A Study of the Relationship between Resilience and Symptoms of Post-Traumatic Stress Disorder among Adolescent Students affected by Civil Unrest in the Three Border Provinces in Southern Thailand

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Abstract

This research is aimed to 1) study resilience of adolescents students affected by civil unrest in the three border provinces in Southern of Thailand (Yala, Pattani and Narathiwat) 2) to study the symptoms of posttraumatic stress disorder and 3) to examine the relationship between resilience and the symptoms of posttraumatic stress disorder. The sample was consisted of 395 high school students who were studying under the office of Educational Service Area, 15th and was derived by using the sample size of Krejcie and Morgan (1970) with multi-stage random sampling. Tools used in this study were 1) the resilience scale named The State-Trait Resilience Inventory (STRI) which developed by Hiew, Mori, Shimizu and Tominaga (2000) and translated into Thai by the researcher 2) the questionnaire for children affected by disaster (Revised Child Impact of Events Scale: CRIES-13) of the Department of Mental Health. The statistics used in data analysis were : percentage, standard deviation and correlation analysis.

The results are summarized below.

- 1. The levels of the resilience among adolescent students were moderate and high. It was found that 1) the students who were at a high level consist of 245 or 62.7 % and 2) 146 or 37.3 % were at moderate.
- 2. The number of students affected by civil unrest who had symptoms of PTSD was 214 or 54.7 % and those who without symptoms of PTSD was 177 or 45.3 %. The symptoms of PTSD can be measured with the lowest score at 0.00 and maximum at 65.00.
- 3. The Resilience and the symptoms of PTSD among adolescent students affected by civil unrest were inversely related. Keywords : Resilience, Symptoms of PTSD, adolescent students, the three border provinces in Southern of Thailand

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Introduction

Children and youth are play importance role as a group of individuals to the development of the country. Since they are filled with physical and intellectual performance and the potential to develop into a national strength that must be inherited and given the mission of developing countries in the economic, social, security and safety. If children and adolescent were abandoned, it make known that society have lost the good resource of the nation. Based on the unrest in the southern provinces of Thailand that occurs continuously and long does not seem to calming down, now it was 9 years. The statistics have been recorded since January 2547 until September 2555 with the incident occurred a total of 12,377 times. It causing of the death and wounded in total of 14,890 cases, separated into died people total of 5,377 and wounded at 9,513 (Srisomphob, 2555). Children and adolescents who suffer from the violence based on human actions impact the many aspects of mental health problems. The studies of children and adolescents in foreign countries found that who were suffer with the hands of human show the prevalence of PTSD at 10 - 15 percent. In Thailand, a study of post traumatic stress disorder (PTSD) both from natural disasters and threats from human found the difference of prevalence in each study, for example it found the prevalence of PTSD at 21.9 percent in children and adolescents age 11 - 18 in the southern province and 7.8 percent in children who their families have been directly affected by the incident. The prevalence of PTSD in the students who experienced with tsunami was at 57.3, 46.1, 31.6, 7.6, 4.5, 3.9 and 2.7 at 6 weeks. 6 months, 1, 2, 3, 4 and 5 years, respectively (ChomsurangPotisat, 2555). The Post traumatic stress disorder was influence to the process of child's development in many aspects such as thought processes, beliefs, initiative, interpersonal relationships, personality, self - control, motivation, worldviews and self esteem. It is believed that the instructive and re-experiencing phenomenon can interfere with the attention. The violent incidents can reduce the scope of learning experiences that are essential to the development of thought. The scope of logical learning is restricted because it requires avoiding anything that associated with the symbols that monument to violent incidents. The irritability and trouble with controlling aggression will lead to a disturbed of a development of a relationship with friends. The reduction of imaginary will affect the development of both mind and emotions. Moreover, PTSD may affect to their personality, reduce self-esteem or lack of self-confidence.

To think in positive that this crisis is an opportunity or a lesson to improvement spirit regarded as the most importance (Terdsak, 2548). The characteristics of individuals who can adapt and recover back to normalcy after encounter with an event or crisis situations that cause hardship in life is the one feature that helps individuals to overcome the obstacles and live effectively (Department of Mental Health, 2551). This behavior was corresponds to English word as Resilience, which originally was called Psychologically Invulnerable or the resistant to the suffering of children. Later there is a dispute of the nature of meaning that has a narrower scope than it should be. As Rutter (1985) has indicated that the child has the ability to respond to stress is not something ingrained since the advent and was not caused by a risk only. The flexibility is to maintain the level of resistance to various forms all the time to every situation in life. So it should be recruiting more appropriate word, such as rehabilitation, mental healing, emotional flexibility or currently use the Resilience. In psychological resilience is a positive force or a person's ability to deal with stress, severe stress or disaster, and is also used to identify the characteristics of individuals

in the future to face a negative situation happened in life, such as a serious accident natural disasters terrorist attack, etc. These conditions have contributed to the person's life at risk to have a negative knot in life, as the poor, street children, disabled children, etc. The study of resilience has expand as broadly which Grotberg (1995) have tried to study and improve resilience available with a child under the statement that resilience is a basic human capacity, nascent in all children. Parents and other care givers promote resilience in children through their words, actions, and the environment they provide. Adults who promote resilience make family and institutional supports available to children. They encourage children to become increasingly autonomous, independent, responsible, empathic, and altruistic and to approach people and situations with hope, faith, and trust. They teach them how to communicate with others, solve problems, and successfully handle negative thoughts, feelings, and behaviors. Children themselves increasingly become active in promoting their own resilience.

