



ASSESSMENT OF SUBJECTIVE WELL BEING AMONG PTSD AND NON PTSD ADOLESCENTS: A COMPARATIVE STUDY

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ABSTRACT

Post Traumatic Stress Disorder (PTSD) is a severe anxiety disorder that can develop after exposure to any event or events that result in psychological trauma. Its symptoms can affect every life domain – physiological, psychological, occupational and social. The present study has been done to identify and assess subjective well being of PTSD adolescents. The study was conducted on 1234 PTSD and 1270 non PTSD adolescents of schools from Meerut city. Tool used for data collection was Trauma screen + Child PTSD symptom Scale (Foe et al, 2001), Satisfaction with Life Scale (Diner et al, 1985). SPSS version 20.0 for windows was used to analyze and interpret the data. The data were analyzed by frequency, percentage, Mean, SD, t-value and p-value. The result revealed that out of 2504 adolescents (1234 PTSD and 1270 Non PTSD) the subjective well being is lower among PTSD adolescents in comparison with Non PTSD adolescents.

KEYWORDS :

INTRODUCTION

PTSD, or post-traumatic stress disorder, is an anxiety problem that develops in some people after extremely traumatic events, such as combat, crime, an accident or natural disaster.¹ Several studies have documented occurrence of trauma in adolescents with full blown Post Traumatic Stress Disorder. Adolescents are at high risk of experiencing traumatic events.² People who suffers from PTSD often reveals the experience through flashbacks or nightmares, have difficulty sleeping, and feel detached or estranged. In some cases, the symptoms of PTSD disappear with time, whereas in others they persist for many years. PTSD often occurs with—or may contribute to—other related disorders, such as depression, substance abuse, problems with memory, and other physical and mental health issues. The sufferers of PTSD found to have trauma related psychological disturbances. PTSD is not only associated of risk of developing stress, depression, distress etc. but it also curtails the subjective well being of individual.

METHOD AND MATERIAL

Descriptive research design was used to describe the characteristics of population being studied. In the present study survey method was used by employing cross sectional approach to identify the level of PTSD among adolescents. Meerut city has been selected as the locale for the research study. Thirty schools (13 government and 17 private schools) were included into research study. Students of classes 8th to 12th were selected as sample population. The final sample size comprised of 2504 adolescents.

Tool used

The tool used for the study was Trauma screen + CPSS, Satisfaction with Life Scale.

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Trauma screen and Child PTSD Symptom Scale:

The tool was developed by Foa, Johnson, Feeny, and Treadwell in the year 2001. The tool has two parts.

Part -1 Trauma Screen:

The trauma screen questionnaire consists a list of certain stressful or scary events that sometime happen to children or adolescents. The respondent had to response in 'Yes' or 'No'. This part of the tool is not to be scored.

Part -2 Child Post Traumatic Symptoms Scale

It is designed to assess the severity of Post Traumatic Stress Disorder

among children and adolescents of 8 to 18 years of age. The tool was developed by Foa, E. B., Johnson, K. M., Feeny, N. C., & Treadwell, K. R. in the year 2001. The tool was the adaptation of PTSD symptom scale of Foa, Riggs, Dancu, Rothbaum (1993). The tool was further divided into two parts, part one consist of 17 items which measure the type and frequency of PTSD symptoms. While part two consist of 7 items which measure the functional impairment these symptoms cause. It takes approximately 20 minutes to administer as interview measure and 10 minutes to complete as self-report.

Scoring:

In the first part of the questionnaire scoring are based on 3 point likertscale, the respondents are asked to fill in the number (0 to 3) that best describes how often the problem has bothered(him/her) in last two weeks the score range from 0 to 51 the higher the score, severe is the PTSD symptoms. The clinical cutoff is 15 or greater is appropriate for diagnosing PTSD. Part two scored dichotomously as absent (0) or present (1), the total score range is 0 to 7. The higher score indicating greater functional impairment.

Psychometric property:

Internal consistency ranged from .70 - .89 for the total and subscales symptom scores. Test-retest reliability was good to excellent (.84 for the total score, .85 for re experiencing, .63 for avoidance and .76 for hyperarousal).

Satisfaction with Life Scale (SWLS)

The satisfaction with life scale is a 5 item scale developed by Diener, Emmons, Larsen, & Giffin, in 1985 to measure the global cognitive judgemental component of subjective well being.

Scoring

The respondents indicates about their agreement or disagreement on 7-point scale ranges from 7 'strongly agree' to 1 'strongly disagree' the scale usually requires about one minute for the participant to complete. The total range of score 35 is a continuous sum up scores on each item.

