



## Explosive anger as a response to human rights violations in post-conflict Timor-Leste<sup>☆</sup>

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### ABSTRACT

Over several decades, clinicians have documented a pattern of explosive anger amongst survivors of gross human rights violations. Yet there is a dearth of epidemiological research investigating explosive anger in post-conflict countries. In the present study undertaken in Timor-Leste between March and November 2004, we identified an indigenous descriptor for explosive anger, including this index in the East Timor Mental Health Epidemiological Needs Study, a small area total population survey of 1544 adults living in an urban and a rural area. Other measures included indices of past trauma events, post-traumatic stress and general psychological distress, and socio-demographic variables. We found that 38% of the population reached the defined threshold of one attack of explosive anger a month (average = 1 episode every 2–3 days). Only a minority of persons with explosive anger reached threshold scores for post-traumatic stress and general psychological distress. High levels of trauma exposure represented the strongest predictor of explosive anger. Latent class analysis identified three sub-groups with explosive anger: young trauma-affected adults living in the capital city who were unemployed; an older group, predominantly men, who had experienced extensive violence, including combat, assault and torture; and a less well characterized group of women. The findings offer support for a sequential model of explosive anger in which experiences of past persecution are compounded by frustrations in the post-conflict environment. The data provide a foundation for exploring further the role of trauma-induced anger in the cycles of violence that are prevalent in post-conflict countries.

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### Introduction

Mental health professionals have documented the occurrence of explosive forms of anger amongst survivors of gross human rights violations, including those exposed to incarceration in concentration camps (Danieli, 1998), to war combat (Chemtob, Novaco, Hamada, Gross, & Smith, 1997) and to sexual abuse (Herman, 1992a). As yet, however, these observations have not been extended to population studies undertaken in post-conflict societies where ongoing violence is prevalent (Collier, Hoeffler, & Soderbom, 2008).

Theory has identified several precipitants of anger, including exposure to injustice (Weiss, Saxena, & van Ommeren, 2003) and frustrations in achieving life goals (Berkowitz & Harmon-Jones, 2004). Building on the work of authors such as Herman (1992a, 1992b), Silove (1996, 1999) has proposed a cycles of violence model which postulates that exposure to gross human rights violations provokes feelings of extreme rage, particularly when victims are incapable of resisting. Frustrations in the post-conflict environment (lack of effective justice, socio-economic deprivations) may compound feelings of anger, with environmental triggers precipitating episodes of overt rage.

The emotion of anger has received growing attention in the general field of mental health with extant studies focusing both on clinic (Fava, 1998; Fava, Anderson, & Rosenbaum, 1990; Fava et al., 1991; Gould et al., 1996) and population samples (Coccaro, Schmidt, Samuels, & Nestadt, 2004; Kessler et al., 2006). In the field of traumatic stress, a focus on anger has been somewhat overshadowed by the emphasis given to post-traumatic stress disorder (PTSD),

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particularly because that category incorporates symptoms of irritability and anger. There is evidence, however, that anger may be distinguished from other symptoms of PTSD in following a more protracted course (Orth, Cahill, Foa, & Maercker, 2008). Some experts have argued in favour of restricting the criteria of PTSD to the repetition of trauma memories and associated avoidance, excluding symptoms of anger (Spitzer, First, & Wakefield, 2007). Others (Herman, 1992b) have argued for a separate category of “complex” traumatic stress (more recently referred to as Disorder of Extreme Stress Not Otherwise Specified or DESNOS) that specifically follows exposure to human rights abuses. A survey of experts in the field concurred that anger, hostility and mistrust are the core features of the postulated complex traumatic stress constellation (Beltran, Llewellyn, & Silove, 2008).

Like other emotional states, anger takes many forms. Here we focus on the explosive type of anger associated with loss of behavioural control, based on the assumption that this manifestation is most likely to lead to aggression and violence and hence be relevant to tracing the cycles of violence resulting from trauma exposure. Working in western settings, Fava et al. (1990) have defined anger attacks as ‘sudden spell(s) of intense anger that (are) inappropriate to the situation and include...symptoms of physiological arousal’. Episodes are triggered by minor environmental events, are difficult to control, and commonly result in acts of aggression. Our team has worked for some years in post-conflict East Timor (Silove et al., 2004), where we have encountered many persons that appear to suffer from explosive anger, an observation prompting the present inquiry.