Therefore, the researcher is interested in studying the relationship between resilience and symptoms of post traumatic stress disorder of adolescents who have been affected by the unrest in the three border provinces in southern of Thailand, in order to contribute to helping teenagers correctly and efficiently. It would be a psychological barrier to these young people step through a crisis life, grow as a great youth of the nation.

Objectives

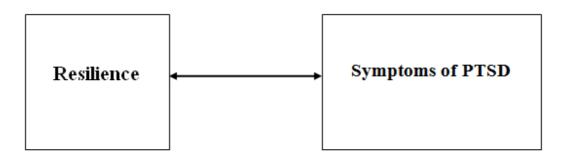
This study based on a survey research. It has the following objectives :

1.To study resilience of adolescents students.

2 To study the symptoms of posttraumatic stress disorder of adolescents students.

3 To examine the relationship between resilience and the symptoms of posttraumatic stress disorder of students in the three southern border provinces of Thailand.

Conceptual Framework



Methodology

Population and Sample

The population used in this study included high school students under the office of Educational Service Area, in area of secondary school 15th (Pattani,Yala and Narathiwat), with a total students population of 29,531 people.

The sample was 395 high school students that was derived by using the sample size (Krejcie and Morgan, 1970), with a random multistage.

Instruments

The instruments used in this study were:

1. The State-Trait Resilience Inventory (STRI) which was originally created by Hiew, Mori, Shimizu and Tominaga (2000) and translated into Thai by the author.

2. The Revised Child Impact of Events Scale: CRIES-13 which created by the Department of Mental Health.

Data Analysis. Information from the questionnaire was analyzed by using descriptive statistics which were the frequency, percentage, mean, standard deviation and correlation analysis.

(n = 391)

Results

Table 1: Shows mean, standard deviation and level of resilience in aspects and overall

TRC SRC Total Elements of Resilience Level S.D. Level Mean S.D. Level Mean S.D. Mean I AM 2.54 0.38 0.34 2.58 0.33 High High 2.62 High I CAN 2.57 0.44 High 2.63 0.34 High 2.60 0.34 High **I HAVE** 2.52 0.38 High 2.67 0.37 0.31 High High 2.60 2.54 Total 0.35 High 2.64 0.29 High 2.58 0.30 High

The table shows the resilience of adolescent students classified by elements found in high levels for all aspects. The components of the State Resilience Scale (SRC) had the highest average at 2.64 and the Trait Resilience Scale (TRC) had scores averaged at 2.54, respectively, when viewed as a whole, the two elements had an average score at 2.58.

Table 2: Shows level of resilience.

		(n = 391)
Level of resilience	Ν	%
Medium	146	37.3

High	245	62.7
Total	391	100

The table shows that levels of the resilience of adolescent students are in medium and high levels. The numbers of adolescent students who had a high level are 245 or 62.7 percent, and medium levels are 146 or 37.3 percent, respectively.

Table 3: Shows symptoms of PTSD classified by with and without symptoms.

			(n = 391)
PTSD Symptoms	Ν	%	
With symptoms of PTSD	214	54.7	
Without symptoms of PTSD	177	45.3	
Total	391	100	
PTSD Symptoms	Mean $= 27.36$		
Min = 0.00 Max = 65.00	S.D. = 13.71		

The table shows that total sample of 391 people with symptoms of PTSD of 214 people as a percentage at 54.7 and without symptoms of PTSD of177 people as a percentage at 45.3.

Symptoms of PTSD can be calculated with the lowest score at 0.00 to maximum of 65.00. People who got scores equal to or greater than 25 are considered with symptoms of PTSD.

Table 4: Shows	relationship	of resilience an	d symp	otoms of PTSD.

	Resilience	PTSD Symptoms
Resilience	1	055
		(.276)
PTSD Symptoms		1

The table shows that resilience and symptoms of posttraumatic stress disorder were inversely related, but not significantly.

Application

Results of this research will be information for all those involved in caring for adolescents. They will aware of the nature of the problems that children are facing, the potential of young people in the face of the problems in the context of the unrest in the southern provinces of Thailand. When they known, it will lead to helping teenagers is correctly and efficiently.

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Suggestion

1. The study found that the average of the symptoms of PTSD of the students in the border provinces, Southern of Thailand were in high levels. Therefore, there should be more deep study about the symptoms of PTSD later.

2. There should be a study on relationship of resilience with other related mental health variables such as depression and so on.

3. There are a lot of mental health problems of adolescents from the three border provinces in Southern of Thailand. Therefore it should be additional studies on so many other psychological variables related to mental health.

Reference

Grotberg, H. E. (1995). A guide to promoting resilience in children: Strengthening the human spirit. The Hague, Netherlands : Bernard Van Lee Foundation.

Rutter, M. (1985).Resilience in the face of adversity: Protective factors and resistance to psychiatric disorders. British. Journal of Psychiatry, 25, 173–180.

Fincham, D. S., Altes, L., Stein, D. J., &Seedat, S. (2009). Posttraumatic stress disorder symptoms in adolescents: risk factors versus resilience moderation.(Report). *Comprehensive Psychiatry*, (3), 193. doi:10.1016/j.comppsych.2008.09.001

Bauman, Sheri.; Adam, J. Harrison.; & Waldo, Michael. (2001, October).Resilience in the Oldest-Old. Counseling and Human Development. 2(34): Retrieved May 15, 2007, from

http://www.infotraccollege.Thompsonlearning.com/itw/infomark