Chapter #1

POSTTRAUMATIC GROWTH AND PSYCHOLOGICAL WELL-BEING OF GEORGIAN CITIZENS: A COMPARATIVE STUDY OF INTERNALLY DISPLACED PERSONS AND OTHER CITIZENS[1]

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ABSTRACT
This chapter summarizes a study of psychological well-being, based on the multidimensional model proposed by Ryff, and posttraumatic growth as described in the transformational model by Tedeschi and Calhoun. The study explores psychological well-being and posttraumatic growth indicators based on self-report measures, and aims to answer two questions: are there indicators that differentiate internally displaced persons (IDPs), who emerged after armed conflict with Russian troops in 2008, and other citizens of Georgia (non-IDPs), and if so, can the differences between these groups be predicted by other variables measured in the study? The study was planned as a two-step process: preparatory procedures — cross-cultural adaptation and validation of the instruments, and the main study. The Stressful Life Event Checklist, The Posttraumatic Growth Inventory, the Scales of Psychological well-being, and a demographics measure were administered to 1189 participants. Data showed no differences between IDPs and non-IDPs regarding psychological well-being and posttraumatic growth totals. However, IDPs scored lower on the New Possibilities factor. Further, significant within group differences were revealed: non-IDPs with low social-economic status and IDPs with poor conditions reported significantly less psychological well-being than other subgroups. The level of psychological well-being can be reliably predicted by socio-economic status and self-perceived health condition.

Keywords: psychological well-being, posttraumatic growth, internally displaced persons.

1. INTRODUCTION

Georgia (საქართველო — *Sakartvelo*) is a country in the Caucasus region of Eurasia. Located at the crossroads of Western Asia and Eastern Europe, it is bounded to the west by the Black Sea, to the north by Russia, to the south by Turkey and Armenia, and to the southeast by Azerbaijan. The capital and largest city is Tbilisi. Georgia covers a territory of 69,700 square kilometers, and its population is almost 5 million. Georgia is a unitary, semi-presidential republic, with the government elected through a representative democracy. Like most native Caucasian people, Georgians do not fit into any of the main ethnic categories of Europe or Asia. The Georgian language, the most pervasive of the Kartvelian languages, is neither Indo-European, Turkish, nor Semitic. The present day Georgian or Kartvelian nation is thought to have resulted from the fusion of aboriginal, autochthonous inhabitants with immigrants who infiltrated into South Caucasus from the direction of Anatolia in remote antiquity. Ethnic Georgians form about 84% of Georgia's current population of 4,490,500 (2014). Other ethnic groups include Abkhazians, Ossetians, Armenians, Azerbaijanis, Greeks, Jews, and Russians. Today 83.9% of the population

practices Eastern Orthodoxy, with the majority of these adhering to the national Georgian Orthodox Church. Religious minorities include Muslims (9.9%), Armenian Apostolics (3.9%), and Roman Catholics (0.8%) (GeoStat, 2010).

During the classical era, independent kingdoms became established in what is now Georgia. In the early 4th century, the kingdoms of Colchis and Iberia were among the first nations in the region to adopt Christianity (in AD 337, or in AD 319 as recent research suggests) (Kekelia, Gavashelishvili, Ladaria, & Sulkhanishvili, 2013). A unified Kingdom of Georgia reached the peak of its political and economic strength during the reign of King David IV and Queen Tamar in the 11th–12th centuries. After this time, the area was dominated by various large Empires, including the Safavids, Afsharids, and Qajar Persians. In the late 18th century the Kingdom of Kartl-Kakheti forged an alliance with the Russian Empire, and thereafter, it was annexed by Russia in 1801. After a brief period of independence following the Russian Revolution of 1917, Georgia was occupied by Soviet Russia in 1921, becoming the Georgian Soviet Socialist Republic and part of the Soviet Union. After dissolution of Soviet Union in 1990, Georgia declared independence in 1991. Post-communist Georgia suffered from civil unrest and economic crisis for most of the 1990s. This unrest lasted until the Rose Revolution of 2003, after which the new government introduced democratic and economic reforms.

