exposed to trauma had radically elevated existence of any anxiety disorder which

usually includes posttraumatic stress disorder, panic disorders, agoraphobia, and generalized anxiety disorder. Similarly, it has been observed that trauma greatly affects the emotional and subjective well-being and disruption of other psychological resources (Treharne, Lyons, & Tupling, 2001).

Empirical evidence indicated that men and women differ in perceptions of distress (Misra, McKean, West, & Russo, 2000). It is observed that women reported greater number of academic stressors than men (Akhtar, 2005) and men tend to perceive life events as less stressful and react more positively to life stressors (Misra et al., 2000). Additionally, women perceived school, friend, and work scenarios to be more distressing than men (Thapa & Hauff, 2005); and are more likely to seek support from their friends and family members to a greater degree in order to cope with distressing situations (Lantz, 2005). Traditional gender role stereotypes of men and women have been used to explain such findings (Taylor & Turner, 2002); endorsing the differential vulnerability hypothesis (Agaibi & Wilson, 2005), which suggest that when faced with identical stressors, women perceived greater distress than men. Gender-related differences in the rate of posttraumatic symptoms in post-earthquake studies (Toukmanian, Jadaa, & Lanless, 2000) revealed that women reported more symptoms of distress, while few studies found no gender difference in reported symptoms (Goenjian et al., 2001).

Coping is broadly perceived as implicit and explicit behaviors employed to dynamically lessen the reactions to strain inducing situations (Wilson & Drozdek, 2004). Coping mechanism may assist the individuals to adjust their judgments and behaviors with the aim of resolving the source of stress and managing emotional reactions to stress (Compas, Connor-Smith, Saltzman, Thomson, & Wadsworth, 2001).

The modification effects of coping strategies on the relationships between rescue efforts and psychiatric morbidity in earthquake rescue workers (Chang, Lee, Connor, Davison, & Lai, 2008) revealed that more frequent use of coping strategies could reduce the effect of exposure

to rescue efforts. Coping strategies such as confronting, distancing, seeking social support, accepting responsibility, escape-avoidance, planned problem solving, and positive appraisal significantly modified the effect of exposure to dead bodies on general psychiatric morbidity.

Gender differences in coping have been well documented; for instance, men sought physical outlets and used rationalization strategies while women preferred emotion focus coping like seeking social support and resort self-blame (Shumaker & Hill, 2009). Similarly women, both young and old, use more emotion oriented methods (Riaz, 2002); are likely to focus on venting emotions and seeking social support as compare to men (Mujeeb & Zubair, 2012), while Thapa and Hauff (2005) found denial being more used by men and projection by women. Other studies observed that women employ affect oriented techniques in contrast to men who tends to favor analytical and problem focus strategies (Littleton, Horsely, & Nelson, 2007). Socialization practices and cultural expectations make women more prone to the free expression of emotions and dependency on other sources rather than direct and aggressive actions (Hintze, 2002). Akhtar (2005) concluded that female students experience high level of stress and strain as compared to their counterparts; whereas religion is the most employed and substance use is the least used coping strategies of the students.

For the last few years the phenomenon of missing people has been raised specifically in Pakistan; and is more particular and current in the backdrop of recent socio-political scenario of the country. According to the Defense of Human Rights of Pakistan, around 8,000 to 10,000 people have disappeared (Ziauddin, 2008). The absence of a family member is quite a traumatic experience for the rest of the family. This manmade disaster causes great psychological distress among the families of missing persons. The psychological impact of horrific events is sometimes temporary and is also manageable but equally, can be enduring and long lasting. Common complaints caused by natural and human made disasters includes anxiety, depression, hostility alienation, hysteria,

Post Traumatic Stress Disorder, fatigue, disturbance, and intrusive thoughts. Many people also felt less positive about the quality of their social relationships as well their social life that they had before the traumatic experience (International Committee of Red Cross, 2008) whereas perceptions of social support also hampered by the traumatic experiences.

