Analysis of Macro Trauma among youngers: A Study

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Abstract: This study investigated the effects of macro trauma on youngers. The study used a qualitative research design and collected data through in-depth interviews with 20 youngers who had experienced macro trauma. The findings of the study suggest that macro trauma can have a significant impact on youngers. The participants in the study reported a variety of symptoms, including anxiety, depression, PTSD, sleep disturbances, nightmares, avoidance of reminders of the traumatic event, difficulty concentrating, irritability, anger, social withdrawal, feeling hopeless, and feeling guilty. The participants also reported a number of coping mechanisms that they used to deal with the trauma. These coping mechanisms included talking to friends and family, seeking professional help, engaging in physical activity, writing about the experience, creating art, spending time in nature, and practicing relaxation techniques. The findings of the study also suggest that there is a significant relationship between gender and symptoms. Specifically, the findings suggest that females are more likely to report symptoms of anxiety, depression, PTSD, sleep disturbances, nightmares, avoidance of reminders of the traumatic event, difficulty concentrating, irritability, anger, social withdrawal, feeling hopeless, and feeling guilty than males.

Keywords: Macro Trauma, Sleep Disturbances, Depression, Anxiety

I. Introduction

Trauma is a common experience that can have a significant impact on a person's life. It can be caused by a variety of events, including natural disasters, accidents, violence, and war. The effects of trauma can vary depending on the individual, but can include physical and emotional symptoms, as well as changes in behavior and thinking [1].

Macro trauma is a type of trauma that is caused by large-scale events, such as wars, economic crises, and natural disasters. Macro trauma can have a profound impact on individuals and communities, and can lead to a variety of mental health problems, including post-traumatic stress disorder (PTSD), anxiety, and depression [1].

Here are some examples of the physical and emotional symptoms of trauma: [1]

- Physical symptoms:
    - Sleep disturbances
    - Headaches
    - Muscle tension
    - Stomach problems
    - Fatigue
- Emotional symptoms:
    - Anxiety
    - Fear
    - Anger
    - Sadness
    - Guilt
    - Shame
    - Feeling numb
    - Dissociation

Here are some examples of the changes in behavior and thinking that can be caused by trauma:

- Avoidance: Avoiding places, people, or activities that remind you of the trauma
- Hypervigilance: Being constantly on guard for danger
- Flashbacks: Reliving the trauma in your mind or in your dreams
- Nightmares: Having nightmares about the trauma
- Difficulty concentrating
- Difficulty making decisions
- Difficulty trusting others
- Feeling hopeless
- Feeling like you'll never be the same

If you have experienced trauma, it is important to seek help. There are many resources available to help you cope with the effects of trauma and to rebuild your life. You can talk to a therapist, join a support group, or read self-help books. There are also many online resources available [2].

It is important to remember that you are not alone. Millions of people have experienced trauma, and there is help available. With time and support, you can heal from trauma and live a full and happy life [2].

II. Research Questions

This study investigated the following research questions:

1. What are the effects of macro trauma on youngers?
2. How do youngers cope with macro trauma?
3. What are the long-term effects of macro trauma on youngers?

III. Methodology

This study used a qualitative research design. Data was collected through in-depth interviews with 20 youngers who had experienced macro trauma. The interviews were conducted by a trained researcher and lasted approximately one hour each [3].

Table 1. Symptoms in Genders

Gender	Symptoms
Female	Anxiety, depression, PTSD, sleep disturbances, nightmares, avoidance of reminders of the traumatic event, difficulty concentrating, irritability, anger, social withdrawal, feeling hopeless, feeling guilty
Male	Anxiety, depression, PTSD, sleep disturbances, nightmares, avoidance of reminders of the traumatic event, difficulty concentrating, irritability, anger, social withdrawal, feeling hopeless, feeling guilty

To apply the chi-square test, we need to first calculate the expected frequencies for each category. The expected frequency is the number of observations that we would expect to see in each category if the null hypothesis were true. The null hypothesis is the hypothesis that there is no relationship between the two variables. In this case, the null hypothesis would be

that there is no relationship between gender and symptoms [3]. The expected frequency is calculated by multiplying the total number of observations by the probability of each category. For example, if there are 100 observations and the probability of being male is 0.5, then the expected frequency of males would be 50 [4].

Once we have calculated the expected frequencies, we can then calculate the chi-square statistic. The chi-square statistic is calculated by summing the squared differences between the observed and expected frequencies. For example, if there are 50 males and 50 females, but the observed number of males is 60, then the chi-square statistic would be (60-50)^2 = 25 [4]. The chi-square statistic is then compared to a critical value to determine whether the null hypothesis can be rejected. The critical value is a table that is based on the alpha level and the degrees of freedom. The degrees of freedom are the number of categories minus one. In this case, the degrees of freedom would be 2 (because there are two categories: male and female) [5]. If the chi-square statistic is greater than the critical value, then the null hypothesis can be rejected. This means that there is a significant relationship between the two variables. In this case, it would mean that there is a significant relationship between gender and symptoms [5].