In August, 2008, Georgian citizens experienced a short but intense armed conflict, known as the Russo-Georgian War that challenged their national as well as personal identity, regardless of whether they were directly or indirectly introduced to the War Theater. Preliminary observations, multiple case studies, and day-by-day experience of working with affected people made obvious the ongoing changes in almost all domains of their functioning, and in particular in their perception of their psychological well-being as well as the experiences of posttraumatic conditions. Due to the combat operations, thousands of people were forced to flee from their homeland, and then lost their houses and property. In a few months it became possible to some of them to return to their homes but up to 19,000 persons were displaced in newly constructed settlements provided by the state. These people are known as internally displaced persons[2] (IDPs). Thus, seven years ago people who lost everything, found themselves in new places, having very limited resources to start their lives over again. This experience turned out to be traumatic for the majority of people: they searched for new ways of living, and went through a meaning-making process in order to find strength and resources inside themselves to adjust to the new reality in new places. The loss they experienced seven years ago[3] still remains central in their lives resulting in various conditions and/or symptoms in their everyday life, and affects their level and quality of functioning, quality of life, mental health, interpersonal relationships, and self-perception.

The major objective of this study was to empirically examine the psychological well-being and posttraumatic growth indicators in Georgian citizens. Indicators and/or predictors of psychological well-being and posttraumatic growth (among the many factors) are crucial and beneficial for those in the helping professions (clinicians, psychologists, social workers). Furthermore, there are no accumulated and published empirical data on posttraumatic growth and psychological well-being in Georgian citizens. Hence, this study hopes to inspire more research in the field. There is a large volume of literature on trauma and posttraumatic experiences following traumatic events. These experiences include natural disasters, wars and combat actions, chronic illness and dramatic changes in life course such as property loss, losing one's job, marital changes, child birth, or death of loved one(s). These (and many other) events may be perceived as stressful and traumatic, and may cause a long list of changes in one's physiological, psychological and/or social

functioning. Many of these changes are negative; however, a growing body of research (e.g. Taku, et. al., 2007; Tedeschi & Calhoun, 2004b) shows that positive changes can arise from negative events. In particular, there are at least some positive changes people report in the aftermath of trauma (Powell, Rosner, Butollo, Tedeschi, & Calhoun, 2003; Tedeschi & Calhoun, 1996), a phenomenon known as "*posttraumatic growth for nowadays*" (Tedeschi & Calhoun, 1996). Given that elaboration of traumatic experience affects all domains of one's existence and functioning, particularly on psychological health conditions (Tedeschi & Calhoun, 2004a), it is reasonable to address the influences and changes in perceptions of one's psychological well-being.

2. BACKGROUND

The study uses Ryff's (1995; 2014) six factors model for the concept of psychological well-being and transformational model by Tedeschi and Calhoun (1996) for the concept of posttraumatic growth.

2.1. Posttraumatic Growth: Transformational Model

There are several terms that are interchangeably used in literature to denote positive changes that trauma survivors experience. Among them are concepts such as positive changes in outlook, thriving, stress-related growth, benefit-finding, flourishing, perceived or construing benefits, positive change, discovery of meaning, and positive by-products (Joseph & Bulter, 2010; Tedeschi & Calhoun, 2004b). However, "posttraumatic growth" (Tedeschi and Calhoun, 1996) is the most widely-used term which describes the field of study and clinical practice. Posttraumatic growth represents positive changes experienced as a result of the psychological and cognitive efforts made in order to deal with challenging circumstances. It is a process in which individuals struggle with a new reality in the aftermath of trauma. Posttraumatic growth describes the experience of individuals, whose development, at least in some areas, has surpassed what was present before the struggle with the crises occurred. The individual has not only survived, but has experienced changes that are viewed as important, and are not simply a return to baseline; they are an experience of improvement that for some persons is deeply profound (Tedeschi & Calhoun, 2004b).

There are two leading theories of posttraumatic positive change - namely the organismic valuing theory (Joseph & Linley, 2005) and the transformational model (Tedeschi & Calhoun, 2004b). The former approach attempts to provide an account of positive changes rooted in humanistic psychology wherein posttraumatic stress is viewed as indicative of normal, natural cognitive processes that have the potential to generate positive change. The latter, which serves as the theoretical framework of the present study, states that posttraumatic growth refers to a change in people that goes beyond their ability to resist and not be damaged by the highly stressful event. It involves a movement beyond pretrauma levels of adaptation. Hence, it has a quality of transformation or, in other words, a qualitative change in functioning. Growth, however, doesn't occur as a direct outcome of trauma and the fact that growth occurred to some extent does not prevent the individual from experiencing negative effects. Moreover, this growth does not signal that the trauma itself stops to be a distressing event. Posttraumatic growth is most likely a consequence of attempts of psychological survival, and it can easily coexist with the residual distress of the trauma.

