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RESEARCH ARTICLE

A COMPARATIVE STUDY of PTSD AND NON- PTSD AFFECTED YOUTH ON THE BASIS OF EMOTIONAL INTELLIGENCE.

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Abstract

Kashmir is world famous for its beauty from ages, one of the great mogul princes has praised its beauty by calling it a paradise on earth. But due to present turmoil in Kashmir its all changed. During this period many problems have come to the forefront. Ptsd is one of the many responses to trauma. Previously believed by many to be prevalent only in the west, it is recently been understood to be world wide occurrence. Little, however, has so far seen documented about ptsd from the developing world. A comparative study was undertaken, 'A comparative study of ptsd and non ptsd affected youth on the basis of emotional intelligence'. the study was conducting in all the districts of Kashmir, selecting a total of 60 subjects randomly out of which 30 were ptsd and 30 were non- ptsd.

Purpose : The purpose of the proposed study would be to compare the ptsd and non-ptsd affected youth on the basis of emotional intelligence.

Objectives : *To compare ptsd and non ptsd youths on the measures of emotional intelligence. **Hypothesis :** *There would be significant difference between ptsd and emotional intelligence. *There would be significant difference between non-ptsd and emotional intelligence. Variables: Dependent variable is emotional intelligence and independent variable are ptsd & non-ptsd. Conclusion: Kashmir turmoil has lead to great increase in psychiatry illnesses and other psychosocial disturbance.

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INTRODUCTION

Post traumatic stress disorder (PTSD) is an emotional illness that usually develops as a result of a terribly frightening, life-threatening, or otherwise highly unsafe experience. PTSD sufferers re-experience the traumatic event or events in some way, tend to avoid places, people, or other things that remind them of the event (avoidance), and are exquisitely sensitive to normal life experiences (hyper arousal). Although this condition has likely existed since human beings have endured trauma, PTSD has only been recognized as a formal diagnosis since 1980. However, it was called by different names as early as the American Civil War, when combat veterans were referred to as suffering from "soldier's heart." In World War I, symptoms that were generally consistent with this syndrome were referred to as "combat fatigue." Soldiers who developed such symptoms in World War II were said to be suffering from "gross stress reaction," and many troops in Vietnam who had symptoms of what is now called PTSD were assessed as having "post-Vietnam syndrome." PTSD has also been called "battle fatigue" and "shell shock"[3,4]

Statistics regarding this illness indicate that approximately 7%-8% of people in the United States will likely develop PTSD in their lifetime, with the lifetime occurrence (prevalence) in combat veterans and rape victims ranging from

10% to as high as 30%. Somewhat higher rates of this disorder have been found to occur in African Americans, Hispanics, and Native Americans compared to Caucasians in the United States. Some of that difference is thought to be due to higher rates of dissociation soon before and after the traumatic event (per traumatic), a tendency for individuals from minority ethnic groups to blame themselves, have less social support, and an increased perception of racism for those ethnic groups, as well as differences between how ethnic groups may express distress. In military populations, many of the differences have been found to be the result of increased exposure to combat at younger ages for minority groups. Other important facts about PTSD include the estimate of 5 million people who suffer from PTSD at any one time in the United States and the fact that women are twice as likely as men to develop PTSD. Almost half of individuals who use outpatient mental-health services have been found to suffer from PTSD. As evidenced by the occurrence of stress in many individuals in the United States in the days following the 2001 terrorist attacks, not being physically present at a traumatic event does not guarantee that one cannot suffer from traumatic stress that can lead to the development of PTSD. PTSD statistics in children and teens reveal that up to more than 40% have endured at least one traumatic event, resulting in the development of PTSD in up to 15% of girls and 6% of boys. On average, 3%-6% of high school students in the United States and as many as 30%-60% of children who have survived specific disasters have PTSD. Up to 100% of children who have seen a parent killed or endured sexual assault or abuse tend to develop PTSD, and more than one-third of youths who are exposed to community violence (for example, a shooting, stabbing, or other assault) will suffer from the disorder.[1]

The DSM-IV defines post traumatic stress disorder (PTSD) as set of symptoms which occur after, “the person experienced ,witnessed or was confronted with an event or events that involved actual or threatened death or serious injury or a threat to the Physical integrity of the self or others” and “the person’s response involved, intensive fear ,helplessness or horror. In addition to a positive traumatic event it requires the presence of one re-experiencing three avoidance and two increased arousal symptoms for diagnosis.” American Psychiatric Association, (1994).[4]

1.1. Symptoms of PTSD

Signs and symptoms of post-traumatic stress disorder typically begin within three months of a traumatic event. In a small number of cases, though, PTSD symptoms may not occur until years after the event.

