

FULL PAPER

Hypervigilance among employees of the advertising sector in India

Bhole Nath Thakur*  | Ipseeta Satpathy  | B. Chandra Mohan Patnaik  | Abhishek Kumar 

KIIT Deemed to be University Bhubaneswar,
Odisha

Hypervigilance is a prominent characteristic of post-traumatic stress disorder (PTSD) and can also manifest in other anxiety disorders such as panic disorder, substance/medication-induced anxiety disorder, and generalized anxiety disorder. In addition, hypervigilance can be triggered by conditions like schizophrenia, dementia, and paranoia. The purpose of this study was to explore the different facets associated with hypervigilance. The objectives of the study were to assess the awareness level and gather opinions from the participants. Both primary and secondary data were utilized in this study. The findings revealed that there was a lower level of awareness among females aged between 20 and 35 years, followed by their male counterparts in the same age group. Furthermore, it was evident that there is a necessity for social and medical support to address hypervigilance treatment.

*Corresponding Author:

Bhole Nath Thakur

Email: bcmptnaik@gmail.com

Tel.: +9668224322

KEYWORDS

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Introduction

Hypervigilance is a state of heightened awareness and vigilance that has been observed in individuals who have experienced trauma and violence [1]. It refers to the constant feeling of being on guard and actively searching for potential dangers, even when the actual risk is low [2]. This state of hyper-alertness can serve as a survival mechanism and enhance preparedness for individuals who have been exposed to threats. However, when hypervigilance becomes excessive and extends to a wide range of perceived dangers, it can be maladaptive. Excessive hypervigilance has been linked to various negative cognitive and behavioural outcomes, such as biased attention, impaired memory,

and difficulties in regulating emotions [3,4]. Moreover, it plays a role in maintaining anxiety disorders and posttraumatic stress disorder (PTSD), as anxiety further intensifies hypervigilance for potential threats, leading to increased detection of threats and subsequently more anxiety and hypervigilance. From a physiological perspective, excessive hypervigilance can result in heightened autonomic arousal and exaggerated reactivity in brain regions associated with threat detection [5].

It refers to an elevated state of alertness, stress, or sensitivity towards specific sensory stimuli. It can lead to intense emotional responses, anxiety, and impulsive behavioural patterns. It instils a sense of being constantly aware of hidden dangers - a primal instinct of

being under threat as if walking on eggshells without understanding why. Alternatively, it may manifest as a belief in the necessity of remaining vigilant in anticipation of an impending disaster. However, there are instances when the source of the perceived threat cannot be identified, and your reaction to it seems disproportionate to the actual situation. It is as if you have developed an unsettling feeling that cannot be easily dismissed, triggering alarm bells without any apparent cause - resulting in a tense atmosphere. Typically, this is accompanied by a sense of urgency and leads to compulsive behaviours aimed at avoiding or escaping the perceived threat [6,7].

It can be intensified by prolonged periods of anxiety, conflict, illness, or significant loss, such as the passing of a loved one. Remaining ever-vigilant entails the need to constantly be on guard, searching for signs of danger even when none exist - like meticulously examining memories or mentally rehearsing future scenarios. It involves being acutely attuned to physical sensations such as pain, stress, anger, grief, and loss, while also desiring to avoid any social situations or relationships that may bring about close interaction and potential conflict with others. These circumstances often serve as triggers or reminders of the initial distress [8].

Those individuals who are experiencing hypervigilance often find themselves vulnerable to their own underlying emotions of helplessness, vulnerability, and worthlessness. They may struggle to handle even the simplest tasks or responsibilities, constantly fearing criticism and striving to please others. Some individuals may resort to aggression or confrontation as a means to defend against perceived threats. They may also experience feelings of blame or disapproval from loved ones. This heightened state of vigilance may stem from a current crisis, such as trauma, loss, or ongoing conflict, or it may be a result of growing up in an environment with an overly anxious and

worried parent, a volatile domestic setting, past traumas, or emotionally distant parents. If a child has not learnt how to effectively process intense emotions, has not received proper emotional validation from a parent, or has not been allowed to express them fully, they become more susceptible to the emotions and behaviours of others [9,10].

Objectives

To understand the awareness level of respondents towards various symptoms of hypervigilance.

To know the perception of respondents about hypervigilance among the employees of the advertising sector.

Scope of the study

The study is being undertaken to keep in mind the various challenges faced by the respondents of the advertising sector due to the internal dynamics associated with it. Accordingly, the current study focused on the two sets of age groups up to 20-35 years and above 35 years due to different challenges according to age. For the data collection capital region of Odisha is being considered. All the respondents were middle-level and junior-level advertising personnel working in different companies in the study region.