This model conceptualizes posttraumatic growth as the process which is triggered by the occurrence of a major life crisis that severely challenges and perhaps shatters ones understanding of the world and his/her place in it. Particular personality traits, such as extraversion, openness to experience and optimism may make growth a bit more likely. From the beginning, an individual typically must engage in coping responses needed to manage the overwhelming emotions, but intense cognitive processing of the difficult circumstances occurs as well. The degree to which the person is engaged cognitively by the crisis appears to be a central element in the process of posttraumatic growth. His/her social system may also play an important role in the general process of growth, in particular, through the provision of new schemas related to growth, and the empathetic acceptance of disclosures about the traumatic event and about growth-related themes. Posttraumatic growth seems closely related to the development of general wisdom about life, and the development and modification of the individual's life narrative. Although there are findings indicating that posttraumatic growth correlates with a reduction of distress, some degree of psychological distress is necessary not only to push the process of growth towards motion, but also to enhance and maintain this posttraumatic growth (Tedeschi & Calhoun, 2004b).

Calhoun and Tedeschi (2006) have identified three broad categories of perceived benefits from qualitative and quantitative data: changes in the perception of self, changes in the experience of relationships with others, and changes in one's general philosophy of life. Subsequently the Posttraumatic Growth Inventory (PTGI) was designed (Tedeschi & Calhoun, 1996), and a factor analysis yielded a five-factor solution (personal strength, new possibilities, relating to others, appreciation of life, and spiritual change However, Calhoun and Tedeschi (2006) state there can be some alterations beyond this common core that vary by culture or are specific to the struggle with particular stressors. The factor structure of the inventory has been examined in several non-English languages, including Bosnian (Powell, et. al., 2003), Chinese (Ho, Chan, & Ho, 2004), German (Maercker & Langner, 2001), Hebrew (Lev-Wiesel & Amir, 2003), Italian (Prati & Pietrantoni, 2013), Japanese (Taku, et. al., 2007), Persian (Rahmani et. al., 2012), Portuguese (Lamela, Figueiredo, Bastos, & Martins, 2014), Spanish (Weiss & Berger, 2006), and Turkish (Karanci, et. al., 2012). The studies show that the factor structure of PTGI varies cross-culturally. For instance, in Italian, Turkish and Portuguese versions, the original five factors are retained; in German and Japanese translations only four out of five original factors were replicated, whereas the Bosnian version found a three factor solution corresponding to three broad domains identified by Tedeschi and Calhoun (1996).

2.2. Psychological Well-Being: Multidimensional Model

The concept of psychological well-being has been examined in the field of positive psychology (Ryff, 2014) and addresses the question: what does it mean to be well psychologically? Classic approaches of 20th century psychology include Erikson's (1963) psychosocial stages, Buhler's basic life tendencies (1935), and Neugarten's personality changes (1973), all of which describe wellness as trajectories of continued growth across the life cycle (Ryff, 1995). Clinical psychologists offer further descriptions of well-being, for instance Maslow's conception of self-actualization (1968), Allport's (1961) formulation of maturity, Rogers (1951) fully functioning person, and Jung's (1933) account of individuation.

Since the 1970s the study of psychological well-being has been guided by two major conceptions of positive functioning. Bradburn's (1969, as cited in Ryff, 1995) seminal work distinguished between positive and negative affect and defined happiness as the balance between the two. The second conception, which has been popular among sociologists, emphasizes life satisfaction as the key indicator of well-being. Viewed as a cognitive component, life satisfaction was seen to complement happiness, the more affective dimension of positive functioning (cf. Deci & Ryan, 2008).