The disappearance of loved ones has caused overwhelming emotional pain for those who are looking for their missing members. Waiting for the missing person is itself psychologically exhaustive as getting into a vicious loop of emotional turmoil, anxiety, and helplessness. Among them, women and children are the most affected individuals, as there are reported cases of wives who are taking antidepressants, to move on with their daily routines. Many children are losing their hope for the arrival of their fathers, while parents are anxiously searching for their sons. It is the need of the day to focus on their psychological and emotional tribulations of the affected families. Therefore, the present study is undertaken to explore psychological problems of the families of missing persons. Moreover, the study also intends to examine different coping mechanisms to get along the traumatic experience.

The major objectives of the present study were as follows:

To investigate the relationship between psychological distress and coping strategies among families of missing people.

To examine the effect of various demographic variables like gender, age, duration of being missing, and relationship with the missing persons in relation to psychological distress and coping strategies.

In accordance to the aforementioned objectives, following predictions were phrased:

Psychological distress will be negatively correlated with problem focus coping strategies and positively correlated with emotion focus coping strategies.

Women will exhibit more psychological distress and more inclination for emotion focus

coping as compared to men.

Older individuals will exhibit greater psychological distress and emotion focused coping as compared to the young.

Shorter duration of being missed will result in greater psychological distress and emotional focus coping strategies while extended duration will be linked with problem focus coping strategies.

Spouses will reflect more psychological distress and emotion focused coping as compared to other relationships.

Method

Sample :

A purposive sample of respondents comprising family members (N = 225) of missing persons was taken belonging to different areas of Pakistan, with the help of Defense of Human Rights. Sample consisted of both men (n = 108) and women (n = 117), with age range of 20-82 years (M = 48.3, SD = 4.75). Educational levels of the respondents varied from illiterate (n = 53), primary (n = 18), secondary (n = 23), matric (n = 78), intermediate (n = 16), graduation (n = 22), to masters and above (n = 15). They belonged to different occupational groups, e.g., government employees (n = 52), private organizations (n = 68), private business (n = 89), and miscellaneous (n = 16). Most of the participants were residents of Rawalpindi (n = 60), while others resided in Islamabad (n = 44), Taxila (n = 25), Multan (n = 23), Abbottabad (n = 37), and Peshawar (n = 36). Majority of the respondents were residing in joint family setup (n = 127) while others were living in nuclear family system (n = 98). Duration of missing member of the family was at least from one year to nine years. All the participants have direct relationship with the missing persons like father, mother, brother, sister, wife, son, and daughter.

Measures:

Depression Anxiety and Stress Scale (DASS): In the present study, the Urdu version of Depression Anxiety Stress Scale (Aslam, 2007) originally developed by Lovibond and Lovibond (1997) was used. It is a 42 items self-

report measure constituting three subscales namely Depression, Anxiety, and Stress constituting 14 items each. Response options were marked on 4-point scale ranging from Not at All (0) to All the Time (3). All the statements were negatively stated and no item was reversed scored. Possible score range could be zero-126, where high scores indicate higher levels of depression, anxiety, and stress. In the present study, alpha reliability of subscales of DASS was found to be .84 for Depression subscale, .77 for Anxiety subscale, and .83 for Stress subscale; while for total DASS came out to be .91.

Brief COPE: The scale was originally developed by Carver (1997) and Urdu version (translated by Akhtar, 2005) was used in the present study, to identify the coping strategies employed by the respondents. Brief COPE was a brief form of COPE Inventory, consisted of 28 items categorized into 14 subscales. Each of the 28 items required to be responded on 4-point scale ranging from Never (1) to All the time (4). Scores falling against and below 25th percentile were taken as indicative of low use of Coping strategies, scores falling between 25th and 75th were considered as indicative of moderate use of coping strategies whereas, scores falling against and above 75th percentile were regarded as an indicator of high use of coping strategies. Alpha coefficient of .85 was acquired on the present sample.