- Flashbacks, or reliving the traumatic event for minutes or even days at a time
- Shame or guilt
- Upsetting dreams about the traumatic event
- Trying to avoid thinking or talking about the traumatic event
- Feeling emotionally numb
- Irritability or anger
- Poor relationships
- Self-destructive behavior, such as drinking too much
- Hopelessness about the future
- Trouble sleeping
- Memory problems
- Trouble concentrating
- Being easily startled or frightened
- Not enjoying activities you once enjoye

1. Events cause PTSD in children

A diagnosis of PTSD means that an individual experienced an event that involved a threat to one's own or another's life or physical integrity and that this person responded with intense fear, helplessness, or horror. There are a number of traumatic events that have been shown to cause PTSD in youth and may be diagnosed with PTSD if they have survived natural and man-made disasters such as floods; violent crimes such as kidnapping, rape or murder of a parent, sniper fire, and school shootings; motor vehicle accidents such as automobile and plane crashes; severe burns; exposure to community violence; war; peer suicide; and sexual or physical abuse.[2]

2. RESEARCH DESIGN, TOOLS AND ADMINISTRATION

3.1. Purpose: The purpose of the proposed study would be to compare PTSD and non-PTSD affected youth on the basis of emotional intelligence.

3.2. Objectives:

- i. To compare PTSD and non-PTSD youth on the measures of emotional intelligence.
- ii. . To compare male and female youth on the measures of emotional intelligence
- iii. To compare PTSD affected males and females on the measures of emotional intelligence.
- iv. To compare non- PTSD affected males and females on the measures emotional intelligence

3.3. Hypothesis

- i. There would be significant difference between PTSD and emotional intelligence
- ii. There would be significant difference between PTSD affected males and females on the measures of emotional intelligence
- iii. There would be significant difference between non-PTSD affected males and females on the measures of emotional intelligence

3.4. Variables:

Dependent variable: emotional intelligence

Independent variables: Group (i.e. PTSD & non- PTSD)

Gender (i.e. Male & female)

3.5. Selection of sample:

Total 60 youth with age group 16-35 years taken purposely from two different categories (PTSD & non-PTSD). Out of 60 youth 30 were PTSD affected and 30 were non-PTSD. In each category there will be equal number of males and females.

3.6. Tools

Emotional intelligence scale (E.I.S)

4. Procedure:

GENDER	PTSD	NON PTSD	TOTAL
Male	15	15	30
Female	15	15	30
Total	30	30	30

PTSD patients will be selected on the basis of random sampling and permission will be sought to conduct the data collection in the institutions

5.Statistical analysis: Descriptive and inferential statistics will be used. INOVA was applied for the dependent measure of emotional intelligence.

5. Data screening and assessing normality and linearity:

Researcher has been prepared a computer data file from the master chart, for this process extreme care was taken with respect to accuracy of the input of data. In the screening process there were not found any outlier. The data file was completely checked three times till the errorless trials. Thus, the data in each group and variable were carefully scrutinized by employing normality tests. The sample available for the present analysis consisted of 60 subjects with two categorical variables like: -

- i. Type of youth–
 - A: Normal youth (non ptsd)
 - B: Post traumatic stress disorder (PTSD) affected youth.
- ii. Gender – A: Female B: Male

6. SUMMARY AND CONCLUSION

The present study was an attempt to examine the emotional intelligence of the post traumatic stress disorder and non- post traumatic stress disorder.

7. Conclusions:

According to statistical analysis and formation of hypotheses following conclusions are drawn.

- i. Emotional intelligence is differently works in post traumatic stress disorder affected youths and normal youths. Self Awareness, Empathy, Self Motivation, Emotional Stability, Managing Relations, Self Development, Commitment and Altruistic Behaviour are the aspects of emotional intelligence are high in normal youths.
- ii. There is a gender difference in emotional intelligence. Self Motivation, Managing Relations, Integrity, Self Development, Value Orientation, Commitment, Altruistic Behaviour are male dominating aspects of emotional intelligence.

8.1. Limitations:

The research design, procedure, and results, when critically examined, lead to the impression that the present study is replete with a number of limitation which must be born in mind in any attempt to generalize form and interpret the findings. The main limitations have been listed below:

- i: Exact matching of traits, SES and behavioural patterns of PTSD and Non-PTSD youths is very difficult task.
- ii: The findings of the study are related only to personality factors.

8.2. Suggestions:

After giving thought over the findings of the present study and the realization of its limitations, following suggestions for further research to extend the present study can be made:

- i: A widespread research can be carried out in the area of abnormal part of individual in the land like Kashmir and its human aspect.
- ii: A widespread sample and local situations can be consider and undertaken for further research.

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