State-Trait Anxiety of Orthopaedically Challenged Youths

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ABSTRACT

The objective of the present study is to assess state-trait anxiety of orthopaedically challenged youths. Socio-demographical data sheet and Spielberger’s State-Trait Anxiety Inventory were used for data collection. Result showed that orthopaedically challenged youths differ significantly from the normal youths regarding their state-trait anxiety. They possess higher level of state anxiety as compared to the normal population which mean has important implication on interventions.

Keywords: Orthopedically challenged, State-Trait Anxiety

INTRODUCTION

The orthopaedically challenged group is one of the important subdivision of physically challenged group. They are those who suffer from a defect that is accompanied by one or another type of deformity that inhibits the normal exercise of his/her muscles, joints or bones.1 Whatever may be the form of disability, it always has some social consequences. Physique is supposed to be one of the very crucial factors in the formation of personality. It is thus imperative that disability is almost invariably associated with a psychological problem. Disability imposes an extra burden upon the individual which consequently renders him more vulnerable to adjustment problems.2

Anxiety is a common emotional response to feeling threatened or endangered. Fear is a reaction to a specific danger, and anxiety is a response to something unspecific, diffuse, vague, and objectless.3

It is also seen that state anxiety is often used as a reaction to stress. Often orthopaedically challenged people faces stress due to their limitation and disadvantaged life condition so often they possess anxiety over their adequacy feelings. If the person also possess trait anxiety his/her state anxiety will elevate more.

METHODODOLOGY

Its is a cross sectional descriptive brief study.

SAMPLE

The present study sample consisted of 12 orthopaedically challenged youths from a Vocational Rehabilitation Centre, Belaghata, Kolkata, India by following purposive sampling technique with their consent. The age range of the group is 20-30 years. They were healing from middle lower middle socio-economic status. Early occurrence and congenital or accidental cases are included in the study.

TOOLS AND MEASURE Used

Socio-demographic and clinical data-sheet: This was a semi structured proforma which included various sociodemographic variables including name, age, sex, education, occupation, income, residence, marital status, and clinical variables.

State-Trait Anxiety Inventory: The inventory originally developed by Spielberger et al (1970)4, consisting of 20 items each for the state trait anxiety. State anxiety is measured by short descriptive statements which the individual answers in references to how he/she feels at the moment (e.g. I feel calm).

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The range of possible scores for Form X of the STAI varies from a minimum score of 20 to a maximum score of 80 on both the A-State and A-Trait subscales. The four categories for the A-State scale are: (1) Not at all; (2) Some what (3) Moderately so, and (4) Very much so. The categories for the A-Trait scale are: (1) Almost never (2) Sometimes; (3) Often; and (4) Almost always. In case of trait anxiety respondents are instructed to indicate how they generally feel by marking the frequency with each of the statements applies to them. Reliability coefficients for state anxiety is .54 and trait anxiety .86.6

RESULT

Table I - State-Trait Anxiety of Orthopaedically Challenged Youths

<table>
<thead>
<tr>
<th></th>
<th>State Anxiety</th>
<th>Trait Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>48.5</td>
<td>23.17</td>
</tr>
<tr>
<td>S.D.</td>
<td>6.96</td>
<td>4.81</td>
</tr>
<tr>
<td>Range</td>
<td>41 - 55</td>
<td>18 - 28</td>
</tr>
</tbody>
</table>

Table II - Difference between population & orthopaedically challenged persons in their state-trait anxiety

<table>
<thead>
<tr>
<th>Type of Anxiety</th>
<th>Group</th>
<th>Mean</th>
<th>Mean Difference</th>
<th>Z Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Anxiety</td>
<td>Normal</td>
<td>35.12</td>
<td>13.38</td>
<td>5.01*</td>
</tr>
<tr>
<td></td>
<td>Orthopedically Challenged</td>
<td>48.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trait Anxiety</td>
<td>Normal</td>
<td>38.25</td>
<td>15.08</td>
<td>5.71*</td>
</tr>
<tr>
<td></td>
<td>Orthopedically Challenged</td>
<td>23.17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DISCUSSION

The present study attempted to study state and trait anxiety of orthopaedically challenged youths. In this present study purposeive sampling technique was used. The age range of the group is 20-30 years and they come from middle and lower middle socio-economic status. Along with sociodemographic and clinical data-sheet, State-Trait Anxiety Inventory was administered on subjects.

Result revealed that there is significant difference of both kinds of anxiety with the existing norm. It was seen that state anxiety score was higher than the range and trait anxiety is below the range which signifies that orthopaedically challenged people’s situational anxiety is high though they possess lower range of trait anxiety. Instead of having lower trait anxiety, higher state anxiety indicates that orthopaedically challenged people often face anxiety in different situations - may be due to their limitations and disadvantaged life conditions. They often possess situational anxiety over their adequacy feelings.4 Persent study indicated a positive relationship between physical disability and anxiety. Various possible causes of anxiety includes, worsening of physical and social functioning, psychological conflicts and difficult interpersonal interactions. Certain examples of anxiety-creating events include sexual conflict, expression of aggressive impulses, separation from a loved one, economic and social insecurity, religious conflicts, illness, pain, and loss of functional independence. The common feature that creates anxiety in all these events is the perceived lack of ability to intervene the situation effectively. Because all individuals have a basic need for stability in some segment of life, the disruption imposed by serious illness or disability threatens stability and results in signs of distress and anxiety.

CONCLUSION

Orthopaedically challenged youths differ significantly from the normal youths regarding their state-trait anxiety. They possess higher level of state anxiety as compared to the normal population which mean has important implication on interventions.

REFERENCES