According to Ryff (1989), a unified theory was needed to encompass this multidimensional construct. Hence, the convergence of these multiple frameworks of positive functioning served as the theoretical foundation to generate a multidimensional model of psychological well-being (Ryff, 1995). Ryff (1989, 1995, 2014) proposed the multidimensional construct of psychological well-being that is composed of six distinct components. In combination, these dimensions encompass a breadth of wellness that includes positive evaluations of oneself and one's past life (self-acceptance), a sense of continued growth and development as a person (personal growth), the belief that one's life is purposeful and meaningful (purpose in life), the possession of quality relations with others (positive relations with others), the capacity to manage effectively one's life and surrounding world (environmental mastery), and a sense of self-determination (autonomy).

3. RESEARCH OBJECTIVES

The main purpose of this research was to examine how Georgians (IDPs and non-IDP citizens) perceive their psychological well-being and experience their posttraumatic growth after the armed conflict in 2008. This research was planned as a two-step process: preparatory procedures — cross-cultural adaptation and validation of the instruments, and the main field work for obtaining empirical data on the variables under the investigation. Hence, research tasks covered in this chapter are as follows: (1) preparation of final Georgian versions of the Posttraumatic Growth Inventory (PTGI-Geo) and the Scales of Psychological Well-being (SPW_Geo) for further administration; (2) establishing posttraumatic growth and psychological well-being levels in IDPs and non-IDP research participants, and comparing the two groups; and (3) searching for reliable predictors for both posttraumatic growth and psychological well-being.

4. METHOD

4.1. Research Participants

1189 persons (recruited from the general population via simple probability sampling combined with available sampling procedures) volunteered to participate in both steps of the study, of whom 72.7% were female (average age=37.8; SD=16.8, min=19, max=84). Single and married participants were distributed evenly (45.3% and 44.3%, respectively), 4.7% were divorced, and 5.7% widowed. As for education of participants, 56% of the group held at least some degree (Soviet style five years higher education diploma, undergraduate, and graduate education – 30.3%, 13%, and 12.7% respectively). Of the remaining, 24% were students, 2.7% reported incomplete secondary school education, 9.3% finished high school, and 8% held a professional education diploma. Unemployed participants constituted almost one third of the sample, namely 27.4%, and 16.7% of the unemployed were students. Of those who worked, 23% were employed in public sector, 21.3% in private sector, 3% self-employed, 8% were retired, 10.3% were housewives, and 2% registered as other. All participants were ethnic Georgians. The majority of them identified

as Orthodox Christians (85.6%). The remaining of the group had no affiliation to any other religion with the exception of one participant who reported herself to be a Jehovah's Witness. Among Orthodox participants, 12% were engaged in religious rituals on a systematical base, 34% sometimes followed religious rituals, 27.7% did this rarely, and 24% gave no response.

Of all research participants, 16.3% reported their socio-economic status as high income, 18.3% reported more than average income, 32.3% reported average income, 18.7% identified themselves as having low income, and 14.4% indicated they were poor. Participants reported their living condition as good (29%), more good than bad (50%), more bad than good (15.3%), and bad (5.7%). One third of participants (35%) reported that their self-perceived health condition was good, 44.3% reported it as more good than bad, 13.7% said more bad than good, and 7% reported bad.

The majority of participants were urban inhabitants (82.7%) and the rest (17.3%) lived in rural areas. These latter participants were IDPs living in settlements provided by state. Others lived in buffer zones, which appeared on the Georgian territory after the armed conflict with Russia in 2008 (for more details see Khechuashvili, 2014).

As for the most intense traumatic experience during last two years, 46.7% of participants reported the death of close person, 21% reported separation with spouse/partner, 12.3% indicated trauma or illness, and the remaining 20% stated "other" (which included experiences such as personal achievements, changes in one's financial state, family structure, education, place of residence or sleep pattern).

Two issues should be stressed concerning the sample of this study. First, According to the latest census (GeoStat, 2010), more than the half (57.4%) of the Georgian population lives in urban areas, and the disproportion of urban vs. rural residents, mentioned above resulted from availability of the research participants. In particular, those living in urban areas were more reachable and ready to participate. And second, overrepresentation of females (73%) in the sample is another concern, since females represent 52.3% of general population (GeoStat, 2010). The composition of the sample of this study is partly determined by the more readiness to participate and talkativeness of women in Georgian culture. Both issues set boundaries to this study, and are regarded as limitations.