Tools applied

The study employed a straightforward approach to calculating the perception score by using a weighted mean method for the different sub-variables. To measure each attribute of perception, a 5-point Rensis Likert scale was utilized. The scoring system assigned a weight of 4 to responses indicating complete agreement, a weight of 3 to responses indicating agreement, a weight of 2 to neutral responses, a weight of 1 to disagreeing responses, and a weight of 0 to responses indicating complete disagreement. Similarly, in the case of awareness level,

weight 3 is allotted for the fully aware, weight 2 for the aware, weight 2 for the partially aware, and 0 for the not aware. The mean of awareness level score were $(3+2+1+0)=6/4=1.5$ and for the perception level $(4+3+2+1+0)=10/5=2$.

Sample size determination

According to Rummel, 1970, and Schwab, 1980, 1:4 to 1:10 is a reasonable ratio for measuring sample size. A minimum sample

size of four items and a maximum sample size of ten items should be used according to the above method. As we had taken 19 items for this study, 76 and 190 samples should be the minimum and maximum. As per the above rule, 93 observations had been gathered, after removing the common outlier. For this study, 93 is an appropriate sample size according to Rummel and Schwab's rule (1970, 1980).

TABLE 1 Sample framework

Category	Questionnaire distributed	Responses collected	%
Male age group (20-35) years	40	31	77.5
Female age group (20-35) years	40	22	55
Male age group above 35 years	40	26	65
Female age group above 35 years	40	14	35
Total	160	93	58.13

(Source: Primary data)

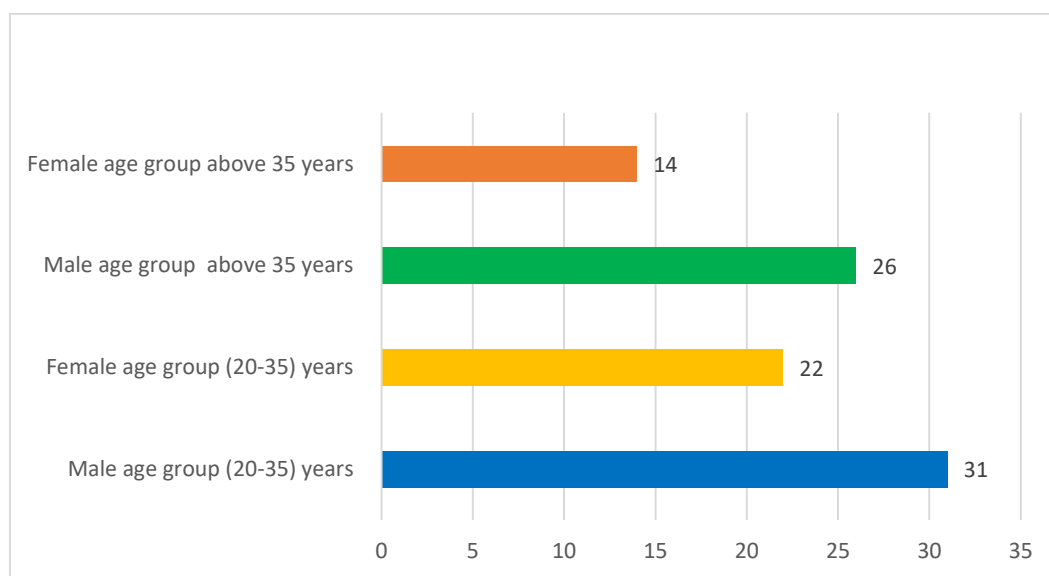


FIGURE 1 Sampling frame

(Source: TABLE 1)

With reference to Figure 1, it represents the composition of various respondents. It includes female age group above 35 years, male age group above 35, female age group between 20-35 years and male respondents of 20-35 years age.

**FIGURE 2** Hypervigilance

(Source: I stock)

Figure 2 represents the image of hypervigilance of an individual person.