Procedure:

Data was collected with the help of Defense of Human Rights an NGO, working only for the issues of missing persons in Pakistan. Primarily introductory meeting was arranged with the families of missing persons in groups where initial rapport was developed with the respondents. Later, they were informed about the purpose of research and were briefed about the questionnaires. After having their consent, questionnaires were filled either by the respondents themselves or with the help of researcher. An additional paper was attached at the end of the questionnaire booklet to reflect and express their personal thoughts, feelings, and perceptions about their traumatic experiences. Moreover, most of the participants were approached individually at their homes. The researchers also felt an obligation to offer psychological counseling to the aggrieved families. Participants were keen and open to share the psychological turmoil that they are passing through. On the other hand, some participants were hesitant and doubtful in sharing their feelings. This hesitation is may be reflective of their experiences with investigating and law enforcing agencies.

Results

Correlation, t- analysis and ANOVA were applied to identify the impact of varying demographics on psychological distress and coping strategies.

Table 1. Correlation Matrix for All Study Variable (N = 225)

Variables	Depression	Anxiety	Stress	DASS	EFC	PFC
Depression	-	.33**	.41***	.53***	.38***	-.48***
Anxiety		-	.39***	.47***	.24***	-.35***
Stress			-	.44***	.41***	-.26**
DASS				-	.39***	-.31***
EFC					-	-.49***
PFC						-

Note. DASS = Depression Anxiety Stress Scale; EFC = Emotion Focused Coping Subscale; PFC = Problem Focus Coping Subscale

*p< .05, **p< .01, ***p< .001

Table 1 indicates the correlation matrix between subscales of coping strategies and DASS. Results showed significant positive correlation among all subscales of DASS with each other as well as with total scale of DASS; thereby providing an evidence of construct validity of the scale. Correlation between emotion-focused coping and DASS along with its subscales turned out to be positive. Conversely, problem focused coping was significantly negatively correlated with depression, anxiety, stress, and overall DASS as well as emotion

focus coping. All correlations were significant .

Table 2 indicated that there were significant gender differences on DASS and its subscales. Results showed that women experience more depression, anxiety, and stress, and overall psychological distress as compared to men ($p < .001$). Similarly, results also indicated that women were more inclined to employ emotion focused coping strategies as compared to men. However, non-significant gender differences were observed on problem focus coping.

Table 2. Gender Differences on DASS and its Subscales, and Subscales of Cope Questionnaire (N = 225).

Scales and Subscales	Men		Women		t (223)	p	95% CI		Cohen's d
	(n=108)		(n = 117)				UL	LL	
	M	SD	M	SD					
Depression	24.8	6.9	32.8	7.29	5.56	.000	10.8	5.1	.52
Anxiety	24.9	7.02	29.4	6.85	3.27	.001	7.3	1.8	.38
Stress	27.8	4.8	33.4	6.4	4.89	.000	7.8	3.3	.41
DASS	77.3	16.2	95.7	18.7	5.16	.000	25.1	11.1	.75
PFCS	37.5	8.2	37.6	5.0	1.06	.94	2.76	2.58	.12
EFCS	39.04	4.2	42.5	5.2	2.37	.05	3.76	1.39	.36

Note. DASS = Depression Stress Anxiety Scale, PFCS = Problem Focus Coping Subscale; EFCS = Emotion Focus Coping Subscale.

Table 3. ANOVA and Post-hoc Analysis for different Age Groups and Duration of Being Missing (N = 225)

Variables	Age (Years)						F	Post-hoc Difference
	(20-40)		(40.1-61)		(61.1-82)			
	(n = 72)		(n = 102)		(n = 51)			
	M	SD	M	SD	M	SD		
DASS	82.51	6.97	87.10	4.25	96.54	5.36	8.45*	3>1,2; 2>1
EFC	38.24	5.67	41.53	6.66	43.69	5.81	10.02**	3>1,2; 2>1
PFC	35.53	6.78	37.28	6.66	38.02	7.45	1.42	

Duration of Missing	(1-3 years)		(3.1- 6 years)		(6.1- 9 years)		F	Post-hoc Difference
	M	SD	M	SD	M	SD		
DASS	87.53	7.75	81.65	3.28	85.75	5.98	12.87**	1>2, 3; 3>2
EFC	44.49	5.6	37.48	5.1	35.75	1.7	13.47**	1>2,3; 2>3
PFC	32.85	7.2	39.42	5.2	41.08	5.8	11.36**	3>1,2; 2>1

Between Groups df = 2, Within Groups df = 222, Total df = 224

Note. DASS = Depression Anxiety Stress Scale; EFC = Emotion Focused Coping; PFC = Problem Focused Coping.

