

Original Research Paper

Role of Hope and Perceived Social Support in Predicting Posttraumatic Growth among Half- Widows in Kashmir

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ABSTRACT

Purpose: The study investigates the role of hope and perceived social support in predicting posttraumatic growth among half-widows in Kashmir. **Method:** A correlational design was applied. The sample consists of 150 half widows with age ranging between (35-65) yrs, taken from Srinagar, Kupwara and Kulgam districts in Kashmir. Purposive sampling was the technique used for collection of data. **Tools used:** The Posttraumatic growth inventory developed by Tedeschi and Calhoun in 1996 is a 21-item, 6-point scale self-report measure. The summation of all 21 items yielded a total growth score which can range from 0 to 105. Higher scores were indicative of greater growth. In the present study, internal consistency (Cronbach's α) of the total score was .96 and item-total correlations ranged from .59 to .82. The Trait Hope Scale (Snyder et al., 1991), comprising the 4-item Agency subscale and the 4-item Pathways subscale. Items are scored on an 8-point Likert scale, anchors ranging from '1 = Definitely False' to '8 = Definitely True'. Both subscales have adequate internal reliability, with Cronbach's alphas ranging from .70 to .84 for the Agency subscale, and from .63 to .86 for the Pathways subscale (Snyder et al., 1991). Perceived Social Support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS). The MSPSS was developed by Zimet et al. (1988). The scale is a 12-item self-report measure for subjective assessment of experienced social support from three sources: Family, Friends, and Significant Other. Each item is rated on a 7-point Likert-type scale ranging from "strongly disagree" to "strongly agree". The total score ranges from 12 to 84 for the entire 12-item questionnaire and from 4 to 28 for each of the three subscales. For these three subscales higher scores indicate greater perceived social support. In the current study reliability coefficient of the scale is 0.89.

Keywords: Posttraumatic growth, Hope, Perceived Social Support, and Half-widows.

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Received: May 16, 2017; Revision Received: June 5, 2017; Accepted: June 8, 2017

Role of Hope and Perceived Social Support in Predicting Posttraumatic Growth among Half- Widows in Kashmir

India is a multilingual, multiethnic, multiracial, multicultural country of different and contrasting colours where we cannot even compare the religious ethos of North India to South India. Cradled in the lap of the majestic Himalayas, Kashmir is the arguably most beautiful place not only in India but in the whole world. 'Kashmir' means land desiccated from water: "ka" (the water) and Shimeera (to desiccate).

Half-widow is a term given to Kashmiri women whose husbands have disappeared and were still missing during the ongoing conflict in Kashmir. These women are called "half-widows" because they have no idea whether their husbands are dead or alive. Non-widows or half-widows in Kashmir are the direct fallout of the armed conflict; most of the disappeared persons were married and living a normal life, they are nowhere present but have left their wives and other family members to struggle for life and justice. These half widows in their hopeful struggle for life and justice have become mentally and physically unstable. Their primary demand to the governments at work is to investigate the cases and put the facts clear about the current status of those disappeared, so that they will try to settle with the facts and live their lives accordingly. In this context an organisation namely associations of parents of disappeared person (APDP) has emerged out in 1994 which has taken up the task of seeking the justice for these people from the state and central governments (Bhat, 2015). Human rights violations in Kashmir are of grave nature, they can be understood by the words once said by Syeddudin Shahbadi a famous historian of the old times who summarised the agony and apathy of the Kashmiri people in his late 18th century book titled Baghi-Sulaiman (Solomon's garden) as: *"the garden of Kashmir became the wound of pain; the master's pleasure became the people's indigence; they fell up on the soul of Kashmir as voracious dogs set loose; the doors, walls, roofs, streets and every soul complained like a doleful flute; the hearts of tyrannous were hard as stone, they were too implacable to feel the peoples pain"* (Bhat, 2015).