Data analysis**TABLE 2** Analysis of awareness level

Attributes	Code	The weighted mean average of the awareness level			
		M(-20-35)	F-(20-35)	M-35 plus	F-35 plus
Emotional Symptoms (ES)					
Uncontrolled emotional reactions.	ES1	1.06	1.23	2.27	2.43
Experiencing apprehension for the worst outcome without any evident reason.	ES2	1.32	0.59	2.27	2.5
Experiencing apprehension for the worst outcome without any evident reason.	ES3	1.48	0.55	2.31	2.43
Exaggerating response to stimuli or individuals in your vicinity, in contrast to your typical behaviour.	ES4	0.97	0.68	2.19	2.43
Unrelenting anxiety.	ES5	0.94	0.82	2.38	2.21
Behavioural Symptoms (BS)					
Increased consciousness of one's environment.	BS1	1.39	0.68	2.42	2.29
Hyperekplexia, characterized by an exaggerated startle response, is a condition that warrants attention	BS2	1.09	0.68	2.23	2.5
Inability to maintain focus on the immediate surroundings.	BS3	1.03	0.45	2.35	2.36
Observe the surroundings for any signs of suspicious conduct, firearms, or potential hazards.	BS4	1.45	0.64	2.46	2.5
Physical Symptoms (PS)					
Trouble falling asleep	PS1	1.52	0.77	2.35	2.29
Expanded pupils	PS2	1.26	0.41	2.35	2.5
Elevated heart rate	PS3	1.09	0.50	2.12	2.64
Rapid respiration	PS4	1.13	0.91	2.23	2.14
Agitation	PS5	1.35	0.81	2.15	2.21
Perspiring	PS6	1.06	0.45	2.5	2.64
Interpersonal Symptoms (IS)					
Refrain from participating in social interactions.	IS1	1.19	0.73	2.46	2.29
Allowing emotions to cloud judgment	IS2	1.03	0.45	2.42	2.21
Paying close attention to individuals' facial expressions or vocal inflections	IS3	0.74	0.41	2.31	2.14
Conflicts in relationships within the household, workplace, or educational institution	IS4	0.71	0.50	2.27	2.07

(Source: Annexure-1, 2, 3, and 4)

Interpretation

Referring to Table 2, responding to the question related to emotional symptoms, for the ES1, ES2, ES3, ES4, and ES5 the weighted awareness level for the males and females above 35 years were above the mean of 1.5 i.e. $(3+2+1+0)/4$. The value above 2 groups of respondents most of the participants were aware and fully aware. In the case of ES1, ES2, and ES3, for the male (20-35 groups weight was more than 1 showing in between partial awareness and awareness but for the ES4 and ES5 the score below 1 indicates partial awareness and not aware. In the case of females (20-35) years of age except ES1 which falls in the category of partial aware and aware but for the remaining questions the responses fall in the category of partial aware and not aware.

In the case of behavioural symptoms, the awareness level of the males and females above 35 years above 2 indicates that most of the respondents were aware and fully aware of BS1, BS2, BS3, and BS4. The awareness level by the male (20-35) for the same ware

aware and partially aware category as the weight were between 1-2. Similarly, for the female age group (20-35) the weight was less than 1 showing that this group has a partial and not awareness category.

In the case of physical symptoms, the awareness level of the males and females above 35 years above 2 indicates that most of the respondents were aware and fully aware of the PS1, PS2, PS3, PS4, PS5, and PS6. The awareness level by the male (20-35) for the same ware aware and partially aware category as the weight were between 1-2. Similarly, for the female age group (20-35), the weight was below 1 showing that this group has a partial and no awareness category.

The awareness level by the male (20-35) for the same were for the IS1 and IS2 falls in the category of aware and partially aware but for the remaining two variables it falls in the group were partially aware and not aware. Similarly, for the female age group (20-35), the weight for all the variables was less than 1 showing that this group has a partial and not awareness category.

TABLE 3 Analysis of perception level

Weighted mean average of perception level					
Attributes	Code	M(-20-35)	F-(20-35)	M-35 plus	F-35 plus
Emotional Symptoms (ES)					
Uncontrolled emotional reactions.	VES1	2.65	1.73	3.46	3.43
Experiencing apprehension for the worst outcome without any evident reason.	VES2	2.74	1.82	3.73	3.43
Experiencing apprehension for the worst outcome without any evident reason.	VES3	2.55	1.82	3.19	3.29
Exaggerating response to stimuli or individuals in your vicinity, in contrast to your typical behaviour.	VES4	2.55	1.64	3.27	3.57
Unrelenting anxiety.	VES5	2.68	1.64	3.19	3.36
Behavioural Symptoms (BS)					
Increased consciousness of one's environment.	VBS1	2.65	1.82	3.46	3.57
Hyperekplexia, characterized by an exaggerated startle response, is a condition that warrants attention	VBS2	2.90	1.95	3.19	3.5
Inability to maintain focus on the immediate surroundings.	VBS3	2.42	1.64	3.46	3.57
Observe the surroundings for any signs of suspicious conduct, firearms, or potential hazards.	VBS4	2.39	1.82	3.5	3.5

Physical Symptoms (PS)