Table 4. ANOVA and Post-Hoc Analysis for Varying Relationships with the Missing Person (N = 225)

Variables	Parents		Siblings		Spouses		F	Post-hoc
	(n = 69)		(n = 65)		(n = 91)			
	M	SD	M	SD	M	SD		
DASS	88.97	6.91	79.71	5.22	93.5	3.78	12.34*	3>1,2; 1>2
EFC	44.49	5.64	37.48	5.16	47.75	1.79	10.23*	3>1,2; 1>2
PFC	32.85	7.23	41.42	5.28	35.08	5.81	11.45*	2>1,3; 3>1

**p< .001

Between Groups df = 3 Within Groups df = 221 Total df = 224

Note. DASS = Depression Anxiety Stress Scale; EFC = Emotion Focused Coping; PFC = Problem Focused Coping.

Table 3 showed significant difference in relation to varying age groups, revealing older respondents as highly susceptible to psychological distress and inclined to use emotion focused coping. However, non-significant difference was observed among the three age groups on problem focus coping. Results also indicated that psychological distress and practice of emotion focus coping was more among respondents with missing family member for shorter duration; whereas problem focus coping was greatly reported in case of missing relative for extended time period.

Results of Table 4 revealed more vulnerability for the psychological distress among spouses. Likewise, spouses were more tend to opt emotion focus coping. On the other hand, problem focus coping was significantly more reported by the siblings of the missing persons and least expressed by the parents.

Discussion

The present study was aimed to explore the psychological distress and coping strategies among the families of missing persons in Pakistan.

Findings indicated that psychological distress would be negatively correlated with problem focused coping strategies and positively correlated with emotion focused coping strategies. Findings of the present research further strengthen the earlier studies. Mc Cathie, Spence, and Tate (2006) found that higher level of psychological distress assessed as depression, were associated with coping strategies characterized by withdrawal. They

further reported that problem focused coping is associated with the perception of well-being in patients with chronic obtrusive pulmonary disease. It was also found that the use of coping strategies such as hoping for miracle, having fantasies about how things might turnout and preparing for the worst (emotion focused strategies) were more frequently in the group with psychological distress. Relationship among cognitive appraisal, cognitive strategies and psychological distress showed that the use of strategies such as seeking social support through talking with someone who could do something about the problem were inversely related with psychological distress (Andenaes, Kalfoss, & Wohl, 2006).

Findings indicated that women experience more psychological distress as compared to men. It has also been found earlier that women reported higher levels of internalizing problems and lower levels of resilience among internally displaced (Mujeeb & Zubair, 2012). Similarly, empirical review of the literature related to psychological problems in the sample of disaster victims over twenty years concluded that, there exist significant gender differences in post disaster disorder (Carolyn, 2007). Meta-analysis revealed that women were more adversely impacted by the traumatic events whether the event was a technological or natural disaster, or incident of mass violence. Girls and women were more vulnerable to develop Post Traumatic Stress Disorder, and numerous disaster studies found them at least twice as vulnerable as compared to boys and men. Similarly, researches also showed that women have twice

more stress and depression as compared to their counterparts (Compass et al., 2001).

Significant difference was observed regarding coping strategies with women showed more inclination for denial, behavioral disengagement, religion, emotional support in emotion focused coping strategies. On the other hand men scored higher on positive reframing and acceptance in problem focused coping strategies. Previous researches exhibited inconsistency in findings regarding gender differences on coping strategies. Some researches indicated boys score high on emotion focused coping strategies as compare to girls (Riaz, 2002). Results of another research showed that women seek more emotional support. They generally seek emotional support from their friends, coworkers and other near ones (Shumaker & Hill, 2009). Socialization practices and cultural expectations make women more prone to the expression of emotions more freely or dependence on other sources rather than direct and aggressive actions (Carolyn, 2007). Men seek more problem focus coping strategies like planning. Men also use rational actions, and fantasy as ways of coping (Andenaes et al., 2006).