The devastating consequences of a conflict situation involve multiple psychological, social, economic and environmental challenges to integrity of an individual and to public life (Pedersen, 2006). An individual's sense of identity gets disrupted while living under conditions of prolonged conflict and organized violence (Das, 2007) it even stifles his or her psychological integrity (Baker & Shalhoub-Kevorkkian, 1999; Punamaki, Kanninen, Qouta, & Sarraj, 2004).

Dispositional hope, a positive psychology construct related to goal attainment, may be related to the development of PTG (Snyder et al., 1991). In comparison with optimism, the concept of hope appears to hold more emotional and motivational components (Ai, Peterson, Tice, Bolling, & Koenig, 2004). A study done by Ai, Cascio, Santangelo and Campbell, 2005 on 9/11 victims provided evidence for linkage between PTG and Hope resulting in better adjustment. No research has been done so far assessing the role of Hope in Posttraumatic Growth among victims in Kashmir. Present research expects to predict PTG as an outcome of hope.

Role of Hope and Perceived Social Support in Predicting Posttraumatic Growth among Half- Widows in Kashmir

Bhat (2015) studied the impact of conflict exposure and social support on posttraumatic growth among the young adults in Kashmir. Conflict exposure and total perceived social support were significantly associated with an increase in PTG. According to Linley & Joseph (2004), the overall literature on PTG and social support suggests a weak relationship between both the variables. While the role of social support has been extensively studied as a possible protective factor that lowers PTSD symptoms (Stephens & Long, 1999), however, the role of social support in developing PTG is less studied and needs further research.

Objectives of the present study

1. To examine the relationship between hope and posttraumatic growth among half widows.
2. To examine the relationship between perceived social support and posttraumatic growth among half widows.
3. To examine the relationship between dimensions of hope (agency, pathways) and dimensions of posttraumatic growth (New possibilities, relating to others, personal strength, spiritual change and appreciation of life) among half widows.
4. To examine the relationship between dimensions of perceived social support (family, friends and significant others) and dimensions of posttraumatic growth (New possibilities, relating to others, personal strength, spiritual change and appreciation of life) among half widows.
5. To examine hope and perceived social support as predictors of posttraumatic growth among half widows.

METHOD

Participants

In this study 150 half widows participated. Purposive sampling was used. The participants were drawn from four main districts of Kashmir, Baramulla, Kupwara, Kulgam, and Srinagar. All the participants were adults mostly between 35 to 65 yrs of age. Green (1991) proposed a comprehensive and simple formula to determine the regression sample size that is for testing multiple correlation $N > 50 + 8m$ (where m is the number of independent variables) and for testing of individual predictors $N > 104 + m$. Considering the first formula to determine the sample size for the present study where there are three independent variables (predictor variable) hope, social support and coping strategies, $N > 50 + 8m$; $50 + 8(3) = 74$. Therefore, according to the formula this study need sample size of 74. Considering the second formula for individual predictors $N > 104 + m$; $104 + 3 = 107$ should be the sample size. In this study the sample size of 150 is taken that seems to be an acceptable size for applying statistical analysis.

Instruments

1. Posttraumatic Growth Inventory

The PTGI is the most commonly used measure of positive psychological change that can result from coping with a traumatic experience (Shakespeare-Finch, Martinek, Tedeschi, & Calhoun, 2013). It was developed and standardized by Tedeschi & Calhoun in 1996. The reliability of the

Role of Hope and Perceived Social Support in Predicting Posttraumatic Growth among Half- Widows in Kashmir

scale was established using a sample of university students and the authors reported that PTGI has an acceptable internal consistency coefficient (0.90) and adequate test-retest reliability over a two-month period (0.71). The PTGI has 21-items that are answered on a 6-point Likert type scale ranging from 0 (I did not experience this change as a result of my crisis) to 5 (I experienced this change to a very great degree as a result of my crisis). The range of possible scores on the test is 0–105 and higher scores on the PTGI indicate a greater degree of PTG. The PTGI has five subscales: (1) New possibilities, (2) Relating to others, (3) Personal strength, (4) Appreciation of life and (5) Spiritual change. In the current study, Cronbach's α values were .62, .57, .65, .63 and .73 for relating to others, new possibilities, personal strength, spiritual change and appreciation of life subscales, respectively. Internal consistency of the scale was .74.

