



PERGAMON

Social Science & Medicine 57 (2003) 1249–1257

SOCIAL
SCIENCE
&
MEDICINE

www.elsevier.com/locate/socscimed

Predictors of psychological distress in Lebanese hostages of war

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Abstract

A cross-sectional study addressed the experience of Lebanese hostages of war in Lebanon. It specifically assessed the prevalence of general distress and its relationship to captivity-related factors and selected psychosocial variables. Trained field researchers using standard measurements interviewed 118 Lebanese hostages released from Khiam prison, an Israeli detention center in Lebanon. Questionnaires administered included the GHQ-12 and the Harvard Trauma Questionnaire. Individuals were detained for 3.4 years on average, and 86% were tortured. Psychological distress was present in 42.1% of the sample compared to 27.8% among the control group. In the multivariate analysis, the significant predictors for distress were: years of education and increase in religiosity after release. In conclusion, even after 2 years of release, more than one-third of the Lebanese hostages released from Khiam prison were found to have psychological distress. Caregivers need to pay special attention to the mental health of hostages of war. The paper discusses the meaning and implications of the factors predicting resilience and vulnerability in this particular population.

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Keywords: POW; Torture; Psychiatric distress; Hostage; Trauma; Lebanon

Introduction

The health status of prisoners of war (POW) has been a constant concern to physicians after World Wars I and II and subsequently, with special interest in their psychological aspects, during the Korean and Vietnamese campaigns. War imprisonment is among the many atrocities that the Lebanese population endured in the past 20 years, especially as a result of the conflict with Israel. Hundreds of Lebanese were detained in the Khiam Detention Center in South Lebanon and many others were held prisoners in Israel. The Khiam prison was run by the South Lebanese Army, a militia allied to Israel. Most prisoners were detained without charge or

trial and many of those tried were kept beyond the expiry of their sentences, and so were hostages. They were subject to different forms of torture and ill treatment described in many reliable reports ([Amnesty International, 1997](#)). In 1995, 14 persons were reported to have died in prisons because of physical torture. In the mid-1990s, Israel released many of the detainees, and the remaining hostages in Khiam Detention Centre were liberated with the withdrawal of the Israeli Armed Forces from South Lebanon in May 2000. The released hostages were welcomed like heroes. The government and some political parties attended to part of their financial needs. However, there was little interest shown in their mental health needs. Multiple observations and informal reports described the psychological impairment. The present study examines psychosocial and captivity-related variables that might be associated with psychological impairment.

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Literature review

The most closely related literature to hostages of war comes from the research on prisoners of war. The available literature on POWs documents the impact of captivity on their physical and mental health (Gold et al., 2000; Neria, Solomon, & Dikel, 1998), often with long-lasting effects (Dent, Tennant, & Goulston, 1987; Sutker, Winstead, Galina, & Allain, 1991). One of the most prominent psychiatric disorders consequent to war trauma is post-traumatic stress disorder (PTSD), a seminal concept developed in the Vietnam War. The reported prevalence of PTSD in POWs is as high as 88% (Sutker & Allain, 1996). Depression, anxiety disorders, and alcohol and substance abuse are also frequently reported in prisoners subjected to harsh conditions in times of war or violent social conflict (Allodi, 1994; Bleich, Koslowsky, Dolev, & Lorier, 1997; Engdahl, Dikel, Eberly, & Blank, 1998; Genefke & Vesti, 1998; Maercker & Schutzwohl, 1997; O'Toole, Marshall, Schureck, & Dobson, 1998). A Medline search yielded few articles on distress among prisoners (Easton & Turner, 1991; Gold et al., 2000). Other studies report altered personality and somatoform symptoms (Genefke & Vesti, 1998), and higher mortality among POW than non-POW veterans (Guest & Venn, 1992). On the other hand, with all the deleterious effects of captivity cited above, some studies document that POWs do experience emotional growth and good psychological health in the years following the ordeal, or simply no difference in psychosocial status from the general population or other war veteran groups (Kirn, 1989; Nice, Garland, Hilton, Baggett, & Mitchell, 1996; Gale, Braidwood, Winter, & Martyn, 1999).

The extent of psychiatric problems experienced by POWs varies according to several environmental and personal factors. Higher education and younger age at time of capture seem to protect against mental health problems (Gold et al., 2000). There exists a positive relationship between young age and PTSD in those who face combat duty (Elder, Shanahan, & Clipp, 1994). Other socio-demographic determinants include marital and employment status. The unmarried, unemployed, and retired POWs are more likely to develop depression (Dent et al., 1987). Loss of financial independence and lack of accommodation were associated with psychological symptoms in British individuals taken as hostages in the Gulf War in 1990 (Easton & Turner, 1991).

Traumatic experiences during imprisonment are strong predictors of psychological problems manifested later on. Severity and duration of torture are directly related to psychological distress, even after 40 years of captivity (Gold et al., 2000). Basoglu, Paker, Ozmen, Tasdemir, and Dahin (1994) showed that perceived severity, rather than objective severity of torture, is

associated with mental health problems. Social support at homecoming is negatively related to psychiatric problems (Neria et al., 1998; Engdahl et al., 1997). Allodi (1998) observed a positive effect on the health of torture victims when public attitude was welcoming and a network of social support was accessible to the victim and his/her family. Furthermore, ideological and political commitment alleviates the development of psychological distress (Genefke & Vesti, 1998); a strong belief in a cause may protect the core of the personality of POWs (Eitinger & Weisaeth, 1998).

The design of this study is based on the assumption that the experience of captivity is a main determinant of the hostages' mental health status and psychosocial functioning. Other intervening and independent variables are of a demographic and psychosocial nature. The objectives of this study were to assess general distress in Lebanese hostages and investigate its relationship to trauma experienced during captivity, other captivity related factors, selected demographic, psychosocial, and illness factors.

Methods

The population under study consisted of a cross-sectional sample of Lebanese hostages released from the Khiam prison between 1990 and 1996. The sampling frame was a list of 195 released hostages provided by the non-governmental organization with the name Follow-Up Committee for the Support of Lebanese Detainees in Israeli Prisons. The list included name, year and place of birth, and father's and mother's names of each hostage. A random sample of 92 subjects was initially drawn from the list, and the selected individuals were contacted by the Follow-Up Committee. Forty released prisoners showed up for the interview, providing an initial response of 43%. To improve on the response rate, the rest of those on the original list were added to the sample and efforts were made to contact them through the unions and political parties to which these individuals were affiliated. The final study sample consisted of 118 hostages, thus providing a 60.5% response rate of those listed. The distribution of the final sample obtained by gender, and age is similar to the distribution of the total released population (N : 195). Ninety community controls chosen from the same place of residence as that of the hostages, within + or -5 years of age, and who had never experienced detention, were selected. Data collection took place over a three-month period. The interviewers were a family practitioner, a registered nurse and a sociologist, all experienced in interviewing techniques and trained in the administration of the study's questionnaire. The purpose of the study was explained in general terms to all respondents, and an informed consent form was signed by them. The study

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