It was hypothesized that older individuals would exhibit greater psychological distress as compared to the young, but this hypothesis was partially supported by the results. Previous researches showed inconsistency in findings regarding age and psychological distress. In some respect older people may experience more psychological effects of stress after disaster as compare to young ones. Whenever a disaster strikes, older people are more likely to be at risk for illness and mental health problems (Hintze, 2002). Many felt that they had lost their life's work and savings and become hopeless. Older people living with losses in functional dependence are particularly at risk to suffer from psychological distress (Couture, Larivière, & Lefrançois, 2005).

It was also hypothesized that shorter duration of being missing will result in greater psychological distress and emotional focus coping strategies while extended duration will be linked with problem focus coping strategies. Non-

significant difference was found among three groups of different durations of being missing. Many people experience traumatic events of the death of a loved one, serious illness, divorce, loss of some one etc. Sometimes people experience life-threatening or life-changing situations that are so distressing or cruel that the memory doesn't fade, not even slightly. For some people, the experience is so extreme that they find they cannot get passed it to move on with life. But sometime, people may become very upset, frightened, depressed or sad just after the disaster. In the starting days of their adversity they become very psychologically distress. However, grief usually passes, the pain lessens over time, and life eventually becomes more normal (Aslam, 2007). Research showed trauma duration emerged as a significant moderator, such that as duration of trauma increased so did the association between reliance on coping and experience less distress (Littleton et al., 2007).

Finally, the assumption, that spouses will experience more psychological distress as compared to other relationships, was supported by the results. In Pakistani culture, husbands are the primary bread earners. They stay outside the house for work, and earn money for their families. Wives are actively involved in domestic roles and look after their homes, take care of children, and manage all the house hold activities. To fulfill the needs and requirements of the life, wives are greatly dependent on their husbands. Employed and unemployed married women have expressed their reliance on their husbands in terms of economic, social, psychological domains as well as decision making. Therefore, absence of husband through abduction or killing suddenly changes the social roles of wives when they have to earn bread, rear their children and provide them security, and involve in decision making on their own (Norris et al., 2002). Hence in such situations, women are more vulnerable to be emotionally upset which leads to elevated levels of depression and anxiety and incapacitation to handle the adversities of life. They are also required to adjust themselves for the newer roles and responsibilities pertinent to themselves and their children. The sudden disappearance of their

husbands also makes them more susceptible for psychological upheavals and uncertainty about their future.

Limitations and Suggestions

There were few potential weaknesses in the present study. Firstly, only a few families were included who were residents of Islamabad, Rawalpindi, Taxila, Peshawar, Multan, and Abbottabad. The results would be more generalizable if respondents from other areas of Pakistan could also be included. Secondly, a small number of respondents were considered in the present study. It may be more appropriate to incorporate large sample size, so as to acquire better understanding of the phenomenon. Thirdly, the present research opted for only quantitative measures, whereas qualitative tools of assessment may enhance the in-depth understanding of the perceptions of the respondents. Finally, the interplay of other demographics like occupation, work status, and type of family system (nuclear vs extended) would also be considered for further exploration in relation to the constructs of the study.

Implications

The issue of missing persons is the current phenomenon that has hit Pakistan badly and which is targeted through researches. Numerous studies have been conducted, merely to estimate the ratio of missing persons in different areas of Pakistan, however there is a dire need to undertake an empirical investigation to understand and identify the psycho-social issues of the families of missing persons. The present attempt pointed towards different psychological problems which families of missing persons are facing. The present study also looked into problems which are destabilizing the mental, physical, personal, and social aspects of their lives. The present findings would be facilitative for the policy makers to grasp the extent to which these families are bearing the emotional turmoil and the degree to which their lives are badly affected by the incident of missing family member. The mental health professionals would take some pragmatic measures for resolving the psychological distress of the aggrieved families

and enhancement of their emotional wellbeing. The present study would also help in designing need based psychological counseling for the families of missing persons.