Trouble falling asleep	VPS1	2.58	1.82	3.25	3.43
Expanded pupils	VPS2	2.03	1.68	3.23	3.5
Elevated heart rate	VPS3	2.48	1.91	3.38	3.79
Rapid respiration	VPS4	2.42	1.68	3.5	3.86
Agitation	VPS5	2.74	1.59	3.23	3.43
Perspiring	VPS6	2.58	1.86	3.42	3.57

Interpersonal Symptoms (IS)

Refrain from participating in social interactions.	VIS1	2.61	1.91	3.15	3.29
Allowing emotions to cloud judgment	VIS2	2.77	2.36	3.65	3.5
Paying close attention to individuals' facial expressions or vocal inflections	VIS3	2.58	1.73	3.38	3.43
Conflicts in relationships within the household, workplace, or educational institution	VIS4	2.74	1.68	3.58	3.57

(Source: Annexure 5, 6, 7, and 8)

Interpretation

Concerning the Table 3 for the male and female respondents above 35 years group in the case of VES1, VES2, VES3, VES4, and VES5, the weighted mean value was between 3 and 4 as against the standard mean of 2, it shows that all the respondents having completely agree and completely category. For the male (20-35) age group the mean values were between 2 and 3, representing neutral and agreed most of the participants. Similarly, for the female age group (20-35), the weighted mean value less than 2 indicates the majority believe that disagree and neutral stand.

For the behavioural symptoms, for the male and female respondents above 35 years group in the case of VBS1, VBS2, VBS3, and VBS4, the weighted mean value was between 3 and 4 as against the standard mean of 2, which shows that all the respondents having completely agree and completely category. For the male (20-35) age group the mean values were between 2 and 3, representing neutral and agreed most of the participants. Similarly, for the female age group (20-35), the weighted mean value below 2 indicates the majority believe that disagree and neutral stand.

In the case of physical symptoms, for the male and female respondents above 35 years group in case of VPS1, VPS2, VPS3 and VPS4, VPS5, and VPS6, the weighted mean value was

between 3 and 4 as against standard mean of 2, it shows that all the respondents having completely agree and completely category. For the male (20-35) age group the mean values were between 2 and 3, representing neutral and agreed most of the participants. Similarly, for the female age group (20-35), the weighted mean value less than 2 indicates the majority believe that disagree and neutral stand.

In the case of interpersonal symptoms, for the VIS1, VIS2, VIS3, and VIS4, the male (20-35) age group the mean value was between 2 and 3, representing neutral and agreed most of the participants. Similarly, for the female age group of (20-35), the weighted mean value below 2 indicates majority believe that disagree and are neutral stand except in the case of VIS2, which had more than 2 mean values and between 2-3 refers having neutral and agree category. However, for the male and female respondents above 35 years group the weighted mean value was between 3 and 4 as against the standard mean of 2, which shows that all the respondents completely agree and completely category.

Suggestions for further research

- ✓ There is a need to create more awareness levels for the age group of males and females (20-35).

- ✓ Workshops or counselling cells can be organized for the staff working in the advertisement sector.
- ✓ Regular exercise and a conducive environment should be provided to control hypervigilance.
- ✓ Physicians' consultation is needed wherever required.

Conclusion

The present study tried to address various dynamics of hypervigilance under four parameters such as emotional symptoms, behavioural symptoms, physical symptoms, and interpersonal symptoms. It was found that in the case of awareness level of the disease, most of the female respondents in the age group of (20-35) were less aware of the same, and males in the same age group had comparatively better awareness levels. Due to that only the findings also reflected accordingly. The males and females more than 35 years old were aware may be due to more maturity among them and the same also being found in the survey. There is a need for immediate treatment or counselling for the hypervigilance people. These people also need social support to overcome the same.

Data inclusion and exclusion criteria

The study included middle-level and junior-level staff from the advertising industry as participants. These individuals were chosen because they volunteered and agreed to participate in data collection activities. The process of determining the criteria for inclusion and exclusion was challenging, but the dedicated researchers managed to gather the desired sample size successfully.

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Authors' Contributions

All the authors contributed equally for the preparation of the paper starting from conceptual development to data collection, analysis and conclusion.

Conflict of Interest

The present investigation showcases the collective endeavors of the authors, who assert that they hold no conflicts of interest concerning any individuals or institutions involved. Currently, no financial funds have been acquired for the undertaking.

Orcid:

Bhole Nath Thakur*:

<https://orcid.org/0009-0004-0053-3525>

Satpathy Ipseeta:

<https://orcid.org/0000-0002-0155-5548>

Patnaik B.Chandra Mohan:

<https://orcid.org/0000-0002-5979-0989>

Abhishek Kumar:

<https://orcid.org/0000-0002-0876-3219>

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