Timor-Leste is a half-island country situated to the north of Australia. Most Timorese are Catholic (World Bank, 2005) although animist belief systems remain strong (McWilliam, 2008). The Indonesian invasion of 1975 and subsequent 24-year period of occupation was accompanied by widespread repression (Nevins, 2003; Silove, 1999) and human rights violations including mass killings, death from starvation and preventable disease, and abuses such as torture, arbitrary detention, systematic rape, and forced displacement (Kiernan, 2003; Modvig et al., 2000). Following the 1999 referendum on independence, militia groups destroyed much of the built infrastructure of the country, displacing the majority of the population. The United Nations established order in 2000, leading to independence in 2002. The country remains one of the 20 lowest income nations worldwide (United Nations Development Programme [UNDP], 2002), with 40% of the population living below the poverty line (UNDP, 2006), the main source of sustenance being a precarious subsistence economy.

After an interregnum of peace (2001–2005), mass violence erupted in the capital, Dili in 2006, initiated by dissidents in the army, mostly ex-veterans of the independence war. Subsequently, young adults were prominent in recurrent outbreaks of street violence. Explanations for the unrest have included the persisting psychological effects of past persecution, limited socio-economic opportunities for young adults, lack of faith in the political process and, as the violence continued, a sense of injustice amongst young persons that they were being held solely responsible for the unrest (Grove et al., 2007; Scambary, Da Gama, & Barreto, 2006).

Several sources have suggested that anger remains at a high level in the Timorese community with a qualitative study following the truth and reconciliation process (CAVR) identifying the failure to prosecute major perpetrators of human rights violations as a cause of residual resentment (Silove, Zwi, & le Touze, 2006). The CAVR process itself identified unemployed young men living in Dili and former resistance fighters as two groups manifesting high levels of frustration (Le Touze, Silove, & Zwi, 2005; Scambary et al., 2006). Other reports have highlighted the sense of injustice amongst women exposed to the hidden problem of gender-based violence (International Rescue Committee (IRC), 2003; Pigou, 2003).

The East Timor Mental Health Epidemiological Needs Survey (ETMHENS) was undertaken between March and November 2004, almost 5 years after the peak of the humanitarian emergency, and during a period of peace that preceded the outbreak of further civil unrest in the capital in 2006. The study examined some key aspects of explosive anger, setting the stage for further research aimed at testing the cycles of violence model. The specific objectives of the present study were to identify a culturally relevant descriptor of explosive anger and to use that index to examine the community-wide prevalence of the phenomenon and its associations with past persecution as well as key socio-demographic factors. We then sought to characterize population sub-groups at risk of explosive anger. We also undertook a series of qualitative studies to assess the extent to which explosive anger was acknowledged as a serious social problem, whether there was recognition that it led to acts of aggression and violence, and the factors that community members cited as being important determinants of anger.

## Method

### *Setting and sample*

The ETMHENS was a whole population survey of adults, 18 years and older, living in two sucos or villages, one in a rural area, and the other in Dili. We randomly selected one census tract in the urban area (where population density was much higher per household) and four tracts in the rural area.

The urban area, located at the foot of the mountains, was the site of extensive military activity, repression and violence during the independence war. Life in the rural village, approximately 1 h drive from Dili, remains largely traditional with most persons being engaged in subsistence agriculture. The village was directly affected by conflict, with dissidents and waves of displaced persons seeking refuge there at various points in the conflict.

The Human Research Ethics Committee of the University of New South Wales approved the study, as did the Timor-Leste Ministry of Health and local leaders (chefes). All participants gave verbal consent.

### *Personnel and training*

Twenty Timorese community workers, all with secondary school certificates, conducted the survey. Four expatriate medical practitioners from the UK and Australia, all with experience in Psychiatry, oversaw the two weeks intensive training which included classroom sessions using simulated interviews. One medical practitioner was fluent in Bahasa Indonesian, widely spoken in Timor, and the remainder developed a working knowledge of Tetun, the local language. Timorese interpreters were present at all interviews. Low levels of literacy required that the survey team read the measures to respondents. A pilot survey was undertaken in a district adjacent to the urban site, with medical personnel providing workers with feedback to improve the quality of their interviewing skills.

### *Measures*

*Index of explosive anger.* We undertook a preliminary inquiry to identify indigenous terms for anger in Timor, focusing on expressions that denoted the explosive form. Prior piloting of the Anger Attack Questionnaire developed by Fava et al. (1991) indicated that several of the terms describing psycho-physiological correlates of anger attacks were not readily translatable into Tetun. We also note that a single item describing anger attacks has proven efficient in identifying the problem (Winkler, Pjrek, Kindler, Heiden, & Kasper, 2006). We initiated a process of community consultation involving translators, indigenous field personnel and community members.

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