Conclusion

The present study highlights the magnitude of psychological distress experienced by the families of missing persons. Additionally, it also emphasized the types of coping strategies that would be opted by the families to cope with their distress. It has been observed that women experience more psychological distress as compare to men; moreover women use more emotion focused coping strategies than men. Additionally, it was also inferred that psychological distress was negatively correlated with problem focus coping strategies and positively correlated with emotion focused coping strategies. Most of the findings of the present research were in line with the hypothesized assumptions.

References

- Agaibi, C. E., & Wilson, J. P. (2005). Trauma, PTSD, and resilience: A review of the literature. *Trauma, Violence, and Abuse*, 6(3), 195-216.
- Akhtar, M. (2005). *Student-life stress and its relationship with time management and adopted coping strategies*. Unpublished M.Phil Dissertation. Quaid-i-Azam University, Islamabad.
- Andenes, R., Kalfoss, M. H., & Wahl, A. K. (2006). Coping and psychological distress in hospitalized patients with chronic obstructive pulmonary disease. *Heart & Lung: The Journal of Acute and Critical Care*, 35(1), 46-57.
- Aslam, N. (2007). *Psychological disorders and resilience among earthquake affected individuals*. Unpublished M.Phil dissertation. National Institute of Psychology, Quaid-i-Azam University, Islamabad.
- Barlow, R. M., & David, H. (2002). Unrevealing the mysteries of anxiety and its disorder from the perspective of emotion theory. *American Psychologist*, 6, 1247-1263.
- Bonanno, G. A. (2006). Grief, trauma, and resilience. In E. K. Rynearson (Eds.), *Violent Death: Resilience and intervention beyond the crisis* (pp.31-46). New York: Routledge.
- Bondurka-Beverse, D., Basen-Enquist, K., Carmack, C. L., Fitzgerald, M. A., Wolf, J. K., De Mour, C., & Gershenson, D. M. (2000). Depression, anxiety,

