

Posttraumatic growth in Iraqi women who have lost close relatives

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Abstract

During recent decades, hundreds of thousands of Iraqis lost their lives as a result of wars, economic blockade, or acts of violence and terrorism. The loss of a family member, especially husband makes women suddenly bears full responsibility for the family. Lost could impose new changes in psychological, social, and economical roles. These changes usually combine with the negative effects aftermath the lost trauma. Some of the reports in Iraq showed there were increased and huge numbers of widows and orphans. This study aimed to identify the aspects of Posttraumatic Growth (PTG) in Iraqi women who lost their close relatives (especially husbands). 52 of Iraqi women who lost their husband and 49 women who experienced other traumatic events participated in the study. Posttraumatic Growth Inventory was used to collect data. The results showed that women who lost their husband had different levels of growth. There were no significant differences in all growth areas according variables: state of losing (killing or unknown) , number of lost person.

Introduction

The Iraqi people have experienced wars and various forms of political repression, violence, and terrorism on an ongoing basis for more than 50 years. For example, an internal war in the north of Iraq in the 1970s, the Iraq–Iran war from 1980 to 1988, the chemical attacks in the north of Iraq 1986–1989, the Iraqi invasion of Kuwait leading to the Gulf war in 1991, people’s uprisings, the economic sanctions imposed by the UN (Murthy & Lakshminarayana, 2006) and the 2003– present war.

After the 2003 USA–led invasion, in addition to attacks by the occupation forces, violence and terrorist actions increased enormously. The security situation became much worse and led to around 4 million Iraqis fleeing their

homes and becoming displaced persons either inside or outside Iraq. UNICEF estimated that around 1.9 million Iraqis became displaced inside Iraq and 2.2 million outside Iraq; a total of nearly 15% of the population (Morton & Burnham, 2008; UNICEF, 2007).

The Iraq Family Health Survey Study Group (IFHSSG) found that the estimated violence-related deaths were dramatically increased from 104,000 to 223,000 from the occupation war in March 2003 to June 2006; most of them were men (IFHSSG, 2008). Another study found that the risk of these deaths was 58 times higher after the occupation war than in the period before the war (Roberts, Lafta, Garfield, Khudhairi, & Burnham, 2004).

Recently, a study found that there were at least 1003 suicide bomb events that were documented in the period from 2003 to 2010. These incidents led to one fifth of all casualties (42928 of 225789) among Iraqi civilians (Hicks, Dardagan, Bagnall, Spagat, & Sloboda, 2011). More than a quarter of these casualties were deaths. The key problem with these results is that the data were based on media reports rather than official reports from hospitals. Therefore, the reported number of victims might have been affected by the perspective of media agency. However, it is clear that suicide bombings were a leading cause of death and injury among Iraqis after 2003. It is expected that this will cause a variety of mental health problems among the victims. Post Traumatic Stress Disorder (PTSD) is a common disorder experienced after traumatic events and can be accompanied by other mood disorders, such as depression and anxiety. Traumatic experiences after 2003 were researched in a number of studies. For example, Abdel-Hamid, Salim, AlQaisi, and Ahmad (2004) led a research team from the Psychological Research Centre at the University of Baghdad to explore the prevalence of PTSD among the adults in Baghdad City after the change in 2003. The participants were 202 men and 200 women. The ages ranged between 18–70 years. The measurement tool was developed based on PTSD criteria in DSM-IV. The results showed that 35.27% of the sample of 402

people reported PTSD symptoms higher than the average and 18.66% around the average.

Between 2007 and 2008, a national survey of mental disorders was conducted in Iraq (Alhasnawi et al., 2009). The participants were 4332 adults aged 18 or higher. The WHO Composite International Diagnostic interview (CIDI) was used to assess the disorders. Unlike most previous studies conducted in Iraq, the prevalence rate of PTSD was 2.5%. It seems that this is a questionable result especially it is not clear whether the data collectors were well trained and qualified for this kind of work. Moreover, the security situation during the period of study was very difficult to enter some areas of Baghdad which included in this study. In addition, the Arabic version of CIDI may be unsuitable for Iraqis in terms of wording. Moreover, measuring many mental disorders together instead of focusing on a specific disorder may decrease the sensitivity and specificity of scale.

The literature review shows that many people experience events that may lead to fear, horror, and/or helplessness. These traumatic events are divided into main two sources; natural disasters and man-made disasters. The natural disasters contain, for example, earthquake, and floods whereas man-made disasters include war, violence, and rape.

