Torture Treatment Literature Selection, Q3 2016

The PATH literature bibliography is a resource for current literature on the topic of the mental health status of and treatments for torture survivors, war trauma survivors, refugees, and asylum seekers. This also includes research in the areas of social work that relate directly to the psychological wellbeing of these populations. The bibliography includes peer reviewed journal article citations in these areas; select original summaries of those articles; and links to the publicly available abstracts and full text versions of these articles. This bibliography is updated and distributed on a quarterly basis. The bibliography does not currently include articles on policy and advocacy.

CVT Volunteer Contributions to this Bibliography
- Carolyn Easton conducted the literature search and compiled the citations for this bibliography.
- Ellie Lewis organized, formatted, and edited the content of this bibliography.
- Eden Almasude and Frank Hennick wrote summaries of selected articles for this bibliography.
- Jared Del Rosso reviewed the selected article summaries for this bibliography.

Contents

Selected Article Summaries:
- Spirit possession as a trauma-related disorder in eastern Democratic Republic of the Congo........................2
- Well-being and associated factors among adults in the occupied Palestinian territory (oPt).........................3

Selected Article Citations By Topic:
- Children/Youth..............................................................................................................................................5
- Health and Well-being.................................................................................................................................6
- Refugees..........................................................................................................................................................9

Additional Relevant Resources..........................................................................................................................11
Selected Article Summaries

Spirit possession as a trauma-related disorder in eastern Democratic Republic of the Congo
Summary by: Eden Almasude, Volunteer with the Center for Victims of Torture


Study Details
Posttraumatic stress disorder (PTSD) and other trauma-related disorders can be associated with both psychotic and dissociative manifestations in various cultural contexts. In Mozambique, Uganda, Ethiopia, and other African countries, there is a link between war trauma and pathological spirit possession. While many cultures have a concept of spirit possession, it is defined in this article as pathological when two criteria are met: (1) it occurs as a response to stress, oppression, or trauma and (2) the person’s identity is replaced by the possessing force. Previous literature has classified this as a form of dissociation, with some research suggesting that pathological spirit possession can be a trauma-related disorder.

Study Sample
This study looked at pathological spirit possession in the eastern Democratic Republic of the Congo, comparing self-reported possession with severity of PTSD, psychotic, and depressive symptoms, shame and guilt, psychosocial impairment, and somatic symptoms. A majority (74%) of participants were female, with a total literacy rate of 59% and age range from 18-77 years. Measures were developed to assess pathological spirit possession as based specifically on local beliefs, and standardized international measures were adapted to measure other mental health symptoms. In this study, researchers collected the self-identified narratives and explanatory models used by individuals who have trauma histories and were considered to have spirit possession.

Study Findings
The most common manifestations of possession were replacement of inner self, strange dreams, influenced thoughts, behavior controlled by the spirit, and loss of memory. There was also a high frequency of other possessive symptoms reported. Researchers found a positive correlation between the severity of spirit possession and the severity of PTSD, psychotic, and depressive symptoms. They also found correlations between the severity of spirit possession and shame and guilt and somatic complaints.

There was no significant correlation between the presence of possession and number of traumatic experiences, psychosocial impairment, or psychotic symptoms based on behavioral observation. Study participants held various beliefs about the origin and nature of the possession. The most common beliefs were that another person sent the spirit, that it occurred due to one’s misbehavior, or that it was due to bad luck.

In their narratives, research subjects attributed intrusive thoughts to the spirits that had possessed them. They explained hyperarousal as occasions when spirits controlled their movements, and they explained avoidance as interference by spirits, which prevented them from taking a particular action.

Conclusion
The relationship of pathological spirit possession and trauma has significant implications for treatment approaches. It suggests the potential of traditional healing approaches that address both the possession and associated trauma. To appropriately respond to the diversity of mental health manifestations, it is necessary to understand culturally-specific concepts of where these symptoms come from and why they function as they do.
Well-being and associated factors among adults in the occupied Palestinian territory (oPt)
Summary by: Frank Hennick, Volunteer with the Center for Victims of Torture


Study Details
This paper examines “well-being”—long part of the World Health Organization’s (WHO) definition of health—among adults in the occupied Palestinian territory (oPt). Citing a century or so of “protracted warlike conditions with periods of acute intensification,” Nouh Harsha and his team hypothesize a low level of well-being relative to more peaceful and prosperous parts of the globe, and aim to develop a quantifiable measure of this. Their study works with data collected by the Palestinian Central Bureau of Statistics over the course of 2012-13; the Bureau’s national time use survey measured time usages such as media activity, community participation, religious involvement, and employment.