2. The Hope Scale

The Hope Scale (Snyder et al., 1991) was used to assess dispositional hope among the victims. The 12-item, self-report questionnaire asks respondents to rate how true each statement is of themselves on an eight-point Likert scale from 1 (*definitely false*) to 8 (*definitely true*). The Hope Scale yields a Pathways subscale (i.e., perceived ability to meet goals) and an Agency subscale (i.e., perception of movement toward goals) in addition to a Total score. Example items: “*I can think of many ways to get out of a jam*” (Pathways) and “*I energetically pursue my goals*” (Agency). Participant were asked to rate each item, how accurately a statement describes him or her on a six-point likert rating scale ranging from 1-8, where 1 represents *Definitely false*, 2- *Mostly false*, 3- *somewhat false*, 4- *Slightly false*, 5- *Slightly true*, 6- *Somewhat true*, 7- *Mostly true* and 8- *Definitely true*. Minimum score is one and maximum score is eight. A participant scoring less than 4 is considered to have low hope, 4-6 medium level of hope and more than 6 means high hope, indicating that the adults have strong perception of the self capacity to achieve goal. The total score is obtained by summing up scores on each item, and the total score indicate victim's level of hope. The Hope Scale has demonstrated excellent internal consistency, test-retest reliability, and construct validity in previous research (Snyder et al., 1991; Babyak, Snyder, & Yoshinobu, 1993). Cronbach's alpha for the current sample was .86 for the Total score.

3. Multidimensional scale of perceived social support

The multidimensional scale of perceived social support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1998) is a 12-item self-report measure of the amount of social support that an individual feels he or she receives from friends, family members and significant others. Each item is rated on a 7-point Likert-type scale ranging from “strongly disagree” to “strongly agree”. The total score ranges from 12 to 84 for the entire 12-item questionnaire and from 4 to 28 for each of the three subscales. The reliability of the scale was established using a sample of university under graduates and the authors reported that MSPSS has an acceptable internal consistency coefficient (0.88) and adequate test-retest reliability over a 2–3 months period (0.85). The internal reliability and construct validity of this scale was confirmed by Tonsing, Zimet and Tse (2012) among South Asian migrants from Pakistani and Nepal, thereby sharing a common geographical

Role of Hope and Perceived Social Support in Predicting Posttraumatic Growth among Half- Widows in Kashmir

location when compared to the sample of present study. In the current study, Cronbach's α were .79, .78 and .75 for significant others, family and friends subscales, respectively. Internal consistency of the global scale was .89. The reason why the reliability values differ by a margin in the current study could be that the tool is being used in a different culture and a very specific context, that is, trauma-affected populations. The MSPSS is a widely used social support tool because it is simple, precise and quick.

Procedure

Systematic procedure was adopted to conduct this research. First step was to identify the criterion and the predictor variables for the study. After that for each of the variable the respective measurement scales were selected. The reliability and validity of each scale was determined in order to ensure that they are reliable and valid measure of the construct. Next step was to identify the participants and reach them. For that the district commissioner's office of each four districts were approached for the list of victims including their addresses. After that the victims were contacted with the help of Social welfare centres in each sub-district. Then the set of four measures along with a personal data sheet containing the demographic details were given to them. Participants were asked to read the instructions carefully and answer to the statement in the required way. They were also asked that if they had any query related to the understanding of items in the scales then feel free to ask. After they completed the scales and inventories, they were ensured about the confidentiality of their responses and were thanked for their participation and willingness. Finally the scoring of each measure was done manually.

Data Analysis

Pearson Product Moment Coefficient of correlation and Regression analysis were applied using SPSS version 20.

RESULTS

Descriptive statistics

To find out the nature and description of the data obtained on the variables descriptive statistics including mean, standard deviation, minimum score and maximum score were calculated by SPSS Version 20. Tables 1 are the illustration of descriptive statistics of posttraumatic growth, hope, social support in half widows (female victims) in Kashmir.

