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#### Interaction Between Symptoms of PTSD and Locus of Control

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# Interaction Between Symptoms of PTSD and Locus of Control Marina Conner, Bryden Esquibel, and Kayleen Islam-Zwart



# Introduction

Posttraumatic Stress Disorder (PTSD) is a trauma/stress-related disorder triggered by exposure to a traumatic event(s) (American Psychiatric Association, 2013). The diagnosis is characterized by symptoms like hope/helplessness, dissociative features (recurring dreams, thoughts, images), irritability, and elevated fear, as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Locus of Control (LOC) refers to an individual's perception of control over life and future situations. LOC is measured using the internal control index (ICI; Duttweiler, 1984). Lower scores on the index indicate an externalized LOC, suggesting an individual places causation on external factors such as luck or chance. Past research has found a more externalized LOC to be associated with PTSD symptoms, including depression, anxiety, and hopelessness (Gomez, 1998; Prociuk et al., 1976). Perceived control over the recovery process from trauma is suggested to have a positive effect on symptomology (Frazier et al., 2004). Most research examining LOC in prison populations has been conducted with males. However, female inmates are also believed to have a more externalized LOC; higher levels of PTSD symptoms; and higher scores on somatic, anxiety, phobias, and traumatic stress scales than male counterparts (Drapalski et al., 2009). Few studies have examined LOC and its interaction with PTSD symptoms in a female prison sample (Gussak, 2009). While previous studies have examined interactions of PTSD symptomology and LOC for incarcerated males, it would be advantageous to examine these factors for an incarcerated female population. The purpose of the current study was to examine the relationship between symptoms of PTSD and LOC for a population of women in prison. It was predicted that more symptoms of PTSD would be associated with lower scores on the ICI; reflecting a more externalized LOC.

# Method

- ☐ 54 females incarcerated in the minimum-security unit of a women's state prison
- $\Box$  Mean age was 31.11 years (SD = 8.40; range 18 49)
- ☐ Participants were serving a 120-day conditional sentence from a first-time offense, and most carried sentences of five years or less (88.9%)
- ☐ Most participants were convicted on drug-related charges (88.9%), with the prevailing charge being possession/delivery (57.8%)

# Measures

- ☐ The sample voluntarily took part in a larger five-week longitudinal study and completed a demographic and clinical interview.
- ☐ The clinical interview included questions assessing traumatic experiences, and 18 items pertaining to specific symptoms of PTSD.
- ☐ The ICI is a 28-item measure with questions rated on a 5-point scale, ranging from 1 (rarely) to 5 (usually). Higher scores on the index suggest an internalized LOC and lower scores indicate a more externalized LOC.
- ☐ 54 participants reported experiencing at least one symptom from the PTSD clinical interview and were assessed on specific and overall endorsements of symptomology, along with the ICI.

# Results

- $\Box$  Pearson correlation coefficients revealed no significant relationship between the ICI composite score and overall PTSD symptom endorsements, r(52) = .110, p = .427.
- □ Additionally, none of the specific PTSD symptoms was correlated with ICI scores, including helplessness, r(52) = .173, p = .212, hopelessness, r(52) = .230, p = .094, intense fear, r(52) = .095, p = .425, horrified, r(52) = .130, p = .350, upsetting images, r(52) = .053, p = .704, upsetting dreams, r(52) = .235, p = .087, events reoccur, r(52) = .063, p = .651, avoid thoughts, r(52) = -.146, p = .291, unable to remember, r(52) = -.117, p = .401, felt distant, r(52) = .096, p = .489, difficulty feeling, r(52) = .035, p = .802, insomnia, r(52) = .092, p = .510, concentrate, r(52) = -.084, p = .546, watch others, r(52) = .043, p = .757, easily startled, r(52) = -.124, p = .372, irritability, r(52) = .086, p = .534, loss of interest in activities, r(52) = .065, p = .643, and avoid people, r(52) = .185, p = .181.
- ☐ Findings do not support previous research, and are surprising, considering the previous study conducted with this sample uncovered significant differences in ICI scores as a function of trauma history. It could be that within a population of women having experienced trauma there is not a lot of variation in LOC.

PTSD Symptoms Investigated			
Helplessness	Hopelessness	Intense Fear	Horrified
Upsetting Images	<b>Upsetting Dreams</b>	<b>Events Reoccur</b>	Avoid Thoughts
Avoid People	Unable to Remember	Loss of Interest in Activities	Felt distant
Difficulty Feeling	Insomnia	Irritability	Concentrate
	Watch Others	Easily Startled	

#### Discussion

This study predicted that individuals endorsing symptoms of PTSD would possess a more externalized LOC. However, findings from this analysis do not support the hypothesis and do not align with previous research. Although previous studies have revealed significant differences in LOC as a function of trauma, depression, and hopelessness, no correlations of significance were found between overall and specific symptoms of PTSD and ICI scores. In future research, it would be beneficial to study a more diverse group of participants. This study focused on mainly white, non-Hispanic incarcerated women from a minimum-security prison. Because this study does not align with previous research, it would be advantageous to study a more diverse group. Additionally, it would be interesting to consider type and duration of trauma history along with magnitude of PTSD reaction in more depth.