هل يكفي الاعتماد على اليات المواجهة الدينية للتعامل مع تجربة النزوح القسري؟ وجهة نظر نفسية

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المستخلص

أدى انتشار الأعمال الإرهابية ولمدة أكثر من عقد من الزمن إلى معاناة إنسانية ونزوح أعداد كبيرة داخل وخارج العراق. أشارت العديد من الدراسات الحديثة التي أجريت على عينات من المهجرين القسريين إلى إن تجربة النزوح تؤدي إلى انتشار معدلات كبيرة من الأمراض والاضطرابات النفسية مثل القلق (٤٥-٥٥%)، اكتئاب حاد (٣٠-٤٠%)، اضطراب ما بعد الصدمة (٥٣-٦٠%)، وضعف الشعور بالأمان (٧٨.٢%). لكن يميل الناس نفسياً إلى استخدام استراتيجيات للتعامل مع المشاكل التي يواجهونها، تعتبر الاستراتيجيات الدينية أحد هذه الاستراتيجيات. بالرغم من هذه الحقيقة، إلا إنه لم تكن هناك أية دراسة استهدفت التعرف على العواقب النفسية والعقلية للنزوح القسري ومدى قدرة الاستراتيجيات الدينية على التوسط بين تجربة النزوح والضغوط النفسية. استهدفت هذه الدراسة إلى معاجلة هذه الفجوة في الأدب النفسي من خلال دراسة العلاقة بين الاستراتيجيات الدينية وبعض الاضطرابات النفسية مثل أعراض اضطراب ما بعد الصدمة وأنماط التعلق غير الآمن والمشاكل السلوكية والعاطفية. تكونت عينة البحث من ١٠٦ نازح تتراوح أعمارهم بين ١٨-٣٢ سنة. تم اختيار عينة البحث بالطريقة العشوائية من ثلاث مخيمات للنازحين (١ في بغداد و ٢ في الأنبار). أما العينة الضابطة فتكونت من ٩٧ شخص ممن لم يعيشوا تجربة النزوح. تم استخدام مجموعة من المقاييس النفسية التي قام الباحث بتقنينها لتلائم عينة البحث وهي استبيان التعرف على المشاكل السلوكية PCL-5 و استبيان نقاط القوة والضعفSDQ ، واستبيان تصنيف انماط الارتباط بجانبيه الآمن وغير الآمنASCQ-15 ، واستبيان أليات التعامل الديني .SRC تم تحليل البيانات إحصائيا وأظهرت النتائج أن عينة البحث كانت تعاني تغيرات سلبية في الإدراك والمزاج (اضطرابات سلوكية)، مشاعر تجنب وأفكار اقحامية. كذلك أشار مقياس PCL-5 إلى أن هناك ٥١.٩%، و٣٨.٧%، كانت لديهم اضطرابات ما بعد الصدمة بجانبيها الجزئي والكلي على التوالي. أشارت النتائج أيضا إلى أن شدة الحدث المؤلم قادرة على التنبؤ بنقاط القوة والضعف واستراتيجيات المواجهة الدينية. أخيراً أظهرت النتائج أن هناك فروقا ذات دلالة احصائية بين المجموعة التجريبية والمجموعة الضابطة على جميع متغيرات البحث.

الكلمات المفتاحية: النازحين ، المواجهة الدينية

Is it Enough for Displaced People to Rely on Religious Strategies to Cope? Psychological Perspective

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Abstract

.More than one decade of terrorist actions have led to widespread of human suffering and population displacements inside and outside of Iraq. Recent studies of the general population have found that internally displaced people (IDPs) had high levels of mental health problems, including anxiety (45-55%), major depression (30-40%), posttraumatic stress symptoms (53-60%), and lack of feeling secure in communicating with others (78.2%), but people tend to use strategies to cope with their problems such as religious strategies. However, to the researcher best knowledge no study has been conducted to investigate the psychological consequences and mental health effects following displacements among Iraqi people, and the extent that religious strategies could mediate the psychological stressors. This study aimed to address this gap in literature by investigating the relationship between religious strategies and some psychological disorders such as symptoms of PTSD, patterns of insecure attachment and behavioral and emotional problems. The sample consisted of 106 adults aged beyween 18-32 years. They were recruited randomly from three camps (1 in Baghdad and 2 in Anbar. Ninety-seven persons with no displacement experience constituted the control. In regard to their post-displacements trauma and behavioral problems, people were assessed using the PTSD Checklist for DSM-5 (PCL-5), the Strengths and Difficulties Questionnaire (SDQ), Attachment Style Classification Questionnaire (ASCQ-15), and spiritual/religious coping (SRC). The results showed that people were found to experience negative alterations in cognitions and mood, avoidance and intrusive thought. PCL-5 revealed that 51.9, 38.7, and 10.9% had full, partial and no-PTSD respectively. The severity and total number of traumatic events independently predicted total BCL, SDQ, and ASCQ scores. However, the SRC was medaiting only the SDQ. Results also showed that there were significant differences between the exposed group and the control on all YCPC, BCL, SDQ, ASCQ, and SRC scales. The clinical and research implications of these conclusions are discussed.