4.2. Measures

The *Posttraumatic Growth Inventory* (Tedeschi & Calhoun, 1996) is based on transformational model, which consists of three major domains: changes in self-perception, changes in relation to others, and changes in overall philosophy of life. In the original version of the inventory, these three domains are represented by five factors or subscales: Relation to Others, New Possibilities, Personal Strength, Spiritual Change, and Appreciation of Life. The original version of the Posttraumatic Growth Inventory includes 21 items. Respondents are asked to choose the most influential crisis on the trauma checklist and to read each of the 21 statements and indicate the degree to which change occurred in their lives as a result of this crisis. Responses were scored on a six-point Likert format scale, where 0 = *"I did not experience this change as a result of my crisis"* and 5 = *"I experienced this change to a very great degree as a result of my crisis".* Items are grouped in five factors (with eigenvalues greater than 1) and these are scored by adding up the responses to items on each factor (Jayawickreme & Blaickie, 2014).

The *Scales of Psychological Well-Being* is a theory-guided instrument, based on the multidimensional model of psychological well-being (Ryff, 1989, 1995, 2014) which is composed of six dimensions: the extent to which respondents felt their lives had meaning, purpose and direction; whether they viewed themselves to be living in accord with their

own personal convictions; the extent to which they were making use of their personal talents and potential; how well they were managing their life situations; the depth of connection they had in ties with significant others, and the knowledge and acceptance they had of themselves, including awareness of personal limitations. These dimensions, accordingly, are represented by six scales.

The full original version of the inventory is an 84 item self-report measure consisting of six separate scales of Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life, and Self-Acceptance. Each scale is comprised of 14 items. The items on the inventory are presented in a mixed format (by taking one item from each scale successively and merging them into one continuous self-report instrument). Some items are framed positively whereas others are framed negatively to reduce a response set bias. Participants respond using a six-point format: *strongly disagree* (1), *moderately disagree* (2), *slightly disagree* (3), *slightly agree* (4), *moderately agree* (5), *strongly agree* (6). There are no specific cut-points for defining high or low well-being. These distinctions are best derived from the distributional information from the data collected. Ryff (2014) states, for example, that high well-being could be defined as scores that are in the top 25% (quartile) of the distribution, whereas low well-being could be defined as scores that are in the bottom 25% (quartile) of the distribution. Another alternative would be to define high/low well-being as scores that are 1.5 standard deviations above or below the mean, respectively.

Georgian version of the Life Stress Scale (Khechuashvili, 2014) is 23-item list (Cronbach's alpha, $\alpha = .76$) used to determine the presence and the type of stressful/traumatic event that precipitated posttraumatic growth. It was adapted from *The Social Readjustment Rating Scale* by Holmes and Rahe (1967). It contains a list of the events, (some traumatic and others pleasant) that require some effort of change in one's life to readjust to the situation. These events include items such as death of a spouse, change in responsibilities at work, and beginning or ending school. Participants indicate those events that are relevant to her/him and rate the listed potential stressors in accordance with their life situations and past experience.

Demographics. Participants filled out a demographic measure which included items such as gender, age, marital status, education, type of education, average monthly income, faith and habits associated with it, general health condition, and place of residence and living conditions.

5. RESULTS

5.1. Inventory Preparation

Two inventories were translated from English to Georgian, back translated, compared and modified, and went through several pilots (Beaton, Bombardier, Guillemin and Ferraz, 2000; Translating and Adapting Tests, 2010), with the permission of the authors of the original versions. The process resulted in the Georgian versions of the *Posttraumatic Growth Inventory* (PTGI_Geo) and the *Scales of Psychological Well-being* (SPW_Geo). Cronbach's alphas for individual scales as well as total scale ranged between .70 and .91 (Khechuashvili, 2014, 2015). As for the factor structure for the inventories, the 84 items of the Georgian version of the SPW replicated the six scale structure of the original inventory, whereas the 21 items composing the PTGI loaded on four factors (for more details see Khechuashvili, 2015). In particular, the first and fourth factors from original English PTGI merged into one factor on the PTGI-Geo.

5.2. Main Study

The results are presented in two sections. First the possible differences in posttraumatic growth and psychological well-being between two samples are examined. Next we examined the predictors of psychological well-being and posttraumatic growth.

