



STRESS, TRAUMA, PSYCHOLOGICAL PROBLEMS, QUALITY OF LIFE, AND RESILIENCE OF WOMEN AS REFLECTED IN VARIOUS MOVIES AROUND THE WORLD

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Abstract:

The aim of the study was to investigate the relationships between stressor due to restriction of women movement, traumatic events due to war, sexual abuse or domestic harassment and psychological symptoms, quality of life, and resilience.

To explore the topic I analyzed samples consisted of 16 randomly selected subjects from sixteen various movies - Deliver Us From Evil, Forbidden Games, Metamorphosis, Monster, Pan's Labyrinth, The Cemetery Club, Schindler's List, The Cemetery Club, The Magdalene, The White Ribbon, Two Women, Taken, Empty Suitcase, Damini- Lightning, Dahan (Crossfire) and Ghajini.

Keywords: *Stress; Trauma; Resilience; Reflected.*

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1. Introduction

According to *USA Today* reporter Kevin Johnson "no other major category of crime – not murder, assault or robbery – has generated a more serious challenge of the credibility of national crime statistics" than rape.^[1] A United Nations statistical report compiled from government sources showed that more than 250,000 cases of rape or attempted rape were recorded by police annually. The reported data covered 65 countries.^[2] In some jurisdictions, male-female rape is the only form of rape counted in the statistics.^[3] The attitude of the police in many countries often discourages victims from reporting rape: one study in Turkey (1999) found that 33% of police officers agreed with the assertion that "some women deserve rape" and 66% agreed that "the physical appearance and behaviors of women tempt men to rape."^[4]

Rape is the fourth most common crime against women in India.^[5] According to the National Crime Records Bureau 2013 annual report, 24,923 rape cases were reported across India in 2012.^[6] Out of these, 24,470 were committed by someone known to the victim (98% of the cases).^[7] According to 2012 statistics, New Delhi has the highest raw number of rape reports among Indian cities.^{[8][9]} India has been characterised as one of the "countries with the lowest per capita rates of rape".^[1]

⁰¹ The National Crime Records Bureau of India suggests a reported rape rate of 2 per 100,000

people, much lower than reported rape incidence rate statistics for many nations tracked by the United Nations.

Quality of life is defined as physical, mental, and social well being ^{11}. For the purposes of this paper, we adopt a broader conceptualization of quality of life, according to which quality of life consists of social–material conditions, functioning (role performance), and satisfaction (well-being World Health Organization has defined HR-QOL as: an individual’s perception of their position in life in the context of the culture and value systems in which they live, in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person’s physical health, psychological state, and level of independence, social relationships and their relationships to salient features of the environment ^{12}.

2. Movies That Depict Various Types of Trauma

For the Study of Trauma & Dissociation various featured films tell several issues relevant to trauma theories. Sometimes it surrounds sexual abuse in the Roman Catholic Church, the lives of rape victims in Israel, erotism in childhood and shows a dramatic traumatizing event in the life of a young girl, sometimes the girl in the movie manages the reality of an abusive step-father, a helpless mother, and the guilt of her disobedience as meaning risk for her unborn baby brother, covers the traumatic events of the Holocaust, women who reacted to the trauma in quite different ways: one profoundly narcissistic, the other depressed with many physical problems, explores the reality of teen pregnancy in Ireland a few decades ago, where teens were dropped off at convents where they were further abused by nuns and priests (as a way of making them “pay for their sins”), sometimes the film is about the psychological basis of Nazism as seen through social and familial relationships in a small village in pre-World War I Germany which covers physical and sexual abuse of children, the transgenerational transmission of trauma, anti-Semitism, and class and group prejudices, sometimes it a widow struggling to survive in battle-scarred Italy along with a teenage daughter. The film begins with both women sharing romantic feelings toward a young man, a story line disrupted by the ravages of World War II and the horrifying rape of both mother and daughter in a church by Allied Moroccan soldiers. The aftermath of this atrocity finds both characters dealing with even more, varying shades of grief, as the war seems to sap all that they had treasured and leaves them struggling for their emotional and physical survival.

3. Measures

Halting the process of psychosocial and material resource loss has been theorized as being associated with the reduction of post-traumatic stress disorder (PTSD). This study examines how the limiting of resource loss is related to alleviation of PTSD symptoms among 102 inner-city women, who originally met diagnostic criteria for PTSD after experiencing interpersonal traumatic events such as child abuse, rape, and sexual assault. Participants whose PTSD symptoms improve and become nondiagnostic for PTSD are compared with those who remain diagnostic. The two groups are not significantly different at pretest. However, at the 6-month time point, those who become nondiagnostic for PTSD report less resources loss in three of four domains. This pattern suggests that as PTSD symptoms decrease, women’s material and psychosocial resource loss diminishes, which in turn, may aid their recovery process.

4. Psychological Consequences

Survivors of childhood sexual trauma are at high risk of posttraumatic stress disorder (PTSD). According to the American Psychiatric Association (1994), the diagnostic criteria for PTSD include exposure to a traumatic event that invokes intense fear, helplessness, or horror and a range of symptoms, such as reoccurring recollections or dreams of the event, persistent avoidance of all things associated with the trauma, numbing and lack of responsiveness, and increased alertness to perceived threats. In a recent study, women who reported childhood sexual abuse were five times more likely to be diagnosed with PTSD compared to nonvictims (Coid et al., 2003). Another study showed that the lifetime rate of a PTSD diagnosis was over three times greater among women who were raped in childhood compared to nonvictimized women (Saunders et al., 1999).