Keywords: Displaced people, Religious coping

Introduction

During the last five decades, Iraqi people have exposed to various traumatic events. Over this priod there have been repeated episodes of wars that happened quite regularly including the brutal war between Iraq and Iran over the period 1980-1988, the Gulf War of 1991, economic embargo that imposed by the UN, the occupation by the United States of America in 2003, and the sectarian violence. Armed conflict was also increased in many Iraqi cities, and as a result many civilians including children, women, adults have been killed. Studies have astimated that more than half a million iraqis were killed and hundereds of thousands were handicapped over the period 2003-2010 (Freh, Dallos, & Chung, 2012(

In late 2013, people in Iraq have witnesed a humanitarian, security, political and historical disaster after the controlling of the terrorists groups, called Islamic States in Iraq and Syria "ISIS", of several cities. Since then Iraq has been in a deep catasrophe. Huge numbers of people were killed and about 3,017,148 were forcefully displaced within the country as internally displaced people (IDPs). The vast majority of them, about 850000, a total of nearly 40% of its population, were came from Anbar provence. Most of them lived in camps with no basic ordinary life services. The International Organisation for Migrations (IOM) stated that the living conditions of the IDPs are very difficult. The IOM reported that about 18% of them are living in crowded houses with lack of food, clean water, samitation, and shelter. About 22% from 59% who were included in the report were living in public building like schools, mosques, and hundreds of thousands in camps (UNHCR, 2009.(

The experience of displacement has been found to affect the psychological well-being of forcefully displaced populations (Thomas & Thomas, 2004). The impcat on mental health of the IDPs was one of the most significant. Studies also showed that displaced people, especially children and women are at high risk of psychological and emotional instability. Therefore, the impact of displacement on children and women have received specific attention, as they are considered as most vulnerable as a result of their dependence on adults and women mostly depend on men especially in eastern societies. Severe and lasting psychological effects have been extensively

documented in studies (e.g., Barenbaum, Ruchkin, & SchwabStone, 2004). A whole range of psychological symptoms have been observed, such as daily stressors, depression, anxiety disorders and behaviour problems .

In the same vain, a study has estimated that more than 92% of the Iraqi IDPs have exposed to a potantially major traumatic event during their flees (Freh, 2018). More than 47% of them were vulnerable to develop some form of posttraumatic stress disorder (PTSD). Other studies claimed that the experience of displacement affected the psychological, emotional, economical, health, social, and even political sides of the IDPs to the exent to become a heavy burden among the families (Mels et al., 2010). It is therefore important to find ways to reduce its negative effects. Otherwise, problems such as fear, panic, sadness, frustration, depression, tension, future anxiety, and psychosomatic disorders would be existing. One would speculate that IPDs experienced during thier flees some kinds of psychological distress due to leaving their houses forcedly or might exposed to life threating events such as (Exposure to bombing and fighting, Witnessing of the violence, Death or wonded of a family member, disappearance of family member or friend, family separation, abuse including (verbal, neglect, sexual abuse, exploitation.(

Although exposure to displacement is likely to bring about physical and mental health problems, not all the IDPs exhibit health problems. This suggests that people employ various defensive and coping strategies, such as religious support, to cope with highly dangerous events and moderate stressors and can influnce the development of symptoms, including those of depression, anxiety, and PTSD. Religious coping strategies have received received significant attention in trauma and stress coping research, which has long been implicated as a protective factor (and occasionally a risk factor) in mental health research. Literature emphasized that religious activities could be protective and positively impact mental health. In their study, Bux and Coyne (2009) confirmed that religious strategies were related significantly to psychological adjustment. Practicing religious activities were associated with both increased positive adjustment and decreased negative adjustment after exposure to mass trauma. The current psychological literature has also focused on the relationship between religious coping and mental health problems such as depression and

PTSD symptoms following traumatic events (displacement). Plante and Sherman (2001) found that practicing positive religious coping predicted significantly decreased PTSD and depression symptoms, while negative religious coping interacted with stress to predict increased PTSD and depression symptoms.