- and quality of life in patients with epithelial ovarian cancer. *Gynecologic Oncology*, 78, 302-308.
- Carolyn, A. (2007). *Stress, coping, and development* (2nd ed.). New York: The Guilford Press.
- Carver, C. S. (1997). You want to measure coping but your protocols too long: Consider the Brief COPE. *Interventional Journal of Behavioral Medicine*, 4, 92-100.
- Chang, C. M., Lee, L., Connor, K. M., Davidson, J. R. T., & Lai, T. (2008). Modification effects of coping on post traumatic morbidity among earthquake rescuers. *Psychiatry Research*, 158(2), 164-171.
- Chou, K. E. (2006). *Psychological distress in migrants in Australia over 50 years old: A longitudinal investigation*. doi:10.1016/j.jad.2006.07.002
- Compas, B. E., Connor-Smith, J. K., Saltzman, H., & Wadsworth, M. E. (2001). Coping with stress during childhood and adolescence: Problems, progress, and potential in theory and research. *Psychological Bulletin*, 127, 87-127.
- Couture, M., Larivière, N., & Lefrançois, R. (2005). Psychological distress in older adults with low functional independence: A multidimensional perspective. *Archives of Gerontology and Geriatrics*, 41(1), 101-111.
- Decker, F. H. (1997). Occupational and non-occupational factors in job satisfaction and psychological distress among nurses. *Research in Nursing and Health*, 20, 453-464.
- Durakovic-Belko, E., Kulenovic, A., & Dapic, R. (2003). Determinants of posttraumatic adjustment in adolescents from Sarajevo who experienced war. *Journal of Clinical Psychology*, 59(1), 27-40.
- Goenjian, A. K., Molina, L., Steinberg, A. M., Fairbanks, L. A., Luisa, A. M., Goenjian, H. A., & Pynoos, R. S. (2001). Posttraumatic stress and depressive reactions among Nicaraguan adolescents after hurricane Mitch. *American Journal of Psychiatry*, 158, 788-794.
- Hintze, J. (2002). Intervention for fears and anxiety problems. In M. Shim, H. M. Walker & G. Stoner. (Eds.), *Interventions for academic and behavior problems: Preventive and remedial approaches*. Bethesda: National Association of School Psychologists.
- International Committee of Red Cross. (2008). *Nepal: where have the missing gone?* Retrieved from <http://www.icrc.org/eng/resources/documents/misc/nepal-missing-300708.html>
- Lantz, P. M. (2005). Stress, life events, and socioeconomic disparities in health: Results from American changing lives study. *Journal of Health and Social Behavior*, 3, 274-288.
- Lerutta, D. M. (2002). *Psychological stress experienced by black adolescent girls prior to induce abortion*. Unpublished M.Sc. Research Report. Medical University of South Africa, South Africa.
- Littleton, H., Horsley, S. J., & Nelson, C. V. (2007). Trauma coping strategies and psychological distress: A Meta-Analysis. *Journal of Traumatic Stress*, 20(6), 977-988.
- Lovibond, S. H., & Lovibond, P. F. (1997). *Manual for Depression Anxiety Stress Scales*. Sydney: Psychology Foundation.
- Misra, R., McKean, M., West, S., & Russo, T. (2000). Academic stress of college students: Comparison of student and faculty perceptions. *College Student Journal*, 34, 236-245.
- McCathie, C., Spence, S. H., & Tate, R. L. (2006). Adjustment to chronic obstructive pulmonary disease: The importance of psychological factors. *European Respiratory Journal*, 19(1), 47-53.
- Mujeeb, A., & Zubair, A. (2012). Resilience, stress, anxiety, and depression among internally displaced persons affected by armed conflict. *Pakistan Journal of Social & Clinical Psychology*, 9(3), 20-26.
- Norris, F. J., Friedman, M. J., Watson, P. J., Byrne, C. M., Diaz, E., & Kaniasty, K. (2002). 60,000 disaster victims speak: Part I. An empirical review of the empirical literature 1981-2001. *Psychiatry*, 65, 207-239.
- Quota, S., Punamaki, R. L., Montgomery, E., & Sarraj, E. E. (2007). *Predictors of psychological distress and positive resources among Palestinian adolescents: Trauma, child, and mothering characteristics*. doi:0.1016/j.chiabu.2005.07.007
- Riaz, A. (2002). *The relationship of coping strategies with family relations among adolescents*. Unpublished M.Sc. Research Report. Quaid-i-Azam University, Islamabad.
- Saab, B. R., Chaaya, M., Doumit, M., & Farhood, L. (2003). *Predictors of psychological distress in Lebanese hostages of war*. doi: 10.1016/S0277-9536(02)00505-1.
- Shumaker, S. A., & Hill, D. R. (2009). Gender differences in social support and physical health. *Health Psychology*, 10(2), 102-111.
- Taylor, J., & Turner, R. J. (2002). Perceived discrimination, social stress, and depression in the transmission from adulthood: Racial

- contrasts. *Social Psychology Quarterly*, 65, 213-225.
- Thapa, S., & Hauff, E. (2005). Psychological distress among displaced persons during an armed conflict in Nepal. *Social Psychiatry Epidemiology*, 40, 672-679.
- Toukmanian, S. G., Jadaa, D., & Lanless, D. (2000). A cross-cultural study of depression in the aftermath of natural disaster. *Anxiety, Stress and Coping*, 13, 289-307.
- Treharne, G. T., Lyons, A. C., & Tupling, R. E. (2001). The effects of optimism, pessimism, social support, and mood on the lagged relationship between daily stress and symptoms. *Current Research in Social Psychology*, 7, 60-81.
- Wilson, J., & Drozdek, B. (2004). Broken spirits: The treatment of traumatized asylum seekers, refugees, war and torture victims. *Trauma, Violence and Abuse*, 6(3), 195-216.
- Ziauddin, M. (2008). *Amnesty: Reveal details of missing persons in Pakistan*. Retrieved from <http://southasia.oneworld.net/todaysheadlines/amnesty-reveal-details-of-missing-persons-in-pakistan>

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