Norms for interpretation

Cut-offs to be used as benchmarks.

- 31 - 35 Extremely satisfied
- 26 - 30 Satisfied
- 21 - 25 Slightly satisfied
- 20 Neutral
- 15 - 19 Slightly dissatisfied
- 10 - 14 Dissatisfied

- 5-9Extremelydissatisfied

Reliability and Validity

Normative data was presented for the scale which shows good convergent validity with other scale and other types of subjective well being. Life satisfaction assessed by the SWLS shows a degree of temporal stability (e.g.0.54 for 4 years).

RESULTS

Subjective well being assesses the satisfaction level of respondents with his or her life as a whole. It includes both emotional reactions and cognitive judgments.³In the current study, subjective well being in adolescents with High PTSD and Non PTSD has been measured through the assessment tool.

Table 1 exhibits the score range, frequency and percentage distribution of respondents on subjective well being among PTSD and Non PTSD respondents.

Score range	category	PTSD N = 1234 Frequency (%)	Non PTSD N = 1270 Frequency (%)
5 – 9	Extremely dissatisfied	237 (22)	203(18.8)
10 – 14	Dissatisfied	223 (20.7)	239 (22.1)
15 – 19	Slightly dissatisfied	201 (18.6)	162 (15.0)
20	Neutral	83 (7.70)	131 (12.1)
21 – 25	Slightly satisfied	139 (12.9)	86 (7.9)
26- 30	Satisfied	103 (9.56)	137 (12.7)
31 -35	Extremely satisfied	91 (8.44)	119 (11.0)

Values in parenthesis denote percentage

The table 1 exhibits the score range, frequency and percentage of subjective well being among PTSD and non PTSD respondents. According to the evaluated scores the maximum number of respondents (22%) from PTSD are in the range of 5 to 9 which implies that larger group of respondents are extremely dissatisfied with their lives whereas in non PTSD group the percentage (18.8%) is quite low. Considerably high percentages of PTSD and non PTSD respondents (20.7 and 22.1 respectively) are dissatisfied with their life's.

The score range of 20 is cutoff mark for neutral i.e. the respondents who are neither fully satisfied nor dissatisfied with their life. The percentage fluctuates from 7.70 among High PTSD and 12.1 among non PTSD adolescents. There is not much difference in frequency and percentage of PTSD and non PTSD respondents for the benchmark of extremely satisfied (31 – 35). The PTSD respondents (8.44 per cent) and non PTSD respondents (11 per cent) comes in this array.(Fig 4.5.1)

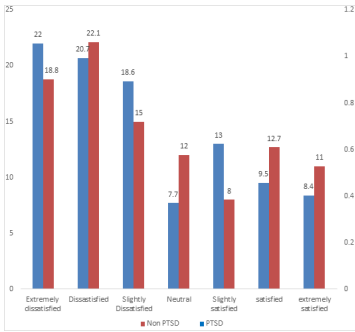


Fig.1 Percentage distribution of respondents on Subjective well being

With this it can be concluded that in both PTSD and Non PTSD adolescents, subjective well being or satisfaction with life is considerably low. Even most of non PTSD adolescents have low

subjective well being. Although low subjective well being is not a psychological disorder or illness, still it has great impact on the mental health. Therefore, it important to enhance the subjective well being of PTSD clients and it might aggravate their conditions

H₁: Feeling of subjective well being will be lower among PTSD adolescents then non PTSD adolescents

Table 2: Mean, Standard Deviation and t-value of High and Non PTSD respondents on of subjective well being scores

Category of respondents	N	Mean (S.D)	t-value	p-value
PTSD	1234	17.0 (8.2)	2.63	.008**
Non PTSD	1270	17.9 (8.4)		

**p<0.01

The table 2 manifests that mean value of subjective well being on PTSD (17.0) did not differ much with Non PTSD (17.9). Still the difference is significant at <.01 level which explain that subjective well being of respondents is dependent on the level of PTSD.

Thus, the alternate hypothesis “Feeling of subjective well being will be lower among PTSD adolescents then non PTSD adolescents” is accepted thereby, explaining that there is significant difference in the felling of subjective well being among PTSD and Non PTSD adolescents. Since the mean score (17.9) of non PTSD respondents is higher, subjective well being is higher among non PTSD group.

The feeling of subjective well being has been further measured with regard to sex, family type, class and school among high and Non PTSD respondents. Table 3 present the comparison on feeling of subjective well being among High PTSD and Non PTSD respondents, using t- test.