The foregoing studies indicated that religious coping strategies have a vital effect on psychological stressors and could influence the development of depression, anxiety and PTSD symptoms. Hence, the inclusion of religious coping as variables in studies concerning adaptation to displacement is important. Studies e.g. Freh et al. (2012) postulated that the effect of such strategies could be even more essential when one try to explain why some survivors would develop severe or chronic post-traumatic symptomatology while others do not.

As mentioned in literature, reactions of people who have been exposed to displacement have been reported in some studies. However to the researcher best knowledge, no study has been directly conducted among Iraqi civilians. In addition, few studies have examined the role of religious coping strategies in relation to displacement and its subsequent impact on emotions and risk outcomes among IDPs. The present study seeks to address these limitations in the extant literature by examining (a) the psychological consequences and mental health effects following displacements among Iraqi people, and (b) to what extent could religious strategies mediate the psychological stressors.

Method

Participants

A total of 106 Iraqis who were directly exposed to displacement took place in this study. Participants were recruited randomly from three camps (1 in Baghdad and two in Anbar) with a mean age of 24.77 years (SD= 3.49). Ninety-seven persons with no displacement experience constituted the control. The sample was distributed almost equally between males and females with 64, 60.4% males and 42, 39.6% femles. More than 75% of the cohort were married; just more than 15% were single. The miniority of the participants were divorced and widowed with 4.7% for both categories. All the participants were Iraqis and categorised themselves as Muslims. The vast majority of them (99, 93.4%) reported a low family income on a 3-point scale (from 1= low income to 3= high income.(

Measures

The Posttraumatic Stress Disorder Checklist (PCL-5(

The PTSD was assessed using the PCL-5 (Weathers et al., 2014). The PCL-5 has 20 items that can be devided into 4 subscales as outlined in DSM-5: Intrusive thoughts (5 items), Avoidance (2 items), Negative alterations in cognitions and mood (7 items), and Hyperarousal (6 items). The items are measured on a 5-point Likert scale (anchored by "0=not at all" and "4= extremely"). Total scores range from 0 to 80 and a preliminary cutoff score of 38 is recommended as indicating PTSD caseness. The PCL-5 was adapted for use with Iraqi samples (Freh, Chung, & Dallos, 2013). It was subsequently back-translated by a professional interpretor and approved by the original authors. This scale has been found to demonstrate high internal consistency and discriminant validity in previous studies (Hoge, Riviere, Wilk, Herrell, & Weathers, 2014; Armour et al., 2015; Sveen, Bondjers, & Willebrand, 2016.(

The Strengths and Difficulties Questionnaire (SDQ(

The bahavioural problems were assessed using the Strengths and Difficulties Questionnaire (SDQ) (Goodman, Meltzer & Bailey, 1998). The SDQ is a self-report inventory behavioural screening questionnaire that has 25 items and devided between 5 subscales, and each subscale has 5 items to create a total difficulty score range from 0-100: 1) emotional symptoms; 2) conduct problems; 3) hyperactivity/inattention; 4) peer relationship problems; and 5) prosocial behavious. Studies e.g. (Stone et. al., 2010; Goodman et al., 1998) showed that the SDQ-25 has sound and concurrent validity.

The Attachment Style Classification Questionnaire (ASCQ-15(

The Attachment Style Classification Questionnaire (ASCQ-15) (Finzi et al., 2003) was used to assess the attachment patterns. The ASCQ is a self-report questionnaire contains 15 items based on the Attachment Questionnaire (AQ) of Hebrew version (Hazan & Shaver, 1987) and yields scores on three attachment patterns: 1) Secure (e.g. “I usually believe that others who are close to me will not leave me”), 2) Anxious/Ambivalent (e.g. “I’m sometimes afraid that no one really loves me”), and 3) Avoidant (e.g. “I find it uncomfortable and get annoyed when someone tries to get too close to me”). Participants rate the extent to which the item described themselves on a 5-point scale, with scores ranging from 1 (not at all) to 5 (very much). Items number 1- 3- 7- 10- and 15 represent the secure style. Itmes number 5- 6- 9- 11-

and 14 represent the pattern of Anxious. While, items number 2- 4- 8- 12- and 13 represent Avoidant style. Numerous studies have investigated reliability and validity of the ASCQ. In a study by Finzi et al., (2003), ASCQ scored high internal consistency= 0.83.