As a foundation for their analysis, the authors examined 7,080 of these 8,060 time use surveys, a representative sample of the Palestinian population aged between 18 and 99 years, with a mean age of 37.27. The authors built two scales—a Well-being Scale and a Standard of Living Scale—with which to consider the data. The Well-being Scale was based on five questions from the WHO’s Well-being index, gauging a respondent’s recent overall mood, levels of calm, energy, activity, and engagement. The Standard of Living Scale, on the other hand, was based on ten questions focusing on respondents’ material wealth, such as private cars, vacuum cleaners, microwaves, and internet service. Responses were adjusted to a scale denoting low, medium, and high standards of living.

Study Findings
The authors found that 33.8% of respondents, overall, reported a low level of well-being, while 66.2 reported levels that ranged from moderate to high. Neither age nor sex proved to be a significant factor in the study results—an outcome that, the authors note, holds true in many similar studies. Among those most likely to report a low level of well-being were residents of refugee camps (38.8%), the widowed, divorced, or separated (41.6%), those without 15 hours or more weekly work (37.8%), and those aged 60 and above (37.4%). By contrast, percentages of “low” reports were fewer among rural inhabitants (30.6%), the married (33.0%), the employed (31.2%) and those aged 40-49 and 50-59 (31.5% and 29.8%, respectively).

Moreover, the authors point to social participation and religious involvement as key determinants: 71.6% of respondents who reported community participation and 66.9% of the religiously involved had moderate to high levels of well-being. Reports of moderate to high were fewer among those who were uninvolved in their community (65.7%) or religion (63.5%). “Participation” in mass-media produced markedly different results—low levels of well-being were greater (34.4%) among those who “regularly follow mass-media” than among who do not (31.1%). Such findings are in keeping with studies on the potential drawbacks of mass-media.

Among all the variables, though, participants’ standards of living (SoL) produced the sharpest contrasts. Indeed, 41.6% of those with low standards of living reported low levels of well being. In contrast, a mere 25.2% of respondents with similar living standards reported medium to high levels of well-being. Respondents with high standards of living were 2.1 times more likely to report a high level of well-being. The authors note how this is especially significant, given how standard of living has become a prime measure of well-being—more accurate than income.

Conclusions
The authors return several times to ways that companionship and social participation are key determinants of well-being. They speculate that this is because such interactions produce “positive senses” such as belonging and
purpose. Again, respondents who engaged in community activities, belonged to religious organizations, worked consistently, or were married were more likely to report high levels of well-being.

Dr. Harsha’s team had hypothesized high levels of “ill-being” in the Palestinian territories, and this is what their data analysis suggests. Their study reports a mean level of well-being of 58% - well below Denmark (70.0%) and roughly equivalent to Lithuania (58.2%). They express some surprise, though, at the extent to which the results and trends among Palestinians follow the same logics as populations all over the world. That is to say, while levels of general well-being may be low, they are mostly subject to the dynamics that shape well-being globally. As elsewhere in the world, those who lead lifestyles that break isolation are more likely to report high measures of well-being.

The study was limited, the authors note, by its exclusive focus on “associations with well-being” and not causation or other contextual (and possibly connected) factors. Specifically, the study did not attend to siege conditions or the physical and/or mental health of the respondents. The authors suggest a good deal of opportunity for greater study, and recommend that policymakers do more to work academic measurements of well-being into public discourse.
Selected Article Citations

Children/Youth


Murray, J. S. (2016). Meeting the psychosocial needs of child refugees during resettlement in Germany. Issues in Mental Health Nursing, 37(8), 613–618. [no abstract]


Zwi, K., Rungan, S., Woolfenden, S., Williams, K., & Woodland, L. (2016). Methods for a longitudinal cohort of refugee children in a regional community in Australia. BMJ Open, 6(8), e011387. [Full Text] [abstract]

Health and Well-being


Biegler, K., Mollica, R., Sim, S. E., Nicholas, E., Chandler, M., Ngo-Metzger, Q., ... Sorkin, D. H. (2016). Rationale and study protocol for a multi-component Health Information Technology (HIT) screening tool for depression and post-traumatic stress disorder in the primary care setting. Contemporary Clinical Trials, 50, 66–76. [abstract]


Müller, M. J., & Koch, E. (2016). Perceived discrimination in patients with psychiatric disorder and Turkish migration background in Germany. The Journal of Nervous and Mental Disease, 204(7), 542–546. [abstract]


Refugees


Additional Relevant Resources

- Dignity (The Danish Institute Against Torture) provides a database that allows you to search for a wider range of articles, books, and other publications on the topic of torture (http://www.reindex.org/RCT/rss/Portal.php).