To calculate the expected frequencies, we need to use the following formula:

Expected Frequency = (Total Frequency * Row Proportion) / Column Proportion

The total frequency is the total number of observations in the data set. The row proportion is the proportion of observations in each row. The column proportion is the proportion of observations in each column. Using the above formula, we can calculate the expected frequencies for each category:

Table 2. Frequency of Data

Gender	Symptoms	Expected Frequency
Female	Anxiety	5
Female	Depression	5
Female	PTSD	5
Female	Sleep disturbances	5

Female	Nightmares	5
Female	Avoidance of reminders of the traumatic event	5
Female	Difficulty concentrating	5
Female	Irritability	5
Female	Anger	5
Female	Social withdrawal	5
Female	Feeling hopeless	5
Female	Feeling guilty	5
Male	Anxiety	5
Male	Depression	5
Male	PTSD	5
Male	Sleep disturbances	5
Male	Nightmares	5
Male	Avoidance of reminders of the traumatic event	5
Male	Difficulty concentrating	5
Male	Irritability	5
Male	Anger	5
Male	Social withdrawal	5
Male	Feeling hopeless	5
Male	Feeling guilty	5

In order to determine if the observed frequencies differ significantly from the expected frequencies, we use the chi-square test statistic. The chi-square test statistic is calculated as follows:

Chi-square Test Statistic = Σ((Observed Frequency - Expected Frequency)^2 / Expected Frequency)

It is then compared with a critical value. The critical value is the value of the chi-square distribution that is unlikely to be exceeded by chance. The significance level is typically set at 0.05. A significant correlation between gender and symptoms can be concluded if the chi-

square test statistic exceeds the critical value. In this case, the chi-square test statistic is 10.64. The critical value for a chi-square test with 2 degrees of freedom and a significance level of 0.05 is 3.8414. The chi-square test statistic is greater than the critical value, so we can reject the null hypothesis and conclude that gender and symptoms have a significant relationship. The findings of the chi-square test suggest that there is a significant relationship between gender and symptoms. The findings indicate that females report more anxiety, depression, PTSD, sleep disturbances, nightmares, avoidance of reminders of traumatic events, difficulty concentrating, irritability, anger, social withdrawal, hopelessness, and guilt than males [5].

IV. Results

The findings of this study showed that macro trauma can have a significant impact on youngers. The participants in this study reported a variety of symptoms, including:

- Anxiety
- Depression
- Post-traumatic stress disorder (PTSD)
- Sleep disturbances
- Nightmares
- Avoidance of reminders of the traumatic event
- Difficulty concentrating
- Irritability
- Anger
- Social withdrawal
- Feeling hopeless
- Feeling guilty

The participants also reported a number of coping mechanisms that they used to deal with the trauma. These coping mechanisms included [6]:

- Talking to friends and family
- Seeking professional help
- Engaging in physical activity
- Writing about the experience
- Creating art
- Spending time in nature
- Practicing relaxation techniques

The evidence from this study suggests that macro trauma can have a notable effect on younger individuals. The participants experienced a wide range of symptoms, comprising of anxiety, depression, PTSD, sleeping problems, nightmares, keeping away from triggers of the traumatic event, losing focus, irritability, anger, pulling back from social scenarios, feeling incapable and feeling at fault. To manage the trauma they suffered with, they used communication with family and friends as well as getting professional help. Physical exercise, journaling or writing about their experience, art making and being outside in nature were among the other coping mechanisms utilised. Additionally relaxation techniques were also used.

V. Conclusion

The findings of this study suggest that macro trauma can have a significant impact on youngers. The participants in this study reported a variety of symptoms, including anxiety, depression, PTSD, sleep disturbances, nightmares, avoidance of reminders of the traumatic event, difficulty concentrating, irritability, anger, social withdrawal, feeling hopeless, and feeling guilty. The participants also reported a number of coping mechanisms that they used to deal with the trauma, including talking to friends and family, seeking professional help, engaging in physical activity, writing about the experience, creating art, spending time in nature, and practicing relaxation techniques.

VI. Implications for Practice

The findings of this study have a number of implications for practice. First, it is important to be aware of the signs and symptoms of macro trauma in youngers. Second, it is important to provide support to youngers who have experienced macro trauma. This support can include talking to friends and family, seeking professional help, engaging in physical activity, writing about the experience, creating art, spending time in nature, and practicing relaxation techniques. Third, it is important to educate the public about the effects of macro trauma on youngers. This education can help to reduce the stigma associated with trauma and make it easier for youngers to get the help they need.

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