The Spiritual/Religious Coping (SRC (

The religious coping was measured using the spiritual/religious coping (SRC) (Panzini and Bandeira, 2005). The SRC is one of the most questionniares that could be used to assess the way that people use faith and religion to cope with stressful situations. The SRC consists of 20 items and two dimensions: 1) indicates the level of positive spiritual and religios coping with (10 questions), and 2) establishes the level of negative coping (10 questions). The psrticipnats were asked to identify how typically they use the spiritual and religious strategies when faced with stressful situations using a 0-5 scale (0= not used at all, 5= used always). Internal consistency and correlation analysis indicated that SRC is a valid, reliable, and useful to different scientific research areas. The psychometric properties of the SRC were tested in the current sample. The Cronbach's alpha internal consistency coefficient was .83 .

Translation of the Inventories

Translation of the inventories was carried out. The questionnaires which had already been translated into the Arabic language and used in Iraqi culture e.g. PCL-5 (Freh et al., 2013) were used in this study, whereas the questionnaires which had not been translated into Arabic before (e.g. SDQ, ASCQ-15 and SRC) were translated and revised into Arabic by the researcher and two professors fluent in English. After some lengthy discussion with these two professors independently, a single version for each questionnaire was created. For retification, back translation was conducted by two other interpreters whose speak Arabic as a first language and who are also professionals in English language. All items were then discussed, with more emphasis on items where discrepancies were noted, until a uniform interpretation or an example of a difficult word or question was agreed upon (or both .(

To make sure that all the inventories are clear and sound for the participants, a pilot study included 20 participants (M=10, F=10) was conducted. All the answers and comments were considered and

analysed. The results showed that all the items and instructions are clear and understandable.

Psychometric Properties of the Inventories

The psychometric properties (e.g. reliability) for all the inventories were covered. Cronbach's αs, based on the sample of the current study, showed that the questionnaires had sound psychometric properties (see Table 1.(

Table 1 Cronbach's a for the questionnaires

Questionnaires	Cronbach's a; n= 106
PCL-5	.88
SDQ	.79
ASCQ-15	.83
SRC	.81

Procedures

The sample was designed to represent adults who were living in high risk regions that were exposed to displacement. A stratified random sample design was used to draw the sample. Three camps (1 in Baghdad, 2 in Anbar) were randomly selected. A contact with the managers of the camps was made to obtain permission to conduct the study. After obtaining the permission, the researcher identified the potential participants. One hundred and thirty individuals were identified. Twenty four did not wish to participate, yielding a final n = 106. The participants were given a full explanation of the study and were assured of the anonymity and confidentiality of their responses. The participants completed a set of questionnaires that included measures of PCL, SDQ, ASCQ, and SRC. Questionnaires were completed inside the camps.

For statistical analysis the researcher used SPSS V. 20. The data were firstly tested for skewness, kurtosis, and outliers; no transformations were necessary. Descriptive statistics are presented for all demographic variables (e.g. age, gender, marital status, income level) with raw numbers, proportions, means, standard deviations, ranges, and median values. A set of correlations between dependent and independent variables, t-tests, and separate hierarchical regression models were employed. A statistical significance level at a=0.05 was set.

Results

To answer the main question of this research, to what extent could religious strategies mediate the psychological distress following displacement, the data of the current study were analyzed. But, before answering this question we should consider and assess the risk factors of perceived life threat after displacement (symptoms of PDS, insecure attachment styles and behavioral problems) to give us a complete overview.

Regarding the first factor (symptoms of PTSD), the analysis of the PCL-5 showed that of the total sample, 96 (90.6%) met the criteria for current probable PTSD with full and partial PTSD, in which 41, (38.7%) developed partial PTSD and 55 (51.9%) met the screening criteria for full PTSD. The rest, however, (10, 9.4%) did not meet the screening criteria for PTSD. In this research, this outcome will be referred to as current probable PTSD to acknowledge that symptoms determined through the use of a screening instrument do not necessarily indicate whether an individual meets diagnostic criteria (North et al., 2011). On the symptoms level, those with PTSD symptoms reported negative alterations in cognitions and mood the most with (37, 34.9%). The next most reported symptoms were avoidance and intrusive thought with (29, 27.7% and 25, 23.6%) respectively. The less reported symptom was hyper-arousal with 15, 14.2%.

Regarding the second factor (insecure attachment), results showed that participants vary in the way that they regulate the attachments patterns after the experience of displacement. More precisely, more than half of the participants (61, 57.5%) exhibited the Anxious/Ambivalent style in their relationship with other. About one third (32, 30.2%) of the participants classified themselves as avoidant when dealing with other people. The less ratio (13, 12.3%) was found to feel secure in close relationships with others.