Tables 1: Showing descriptive statistics of posttraumatic growth, hope, and social support among half widows (female secondary victims).

Variables	N	Mean	Standard Deviation	Minimum	Maximum
PTG	150	74.03	8.59	60	96
Hope	150	46.93	9.24	20	62
Social Support	150	59.67	11.86	33	82

Role of Hope and Perceived Social Support in Predicting Posttraumatic Growth among Half- Widows in Kashmir

Table 2: Showing the correlation matrix of the criterion variable namely PTG and of its dimensions with the predictor variables namely Hope, and Perceived Social Support and of their dimensions among half widows.

Variables	Y1	Y2	Y3	Y4	Y5	Y6	X1	X2	X3	X4	X5	X6	X7
Y1	1												
Y2	.495**	1											
Y3	.552**	.074	1										
Y4	.640**	.161**	.222*	1									
Y5	.372**	.031	.066	.147*	1								
Y6	.513**	.008	.162*	.219**	.071	1							
X1	.559**	.221**	.286**	.356**	.243**	.363**	1						
X2	.481**	.100	.284**	.380**	.235**	.284**	.772**	1					
X3	.371**	.240**	.151*	.159*	.135*	.270**	.755**	.166*	1				
X4	.598**	.223**	.314**	.387**	.286**	.368**	.395**	.302**	.302**	1			
X5	.368**	.180*	.143*	.232**	.221**	.205*	.232**	.197**	.156**	.683**	1		
X6	.433**	.154*	.276**	.272**	.143*	.275**	.222**	.184*	.154*	.694**	.146*	1	
X7	.463**	.133	.247**	.316**	.240**	.299**	.388**	.257**	.336**	.732**	.265**	.315**	1

Y1= PTG Total, Y2= New Possibilities, Y3= Relating to others, Y4= Personal Strength, Y5= Spiritual Change, Y6= Appreciation of Life, X1= Hope total, X2= Agency, X3= Pathways, X4= PSS Total, X5=Family, X6=Friends, X7= Significant others.

From table 2, it can be seen that there is positive correlation between PTG (Y₁) and Hope (X₁) (r=.559, p< 0.01), and with perceived social support (X₄) (r=.598, p< 0.01) among female victims.

From table 2, it can be seen that there is significant positive correlation between *new possibilities* (Y₂) dimension of PTG and dimension of hope namely, pathways (X₃) (r=.240, p<0.01) and no significant correlation is found between new possibilities (Y₂) and agency (X₂) (r=.100) among

Role of Hope and Perceived Social Support in Predicting Posttraumatic Growth among Half- Widows in Kashmir

victims. Significant correlation is found between *relating to others* (Y₃) dimension of PTG with both the dimensions of hope agency (X₂) (r=.284, p< 0.01) and pathways (X₃) (r=.151, p< 0.05). Further *personal strength* (Y₄) dimension of PTG significantly correlated with both the dimensions of hope namely, agency (X₂) (r=.380, p<0.01) and pathways (X₃) (r=.159, p<0.05). *Spiritual change* (Y₅) dimension of PTG showed significant positive correlation with both the dimensions of hope, agency (X₂) (r=.235, p<0.01) and pathways (X₃) (r=.135, p<0.05). Finally appreciation of life (Y₆) dimension of PTG showed significant positive correlation with agency (X₂) (r=.284, p<0.01) and pathways (X₃) (r=.270, p<0.01) dimensions of hope among female victims.