In addition, the previous literature shows that exposure to traumatic events has varying effects on mental health. The most common mental disorders after incidents are anxiety disorders such as ASD and PTSD, as well as related disorders such as depression and anxiety. Moreover, post trauma symptoms may last for less than a month; in this case it is called ASD, but if the symptoms last more than one month then form PTSD. However, the nonappearance of symptoms does not necessarily mean that there is no disorder. In some cases, for example Vietnam veterans (Figley, 1978), the disorder symptoms appeared after numerous years of exposure to a trauma, and this is called delayed PTSD. It seems that the situation in Iraq is clearly different; not for cultural reasons but also for the unique condition of traumatic exposure. Although some of studies were conducted in conflict areas, Algeria, Cambodia, Ethiopia, and Gaza, these

studies were during a period of relative security stability. In Iraq, the incidents are continuous and complex. However, a small number of studies were carried out to compare repeated and continues events. It seems that these studies dealt with victims as survivors and the event as a finished incident, but that may not be the real situation. For example, the first studies of PTSD in Iraq were conducted with ex-prisoners of Iraq-Iran war, who were returned home at the end of 1990 after the Iraqi invasion of Kuwait. The economic sanctions imposed on Iraq in 1991 and the threat of war by the coalition forces is based due to the Iraqi invasion of Kuwait. In other words, the participants in these studies were survivors of captivity trauma but were also under effect of economic sanctions and the threat of war. Unfortunately, the studies may ignore the traumatic experiences which existed at the time of the study. In the same way, the studies that were carried out after 2003 also ignored the attachment events which occur during them.

The literature of review of traumatic events-related outcomes in Iraq showed that the fast majority of studies have focused on the post negative effects. However, studies were conducted aiming to explore whether there were other impacts rather than trauma-related symptoms. These studies have found that people who exposed to traumatic events may developed positive growth instead of negative impacts.

As a result, through the last decades, research interests have been shifted to focus on positive influences of traumatic incidents. The studies shed the light on a new field of research that was posttraumatic growth (PTG). the aim was to examine the positive relationship between experiencing traumatic events and positive personal transformations (Grubaugh & Resick, 2007; Knaevelsrud, Liedl, & Maercker, 2010; Roe-Berning, 2009; Schultz, Tallman, & Altmaier, 2010).

in 1990s, researchers interested widely in understanding the possibilities of growth following suffering and crisis. The term of PTG refers to the reported subjective experience of positive psychological change, such as increased appreciation of life, setting of new life priorities, a sense of increased personal strength, identification of new possibilities, improved closeness of intimate

relationships, or positive spiritual change, as a result of the struggle with trauma, which then also has an opportunity for further individual development of significant positive change arising from the struggle with a major life crisis (Calhoun, Cann, Tedeschi, & McMillan, 2000; Calhoun & Tedeschi, 1999; Hobfoll et al., 2007; Linley, Joseph, Cooper, Harris, & Meyer, 2003; Papadopoulos, 2006; Tedeschi & Calhoun, 1996; Zoellner & Maercker, 2006) several studies examined the possibilities of growth following traumatic events. These studies found significant growth levels. For example, terrorism incidents (Hobfoll et al., 2007; Linley et al., 2003; Papadopoulos, 2006), wars (Forstmeier, Kuwert, Spitzer, Freyberger, & Maercker, 2009; Pietrzak et al., 2010), natural disasters (Cieslak et al., 2009; Yu et al., 2010), and sexual assault (Grubaugh & Resick, 2007; Joseph, 2011).

Lost close people imposes new changes in psychological, social, and economical roles. These changes usually combine with the negative effects aftermath the lost trauma. Some of the reports in Iraq (as previously stated) show there are increased and huge numbers of widows and orphans. Based on the previous studies, people who experienced traumatic events showed evidences of post traumatic growth. Therefore, it is likely to find such evidences in an Iraq population .

Aims of study

the study aimed to:

- 1- Identify the aspects of Posttraumatic Growth PTG in Iraq women who lost their close relatives (especially husbands).
- 2- Examine the difference in growth, according to some of the variables (State of losing (killing or unknown), Social status, Relationship with the lost person, Number of lost person.