Finally looking at the third factor (behavioral problems), results suggested that the experience of displacement led to behavioral problems [t (105) =85.66, $p<0.05$, M=69.45, SD=8.30]. The greatest impact of displacement reported by participants was that of prosocial behaviors [t (105) =63.95, $p<0.05$, M=14.30, SD=2.29], followed by conduct problems [t (105) =54.44, $p<0.05$, M=14.27, SD=2.69], hyperactivity [t (105) =53.64, $p<0.05$, M=13.96, SD=2.67], peer

relationship problems [t (105) =62.86, p<0.05, M=13.89, SD=2.27] and finally emotional symptoms [t (105) =55.10, p<0.05, M=12.96, SD=2.42.[

To establish the relationship between the religious coping strategies, insecure attachment styles, behavioral problems and post-displacement PTSD symptoms, a series of hierarchal multiple linear regression analysis was conducted. But, before presenting the data, table 2 shows the correlation between the predictor variables and the symptoms of PTSD.

Table 2 Correlations (r) between PCL-5, SRC, ASCQ-15 AND SDQ

Variable/measure	1	2	3	4
1 PCL-5	-			
2 SRC	.-32*	-		
3 ASCQ-15	.37*	.34*	-	
4 SDQ	.49*	.-41*	.38*	-

The results suggested that there was a significant correlation between behavioral problems, insecure attachment and post-displacement PTSD symptoms. The greater the severity of the symptoms, the more insecure attachment and behavioral problems were. On the other hand, the results showed that there was a significant negative correlation between the religious strategies and the severity of PTSD symptoms. In other words, the more using religious strategies, the less severity of post-displacement symptoms are.

Discussion

The existing literature largely neglected the personal experience of displacement among Iraqi people. The current study tries to address this gab by investigating the effects of such experience, how did they cope and whether the strategies that they used were enough to tolerate their experience.

This study reveals extremely high levels of post-displacement PTSD and behavioral problems among the Iraqi IDPs. The existed ratio in the current study was in line with studies conducted among 195 Iraqi women who exposed to same traumatic experience. Studies e.g. Freh (2018) found that 81.5% of the sample met the diagnostic criteria for

PTSD symptoms and peer relationship problems. Another studies e.g. Lagos-Gallego et al. (2017) investigated the effects of displacement among general population and IDPs in Colombia during 2009-2012. The results showed that PTSD was 5.1 times higher among IDPs than in general population. Over 54% among 1210 adult IDPs in Gulu and Amuru districts of northern Uganda met symptom criteria for PTSD (Roberts, et al., 2008). However, these rates are substantially higher than reported in other studies of displaced persons using similar methodologies (Sabin, et al., 2004). This finding can be explained according the trauma theory and the severity of the traumatic experience. Individuals with difficult circumstances might feel powerless and could be less resilient to life threat and, therefore, are more likely to show high levels of PTSD symptoms and behavior problems.

The study revealed a number of significant associations of other independent variables on outcomes. It was found that spiritual and religious strategies were significantly associated with PTSD and behavious problems. This finding is in line with those previous studies that have documented a significant link between religious coping and alleviation of PTSD symptoms (North et al., 2011), as well as with those studies that suggested that religious strategies are one of the powerful factors that could help to decrease behavioral problems and help to enhance the of control.

Conclusion

It can be concluded that as a consequence of displacement, IDPs have developed PTSD symptoms, behavioral problems including emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, prosocial behaviors and insecure attachment in their relationship with others. IDPs used some significant strategies to alleviation the symptoms and cope with their intensive experience. The central question of this study was "are these strategies enough to be used as interpersonal protective resources against these problems and symptoms"? One can argue that problems and symptoms existed with their experience could be an evidence that relying on religious strategies was not enough comparing with using other psychological and medical techniques such as (seeking help from psychiatrist, psychological consultation, etc.) to fully protect them. This study could be

The results of this study contribute to the growing body of evidence that exposure to traumatic events (displacement) and deprivation of essential psychological techniques has a tremendous effect upon their mental health. Protection, social and psychological assistance are urgently required to help IDPs in Iraq. Too, the results illustrate the need for continuing collaboration and effort of all stakeholders. The results illustrate the need for continuing collaboration and effort of all stakeholders such as providers, policy makers and NGOs to improve the understanding of IDPs to the mental health needs and effective ways to deal with ordeals.

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