5. CTT-BW

Cognitive trauma therapy for battered women (CTT-BW), a variation on TF-CBT, has been proven to be effective in the treatment of PTSD among battered women (Kubany, Hill, & Owens, 2003; Kubany et al., 2004). CTT-BW involves the use of several cognitive approaches, including trauma history exploration, education, stress management, exposure, self-monitoring of negative self-talk, and cognitive therapy for guilt.

6. EMDR

EMDR is a comprehensive, integrative psychotherapy approach that includes aspects of several therapies, including psychodynamic, cognitive-behavioral, interpersonal, experiential, and body-centered therapies (Shapiro, 2002). Despite the debate about the effectiveness of EMDR, it is an information processing therapy that allows individuals to accurately process information associated with a traumatic or negative event wherein strong negative feelings or dissociation may interfere with processing information. The technique involves the patient moving her eyes back and forth while she concentrates on the event.

7. SIT and PE

Despite findings in the most recent systematic reviews and meta-analyses, Foa, Rothbaum, Riggs, and Murdock (1991) examined the extent to which stress inoculation training (SIT) and prolonged exposure (PE) positively impacted PTSD among 45 rape victims. **SIT and PE.** Within the context that SIT includes a combination of strategies, including relaxation, restructuring thinking, and role-playing, PE involves activating and fully experiencing the fear associated with a traumatic event albeit in a safe setting. The researchers found that directly after intervention, 50% of women who received SIT improved, 26% of women who received PE improved, and 20% of women in a waiting list control group (supportive counseling) improved. At a 3-month follow-up, PE reduced symptoms in 60% of women compared to symptom reduction in 49% of women who received SIT, while supportive counseling reduced symptoms in 36% of women.

8. Discussion

8.1. Overcoming Trauma: Women Gaining Strength in Light of Abuse

Few case studies worth citing to understand how writers and directors of movies around the world wanted to reflect the increasing instances of violence against girls or women with issues of sexual difference and violence, indecision and variability of women's position in culture and language. I think these films deal with the dislocation of sense of self inside and behavior outside and of narrative, but in a fragmented way. Where they do not attempt to reproduce emotions in the viewer, but to raise questions about the position of women in relation to institutions, to language, to sexuality.

I'm thinking about another thing, when we were talking about the importance of narrative, I wonder if, for women who are dealing with the question of representation in film, if in fact narrative doesn't allow for a lot more investigation of problems of women, rather than the abstract imagery that also has been used in films by and about women.

Much has been made by media critics of the propensity of horror movies to fetishize the murder of women - to make them victims, suffering at the hands of brutal forces for their sexual sins. Focus the story on the woman's point of view, relying on a suspenseful unfolding of story and character more than shock. These films even go so far as to empower female characters with the psychological strength to overcome the worst kinds of victimization, and for the not-faint-of-heart, they can provide a welcome catharsis.

9. Conclusion

The psychological consequences of sexual trauma among survivors have been widely studied, later filmed as movies but research investigations continue, in part, because rates of violence against girls and women remain high. The National Violence Against Women Survey found that 18% of women reported experiencing a completed or attempted rape during their lifetime (Tjaden & Thoennes, 2000). More than half (54%) of the rape survivors that responded to the survey were younger than age 18 when they experienced their first attempted or completed rape.

Several conclusions can be drawn from the review of literature on evidence-based practice with females who experience trauma and subsequently PTSD. First, it is important for social workers to understand that trauma may actually change brain functioning as a response to stress, and thus affect long-term functioning in terms of PTSD (as well as depression and other disorders). Second, the extent to which social workers can determine how PTSD has developed over time may be important in determining which intervention is most efficacious. Third, social workers can and should screen for PTSD among the women with whom they work, especially low-income women who may be exposed more often to trauma in their families and communities than other women.

Psychological consequences of sexual trauma in childhood and adulthood are diverse and highly individualized. There is no one response that is experienced by all survivors. The diversity of emotional outcomes is evident in the variability in severity (mild distressing to life threatening), timing (immediate to delayed impact), duration (short-term to long-term), and types of

consequences (i.e., psychological symptoms, maladaptive behaviors). Whereas a large portion of the literature has focused on PTSD symptoms, survivors are also at risk of experiencing a range of other mental health problems, such as depression, suicidal thoughts and attempts, problem alcohol abuse, disordered eating behaviors, and sexual dysfunction. The research literature, however, includes studies with methodological limitations. In addition, various controversies have emerged, including arguments against the heavy focus on PTSD and the overemphasis of the survivor's role in responses to sexual trauma with relatively little recognition of role played by social support and societal and cultural factors.

The mental health impact of sexual trauma is clearly a serious public health problem for women. By acquiring a common foundation of knowledge and fostering collaborations, those in the field may increase access to support and resources, so that all women who experience the emotional aftermath of sexual trauma may follow a path of recovery that is healing and empowering.

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