Methods

Measurment Tools

The Posttraumatic Growth Inventory (PTGI) developed by Tedeschi and Calhoun (1996) is an instrument frequently used to assess PTG. Several studies have been conducted using translations of the PTGI into other languages. In the

German version of the PTGI , four of these original PTGI factors were replicated(Maercker & Langner, 2001), Bosnian version was composed of three factors (Linley et al., 2003), Chinese version also revealed a four factors structure(Ho, Chan, & Ho, 2004). Spanish version had a three-factor structure that was similar to the Bosnian version (Weiss & Berger, 2006) and Japanese version had four factors (Taku et al., 2007).

PTGI has five factors with 21 items. These factors and their items are as following:

- 1-Relating to others 7 items
- 2-New possibilities 5 items
- 3-Personal Strength 4 items
- 4-Speritual change 2 items
- 5-Appreciation of Life 3 items

Back-translation method was used to translate the inventory into Arabic. The administration of inventory lasted about two months. The participants were 104 Iraqi women with different traumatic experiences.

Age	19-61	
Social status	Married	6
	Widow	46
Number of missing people	1	37
	2	10
	>2	5
Relationship with the lost person	Husband	35
	Hus. & others	7
State of lost	Killed	42
	Unknown	7
	Both	3

Some indication of validity and reliability were obtained. It was found there significant correlations between items and their subscales, items PTG total, and subscales and PTG total. In addition, Alpha croanbach was .86; this clearly showed that the tool was valid and reliable.

Participants

Fifty five women who had lost their husbands were recruited to participate in the study. They have been informed about the aims and procedures of the study and then had been asked to participate. Fifty two agreed to take part in the study. Table 1 shows the characteristics of the study sample

Table 1: The characteristics of the study sample.

Results:

The changes of the aspects of PTG.

Figure 1 shows that there different levels of changes. The highest level of change was in the spiritual factor and followed by the factor of personal strength. In contrast, the lowest change was in the factor of new possibilities.