IDPs vs Non-IDPs. The two samples were similar in terms of mean age, gender, and religious background. However, non-IDP citizens were more educated, held higher positions in the workplace, had higher socio-economic status, living conditions and self-perceived health conditions (all *p's*=<001).

There were no significant differences between IDP and non-IPD citizens on the subscales and total score of the SPW_Geo, and the total score and three of four factors of the PTGI_Geo. IDPs (*M*=9.54(*SD*=7.2)) scored lower on New Possibility than non-IDPs (*M*=13.72(*SD*=6.53) *(t*(1187)=-4.282, *p*<.001, (see Table 1).

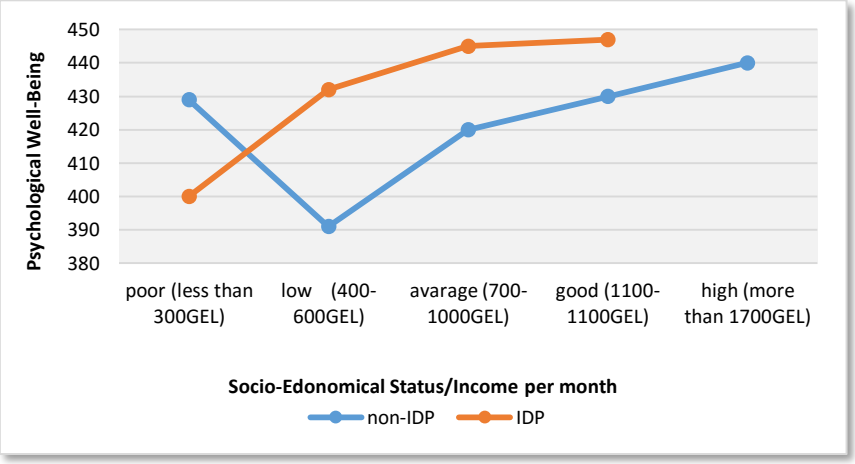
Table 1. Descriptive Statistics for the Georgian versions of the Posttraumatic Growth and Psychological Well-Being Scales.

Variable	Group	
	IDPs	Non-IDPs
Posttraumatic Growth Inventory	*M (SD)*	*M (SD)*
Relation to Others/ Spiritual Change	18.29 (10.14)	16.45 (8.73)
New Possibilities*	9.54 (7.19)	13.72 (6.53)
Personal Strength	11.40 (6.97)	12.33 (5.1)
Appreciation of Life	5.35 (3.76)	4.65 (3.391)
Posttraumatic Growth Total	50.54 (26.21)	52.43 (20.84)
Psychological Well-Being Scales		
Autonomy	57.69 (10.663)	58.26 (10.861)
Environmental Mastery	56.42 (9.722)	54.76 (10.964)
Personal Growth	60.44 (10.353)	62.45 (10.361)
Positive Relation to Others	63.81 (2.327)	61.06 (10.830)
Purpose in Life	62.81 (10.953)	62.92 (9.801)
Self-Acceptance	54.35 (10.004)	55.29 (11.972)
Psychological Well-Being Total	419.33 (53.424)	415.82 (53.077)

A 2 (IDP status) x 5 (income level) ANOVA revealed an IDP status by income interaction (F(6)=2.791, *p*=.041) on well-being. For IDP citizens, well-being scores increased as income level increased; a similar pattern occurred for the non-IDP citizens, with the exception of non-IDP citizens who self-identified as being the poorest (less than 300 GEL) - they had higher well-being scores than those individuals with the next lowest income (400-600 GEL). Indeed, the non-IDPs who were the poorest had well-being scores similar to individuals of average income (see Figure 1).

A 2 (IDP status) x 5 (income level) ANOVA revealed no statistically significant results. Furthermore, there were no significant main effects or interactions of living condition or health condition by status on both psychological well-being and posttraumatic growth (all *p's*>.05).

Figure 1. Means of Psychological Well-Being (Total) in Different Income[4] Groups.



Predictors. A series of hierarchical multiple regression analyses were conducted predicting psychological well-being, and posttraumatic growth. Socio-economic status and self-perceived health were reliable predictors of psychological well-being (see table 2). However, none of the variables reached significance in predicting posttraumatic growth. The combination of above mentioned variables (socio-economic status and health condition) explained only 8% of variance in posttraumatic growth scores, but predicted 20% of the variance in psychological well-being scores.

