

Impact of Nature of Trauma and Social Support on Post-traumatic Stress Disorder Patients

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Abstract: It has been evaluated that psychological trauma is one of the important cause of disability after depression and heart disease (Michaud, Murry & Bloom, 2001). The present study was aimed to understand the effect of type of trauma on symptom severity of PTSD. Furthermore, the study was carried out to understand PTSD with respect to social support. In other words we can say that whether providing good social support produces any significant effect on symptom severity or not. The sample of the study consists of 50 PTSD patients. Clinician Administered PTSD scale (CAPS., Blake et al., 1990) was used for assessing the symptom severity of PTSD. The data was then subjected to statistical analysis (Kruskal Wallis test & Mann Whitney u test) in the SPSS. The result of the study suggests that there is no significant difference between type of trauma (killing, torture or death) and symptom severity. Trauma, whether it may be death, killing or torture produces equal effect upon symptom severity of PTSD. Furthermore, there is no significant difference between social support and symptom severity of PTSD.

Keywords: PTSD, social support and type of trauma.

1. INTRODUCTION

Kashmir has been a zone of conflict since decades and socio-political unrest has had a tremendous effect on life and property. However its effect is seen more on mental health of people of Kashmir. Thousands of people in Kashmir died due to conflict not only it made thousands of children's orphaned but the worst impact of the conflict is that it increases the rate of mental disorder among people at alarming rate. As far as prevalence of PTSD is considered there is disagreement in the literature. The lifetime prevalence of PTSD among American adults is 6.8% (Kessler, Berglund, Demlar, Jin, Merikangas & Walters, 2005). However prevalence of PTSD according to National Co morbidity Survey (2005) was 5.2% among females and 1.8% among males. As per the reports of ICD-10-DCR, the prevalence of PTSD syndrome at the age of one year was 30.6%. As far as prevalence of PTSD in Kashmir is considered it was 15.9% (Margoob et al 2006). This was quite high when compared with other places. But the prevalence given by action aid in 2016 it is 1%. According to them, the reason for the low

prevalence of PTSD in Kashmir is that it was misdiagnosed with other depressive disorders.

Post-Traumatic Stress Disorder (PTSD) is one of the trauma and stress related disorders. This occurs after witnessing traumatic event such as death of loved one, witnessing killing, witnessing motor vehicle accident, witnessing war, natural disaster or any other traumatic event. According to DSM-5 the reaction of person towards traumatic event must include intense fear, helplessness or horror.

2. PURPOSE OF THE STUDY

Considering, the worst impact of the conflict, it not only damages life and property of people in Kashmir but it increases the mental disorders at alarming rate and there is lack of research on PTSD with respect to social support also there is limited literature on the nature of trauma and symptom severity of PTSD. The rationale of the present study entitled as "Impact of nature of trauma and social support on post-traumatic stress disorder patients" is that it adds in the literature regarding PTSD with social support and nature of trauma. It is also helpful for the clinicians, practitioners, social workers, policy makers for making effective treatment and preventive strategies.

3. RESEARCH TOOL

Clinician Administered PTSD scale (CAPS., et al., 1995) was used for measuring symptom severity of Post-traumatic stress disorder. It is semi-structured interview which is used to measure symptom severity of PTSD.

4. PARTICIPANTS

The sample consists of 50 conflict related victims. All the patients were selected from Institute of Mental Health and Neuroscience Kashmir Srinagar. The nature of trauma was torture, killing and death of a loved one.

5. SAMPLING TECHNIQUES

Purposive sampling has been used for collecting data.

6. INCLUSION CRITERIA

- Diagnosed patients of PTSD.
- Written consent.
- Participants having anxiety and depression symptoms.

7. EXCLUSION CRITERIA

- Any suicidal behavior

10. RESULT AND INTERPRETATION

- Bipolar disorders
- Substance related disorders

8. RESEARCH DESIGN

Pre-post design was used

9. OBJECTIVES

1. To assess symptom severity of PTSD with respect to social support
2. To assess impact of nature of trauma (Killing, torture, and death of a loved one) on symptom severity of PTSD.

Descriptive Statistics					
	N	Mean	Std. Deviation	Minimum	Maximum
Symptom severity	50	22.36	12.670	6	60
Type of trauma	50	1.96	.903	1	3

Ranks			
	Type of trauma	N	Mean Rank
Symptom severity	Death	21	28.69
	Killing	10	24.60
	Torture	19	22.45
	Total	50	

	Symptom Severity
Chi-Square	1.883
Df	2
P value	.390

- a. Kruskal Wallis Test
b. Grouping Variable: TYPEOFTRAUMA

Descriptive Statistics social support					
	N	Mean	Std. Deviation	Minimum	Maximum
SYMPTOMSEVERTY	50	23.02	13.926	6	64
SOCAIL SUPPORT	50	.66	.479	0	1

Ranks				
	SOCAIL SUPPORT	N	Mean Rank	Sum of Ranks
SYMPTOMSEVERTY CBT POST TEST	no social support	17	29.12	495.00
	social support	33	23.64	780.00
	Total	50		

	Symptom severity social support
Mann-Whitney U	219.000
Wilcoxon W	780.000
Z	-1.261
P value	.207
a. Grouping Variable: SOCAIL SUPPORT	

11. DISCUSSION

The results of the study suggest that there is no significant difference between social support and symptom severity of PTSD. our study is in incongruence with other studies conducted by Simon, Roberts, Lewis, Gelderen & Bisson (2019) suggest that there is significant relation between perceived social support and complex PTSD. Furthermore the result of the study showed that there is no significant relation between type of trauma and the symptom severity of PTSD. Which is in not in line with the studies conducted by (Amir, Kaplan & Kotler 1996) suggest that there is relation between type of trauma and symptom severity such as battle experienced victims has shown more symptom severity of PTSD than terrorism and motor accident group.

12. CONCLUSION

The present study was aimed to investigate the relation between type of trauma (killing, torture, & death of loved one) and symptom severity of PTSD. Furthermore the study takes into relation between social support and symptom severity of PTSD. The study has shown that there is no significant relation between type of trauma and symptom severity of PTSD. There is also no significant relation between social support and symptom severity of PTSD. Thus it is important to provide therapeutic help to all the victims of trauma in order to prevent development of PTSD. It is also helpful for policy makers in developing policies which are helpful for reducing mental disorders. Laws and policies should be amended for using

lethal weapons. Severe punishment should be given for killing people.

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