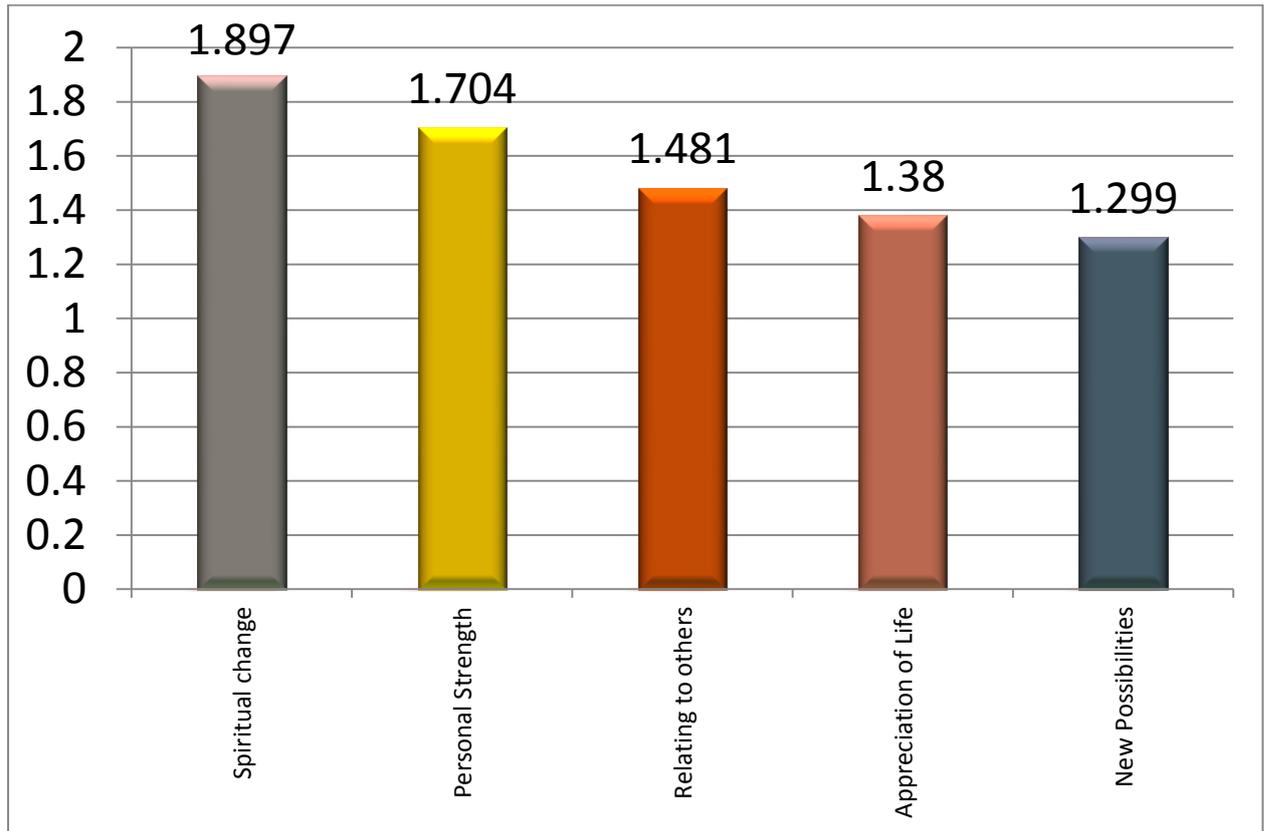


Figure 1: The average of changes of the aspects of PTG.

The differences in PTG according to some variables.

Analysis of variance was used to examine the significance of differences in PTG according to some variables. The results are shown in Table 1. There were no significant differences in PTG in Iraqi women who lost their husbands

Table 2: The differences in the total growth, according to some of variables.

Source	Sum of Squares	df	Mean Square	F	Sig.
Social status	3.311	1	3.311	.044	.835
Relationship with the lost person	24.612	1	24.612	.326	.572
The state lost	54.390	2	27.195	.360	.700
Social * relation	24.417	1	24.417	.323	.573
Social * state lost	10.005	1	10.005	.132	.718
Relation * state lost	16.863	1	16.863	.223	.639

Discussion

The results of the current study show clearly that Iraqi women who lost their husbands reported significant changes in PTG. The spiritual changes were the highest. This probably reflects the nature of culture in Iraqi society where the emphasis is on religious beliefs, especially when people exposed to catastrophes and crises as a way to cope with traumatic stress. The need of a woman who lost her husband to deal with the circumstances of the new life after the loss motivated them to use their potential capabilities. In addition, the successful carrying out their role plays a key and important role in strengthening

thier character. This perhaps explains the changes reported by the women in the level of their strength after a losing their close people.

In contrast, the results show that the new possibilities had the lowest changes. This result may not be surprising, especially for women in this society have few opportunities to develop new skills to deal with the stress of the new roles.

The results of the currents study generally are consistent with the finding of previous studies (Cieslak et al., 2009; Grubaugh & Resick, 2007; Roe-Berning, 2009; Schultz et al., 2010; Taku et al., 2007).

Indeed, there is an urgent need to adopt programs and plans to help traumatized women (especially those who lost their husbands) to cope effectively with stress.

This may be included training programs to help women building their capacities. In addition, it is very important to conducting other studies to identify growth-related variables.

نمو ما بعد الصدمة في النساء العراقيات اللاتي فقدن أزواجهن

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الملخص: في العقود الأخيرة ، خسر مئات الآلاف من العراقيين حياتهم نتيجة الحروب و الحصار الاقتصادي وأعمال العنف والإرهاب. فقدان أحد أفراد الأسرة، ولاسيما الزوج يجعل النساء يتحملن المسؤولية الكاملة فجأة لجميع أفراد الأسرة. هذا فرض تغييرات جديدة في الأدوار النفسية والاجتماعية ، والاقتصادية . هذه التغييرات عادة ما تتزامن مع الآثار السلبية عقب صدمة الفقدان. أظهرت بعض التقارير في العراق ان هناك زيادة هائلة في أعداد الأرملة والأيتام. تهدف هذه الدراسة إلى التعرف على جوانب النمو ما بعد الصدمة (PTG) في العراق لدى النساء اللاتي فقدن أقاربهن (ولاسيما الزوج) . ٥٢ من النساء العراقيات اللاتي فقدن أزواجهن. استخدمت قائمة نمو ما بعد الصدمة لجمع البيانات. وأظهرت النتائج أن النساء اللاتي فقدن أزواجهن لديهن مستويات مختلفة من النمو. لم تكن هناك فروقاً ذات دلالة إحصائية في جميع مجالات النمو وفقاً لمتغيرات : حالة فقدان (قتل أو مجهول)، وعدد الاشخاص المفقودين والعلاقة بالشخص المفقود.

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