Table 2. Multiple Regression Model Predicting Psychological Well-Being.

	Unstandardized B	SE B	Standardized ß
Step 1			
Constant	516.762	40.069	
Socio-Economic Status/Income	-22.720	9.197	-.33*
Step 2			
Constant	544.854	40.242	
Socio-Economic Status/Income	-18.979	8.958	-.28*
Health Condition	-17.654	7.566	-.30*

Note: R^2= .109 for Step 1, ΔR^2=.09 for Step 2 (p<.05) *p<.05.

6. DISCUSSION

There are no statistically significant differences in psychological well-being or posttraumatic growth between IDP and non-IDP participants. However the two groups responded differently to the items about opening new possibilities in the aftermath trauma. Taking into account IDPs' everyday lives and living conditions, this outcome fits into the context. People left without anything and were forced to build their lives over again, and they may not have seen the value in searching for new possibilities around them, either in their immediate or broader surroundings.

However, there were interesting within group differences: non-IDPs reported lower psychological well-being if their income was low in comparison to other income brackets, including those who earned less than 300 GEL and qualified as poor. With IDPs, although none reported high income levels, well-being scores increased as income levels increased.

These results suggest that psychological well-being was, by and large, associated with one's socio-economic status regardless of IDP or non-IDP status. However, there was an interesting exception in case of the one of the non-IDP group, namely non-IDP citizens in the poorest income bracket score higher than those the low income bracket, and at the same time they scored similar to those in the average income bracket; this was a reversal of the pattern in the rest of the data. One of the possible explanations here might be that people in the poorest income group had different understanding of the concept of well-being. They subjectively interpreted their own well-being as higher than participants from average income group due to this change in meaning of the very concept of well-being. This assumption was more-or-less proved in frame of broader study of life stories and experiences of the part of the sample. Another verification of this explanation came from the study of happiness and well-being (Tsuladze, Chitashvili, Bendeliani, & Arutinovi, 2013), where participants from lower socio-economic groups indicated that they need less to feel happier than participants from higher income groups. In short, it may hypothesized that when one (at least in Georgia) has almost nothing and earns almost nothing, he/she has to accommodate priorities in life, needs, and criteria to the current conditions in order to survive, to keep striving, and to be able to function further. Furthermore, socio-economic status was a good predictor of psychological well-being (along with health condition) and explained about 20% of variance in well-being scores. This outcome corresponds to data obtained in the scope of the nationwide study of the perceptions and correlates of reported overall happiness, which found that the highest predictive value for well-being and perceived happiness was the evaluation of the current economic situation of the household (Tsuladze, et. al. 2013). One of the explanations for strong linkage of well-being and income can be found in the recent history of Georgia; the post-soviet country experienced socio-economic and political turmoil, economic downturns and wars during last two decades. The amount of income earned per household had a direct impact (among other factors) on quality of life, life satisfaction and psychological well-being.

7. FUTURE RESEARCH DIRECTIONS

Given that the data presented it this chapter are drawn from a larger mixed method study of posttraumatic growth and psychological well-being of internally displaced persons (and ordinary citizens), further investigation aims to bridge self-reported data with data gained through a qualitative life story interview. Our goal is to reveal and understand the connections and links research participants make between explicitly stated conditions of well-being and growth, on the one hand, and implicitly narrated stories of changes due to internal displacement, on the other hand.

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[2]A person or a group of persons is/are named as internally displaced if she/he or they were forced to flee from their place of residence due to natural (earthquake, flooding, etc.) disasters or man-made big scale events (armed conflicts, wars, etc.), and have to settle down in other places. IDP is distinguished from refugee in that the former doesn't cross the national border of the country she/he lives in, whilst the latter moves beyond the officially acknowledge state border to live in another country (Gogishvili, 2015).

[3]Data were collected in August, 2014, exactly six years after the displacement.

[4]1 EURO = 2.57 GEL (GEL – Georgian Lari), available at https://www.nbg.gov.ge/index. php?m=582, last seen 12.11.2015. But for the moment of the field work (summer, 2014), 1 EURO = 1.83GEL.