From table 2, it can be seen that there is significant positive correlation between *new possibilities* (Y₂) dimension of PTG and dimension of perceived social support namely, family (X₅) (r=.180, p<0.05), friends (X₆) (r=.154, p<0.05), and insignificant correlation is found between new possibilities (Y₂) and significant others (X₇) (r=.133) among victims. Significant correlation is found between *relating to others* (Y₃) dimension of PTG with all the dimensions of perceived social support family (X₅) (r=.143, p< 0.05), friends (X₆) (r=.276, p< 0.01) and significant others (X₇) (r= .247, p<0.01). Further *personal strength* (Y₄) dimension of PTG significantly correlated with the dimensions of perceived social support namely, family (X₅) (r=.232, p<0.01), friends (X₆) (r=.272, p<0.01) and significant others (X₇) (r=.316, p<0.01). *Spiritual change* (Y₅) dimension of PTG showed significant positive correlation with the dimensions of perceived social support namely family (X₅) (r=.221, p<0.01), friends (X₆) (r=.143, p<0.05) and significant others (X₇) (r=.240, p<0.01). Finally appreciation of life (Y₆) dimension of PTG showed significant positive correlation with family (X₅) (r=.205, p<0.01) friends (X₆) (r=.275, p<0.01) and significant others (X₇) (r=.299, p<0.01) dimensions of perceived social support among female victims.

Table 3: Showing the results of stepwise multiple linear regression analysis by considering hope and social support as predictors of posttraumatic growth among half widows.

Predictor Variables	Standardized Beta Coefficient	Multiple R	R ²	R ² Change	F	t	p
X ₄	.409	.358	.354	.358	82.586	6.27*	.000
X ₄ , X ₁	.343	.481	.474	.123	34.800	5.25*	.000

Predictor Variable: X₄= Perceived Social Support, X₁ = Hope

Criterion Variable: Y₁= Posttraumatic Growth.

**p <0.01 (1-tailed)

From table 3, it can be seen that perceived social support (X₄) emerged as the most potential predictor of PTG (Y₁) among victims. The square of multiple correlations (R²) shows that 35.8% of the variance in PTG was explained by Perceived social support (X₄); hope (X₁) emerged as the

Role of Hope and Perceived Social Support in Predicting Posttraumatic Growth among Half- Widows in Kashmir

second potential predictor of PTG (R^2 change= 12.3% variance). Perceived social support (X_4), hope (X_1) combined and explained 47.4% variance in PTG.

By considering F value of Perceived social support (X_4) ($F=82.586$, $p<0.01$) and for hope (X_1) ($F=34.800$, $p<0.01$) it can be concluded that perceived social support and hope contributed significantly in predicting Posttraumatic growth among half widows.

The beta value of perceived social support (X_4) ($\beta=.409$, $t=6.27$, $p<0.01$) and Hope (X_1) ($\beta=.343$, $t= 5.25$, $p<0.01$) suggest that both the predictors have significant impact on PTG. This model is a good fit for the sample.

DISCUSSION

The aim of the present study was 1) to examine the relationship between hope, perceived social support and posttraumatic growth among half widows in Kashmir. 2) To examine hope and perceived social support as predictors of posttraumatic growth among half widows.

Findings 1) significant positive correlation was found between hope and posttraumatic growth among the victims and similar findings were obtained for perceived social support and posttraumatic growth. The result of the present research showed social support is positively related with posttraumatic growth among victims. Availability of social support networks in the aftermath of trauma can influence post-traumatic growth (Joseph & Linley, 2005; Tedeschi & Calhoun, 2004). Posttraumatic growth theory emphasizes that individuals who are good at self disclosure and seek support have more chances to experience PTG (Calhoun & Tedeschi, 2006). Results also revealed that most of the subscales of PTGI (relating to others, personal strength, spiritual change and appreciation of life) were also positively related to (family, and significant others) subscales of Multidimensional Scale of Perceived Social Support (MSPSS) among half widows. This is because of the culture and religious zeal among the people of Kashmir; they believe in unity and are strong followers of Sufism which teaches love and peace. Posttraumatic growth is promoted by support from family and friends; however, support from significant others proves to be the strongest reinforcement among half widows.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests: The author declared no conflict of interests.

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**Role of Hope and Perceived Social Support in Predicting Posttraumatic Growth among
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How to cite this article: S Anjum, S Maqbool (2017), Role of Hope and Perceived Social Support in Predicting Posttraumatic Growth among Half- Widows in Kashmir, *International Journal of Indian Psychology*, Volume 4, (3), DIP: 18.01.109/20170403,DOI:10.25215/0403.109