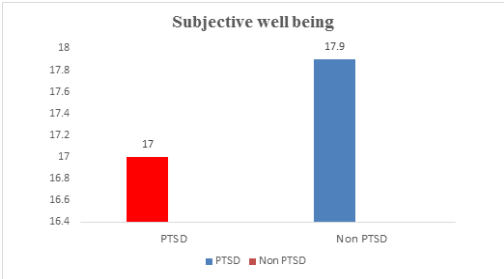


Fig.4.5.2 Mean value of PTSD and Non PTSD respondents on Subjective well being

Table 3: Mean, Standard Deviation and t-value on subjective well being among High PTSD and Non PTSD respondents

Category of respondents	PTSD N = 1234 Mean (SD)	Non PTSD N = 1270 Mean (SD)	t-value	p-value
Gender				
Boys	17.1 (8.30)	17.8(8.36)	1.68	.009**
Girls	16.8 (8.26)	18.0(8.4)	212	.03**
t-value	0.64	0.26		
p-value	0.52*	0.78 ^{NS}		
Family type				
Joint family	16.7 (8.2)	16.9(8.16)	0.34	.73 ^{NS}
Nuclear family	17.2 (8.3)	18.4(8.48)	2.99	.002**
t-value	1.0	3.19		
p-value	0.3**	.001**		
Class				
Secondary	16.7(8.21)	17.8 (7.00)	2.69	.000**
Higher secondary	17.7(8.41)	18.1 (8.44)	0.75	.45 ^{NS}
t-value	1.89	0.69		

p-value	.05*	.4 ^{NS}		
School				
Government school	16.8 (8.14)	17.9 (8.36)	2.17	.02**
Private school	17.6 (8.47)	18.5 (8.49)	0.72	.47 ^{NS}
t-value	1.67	0.24		
p-value	.09 ^{NS}	0.8 ^{NS}		

** $p < 0.01$, * $p < .05$, NS = Non significant

The tabulated data in the table3 shows that the feeling of subjective well being is slightly higher among Non PTSD boys (Mean 17.8, SD= 8.36) than boys (Mean 17.1, SD= 8.30) of PTSD category. Likewise in girls the mean and SD difference of Non PTSD (Mean 18.0, SD= 8.4) and PTSD (Mean 16.8, SD= 8.26) is much. This explains that subjective well being is higher among Non PTSD boys and girls than PTSD boys and girls.

In the domain of family type, in nuclear family p value (.002) indicates that there is a significant difference in the feeling of subjective well being among the respondents of PTSD and Non PTSD group. Although the trend is contrasting in the domain of joint family as the p value (.73) is non significant at $> .05$. Thus, this implies that the feeling of subjective well being is similar among PTSD as well as among Non PTSD respondents.

While making grade wise comparison, table 3 lucidly shows that among secondary grade adolescents the mean (16.7) and SD (8.2) of PTSD adolescents is lower than the mean (17.8) and SD (8.3) of Non PTSD adolescents signifying that the subjective well being of secondary grade of Non PTSD is higher than PTSD. Whereas the subjective well being of higher secondary graders between PTSD and Non PTSD group shows no significant difference at $p > .05$.

On the basis of school type, government schools shows significant level of difference in subjective well being of adolescents of both PTSD and Non PTSD group of respondents. In private school adolescents scored $p > .05$, indicates the significant level of difference in the feeling of subjective well being amongst PTSD as well as Non PTSD respondents.

On evaluating and comparing the data of PTSD and Non PTSD adolescents on all the categories (Gender, family type, grades and school type) of respondents has been computed that the level of subjective well being among boys and girls of PTSD and Non PTSD group is non significant at $p > .05$.

Whereas in family type among PTSD respondents there is no significant difference in the subjective well being of adolescents from joint and nuclear family. Although among Non PTSD adolescents the mean value (Mean 18.4) of nuclear family is higher than the mean value (16.9) of joint family indicates the significant difference in the feeling of subjective well being of adolescents in both family types.

Among PTSD adolescents, grade wise comparison shows that the mean (16.7) of secondary graders is lower than the mean (17.7) of higher secondary graders with the meaning that subjective well being is higher among higher secondary adolescents than secondary. In Non PTSD group the difference between secondary and higher secondary adolescents' shows non significant difference in the feeling of subjective well being.

The findings of Neethu. and Abdul Rafeeqe (2015) are in support with the findings of the present study. In their research on tsunami affected population in Pondicherry they reported that PTSD victims are very low in their subjective well being then Non PTSD or Unaffected peoples.⁴

CONCLUSION

The findings of the present study identified that the feeling of subjective well being is higher among Non PTSD adolescents in comparison of PTSD adolescents.

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