Torture and Dissociation

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Abstract

The aim of this paper is to assess the dissociative symptomatology in various groups of war traumatised people, as well as to compare the intensity of discrimination of these groups using a scale measuring dissociative symptomatology against the intensity of discrimination produced by scales measuring posttraumatic stress symptoms - intrusion and avoidance scales. To this aim the SRD-10, the instrument for assessment of stress related dissociative symptomatology, alongside the posttraumatic stress disorder assessment instrument (IES), was given to various samples of examinees (N=6,817) that had the experience of an intensive war related traumatic event. This sample consisted of: refugees and internally displaced persons in collective centres and private accommodation, members of military units, torture victims, psychiatric clinic patients and civilians. Torture victims had the highest score at the SRD-10 scale, while the civilians (students) had the lowest. In addition, the intensity of discrimination for these groups obtained at the dissociation scale was two to three times higher than the intensity of the discrimination scale of intrusion and avoidance. The results obtained show that the experience of torture is related to the most drastic indicators of the posttraumatic stress, as well as that the dissociative symptoms have an identical or even greater significance for understanding the posttraumatic stress than the symptoms of intrusion and avoidance.

INTRODUCTION

Many studies have shown the links that exist between trauma (especially the one that occurred in early childhood) and dissociative symptomatology (van der Kolk, 1996; van der Kolk, van der Hart & Marmar, 1996; Putnam, 1986; Spiegel and Cardena, 1991; Goodwin & Sach, 1996). Bremner, Krystal, Putnam, Marmar, Southwick, Lubin, Charney & Mazure (1998) have established that as much as 86% of respondents with diagnosed posttraumatic stress disorder (PTSD) meet the criteria for the comorbid dissociative disorder. Bremner, Soutwick, Rosenheck, Brett, Fontana & Charney (1992) have established that Vietnam veterans with PTSD have an increased level of dissociative symptoms compared to those without a PTSD diagnosis, as well as that the risk of development of PTSD is higher in those who have demonstrated dissociative reactions to stress. Koopman, Classen & Spiegel, (1994), Spiegel, Koopman, Cardena & Classen (1996) and Shalev, Peri, Canneti & Schreiber (1996) have demonstrated the relationship between dissociative states during trauma and the subsequent development of the PTSD.

Despite the opinion that the empirical measuring of torture against the torture related psychiatric symptoms is still in its initial stages (Mollica and Caspi-Yavin, 1991), there are studies that indicate significant and homogenous cases of extreme anxiety, memory disorders, intrusive thoughts, concentration disorders, sleep, emotion and sexual disorders, disorders in professional adaptation and social functioning, somatic symptoms, substance abuse, acquired helplessness as well as depersonalisation, dissociation and identity disorders (Somnier, Vesti, Kastrup & Genefke, 1992; Sutker, Winstead, Galina & Allain, 1990; Solkoff, 1992). Somnier at al. (1992) conclude that there are no empirical grounds for stating that there is a specific "torture syndrome", but rather that the consequences of torture could be sufficiently well described by constellations of symptoms that are not qualitatively different from classical symptoms of the stress reaction.

Based on the existing empirical documentation on the connection between stressful experience and dissociative disorders we can expect that the most drastic forms of traumatic experiences, including the experience of torture, will produce a more intensive dissociative symptomatology than some other forms of traumatic experience (exile, participation in combat, air strikes, etc.). Inconceivably severe, cruel and degrading forms of physical and psychological torture (in the context of absolute uncertainty, feeling of complete helplessness and lack of control over the events) prevent normal processing and conscious integration of such experience. It is assumed that sensory and emotional elements of such experiences are difficult to integrate into the memory and identity of a tortured person, that they remain isolated as separate somatosensory fragments not integrated in his/her conscience and "personal narrative". Such experiences directly cause the forming of dissociative traumatic memories, as well as deeper disintegrative phenomena such as the experience of depersonalisation and derealisation (van der Kolk, 1996; Gelinas, 1983) and even the forming of distinct ego states containing separate cognitive, affective and

behavioural structures in relation to the totality of consciousness (Boon & Draijer, 1993; Kluft, 1996).

METHOD

In order to verify the above-mentioned expectation of 7 groups of people who have survived various forms of stressful experiences, we have administered the scale for assessment of stress related dissociative symptoms (described elsewhere in this publication under the title SRD-10 - short assessment scale for stress related dissociative symptoms, Kneževic & Jovic). Besides this scale we have given the IES - Impact of event scale (Horowitz, Wilner & Alvarez, 1979) intended to assess two syndrome clusters of posttraumatic stress - intrusion and avoidance. This scale was administered with the view of comparing the intensity of discrimination of 7 groups of people with intrusion and avoidance symptoms with the intensity of discrimination carried by the cluster of dissociative symptoms.

Sample

The sample included 6,817 persons who have survived various forms of war related traumatic experiences. The examinees were divided into the following groups, based on the type of stressful experience survived, place and time of examination or treatment:

1. Torture victims who have been assisted in CRTV IAN Belgrade between January 2001 and December 2002. The IES and SRD-10 had been completed for 729 clients. The time elapsed since the stressful experience until the moment of completion of questionnaires varied between several months and ten years.
2. Patients from the Stress Clinic at the Institute for Mental Health in Belgrade, who have been coming to this institution between 1996 and 1998 with symptoms of stress related mental disorders. The IES and SRD-10 had been completed for 251 patients. Most of these people's traumatic experience was direct exposure to combat (about 50%), followed by the trauma of exile (about 40%) while only about 10% of them had a civilian type of trauma. The time elapsed between the stressful event until the moment of completion of questionnaires was between several months and seven years.
3. Internally displaced persons from the region of Prizren in Kosovo. Towards the end of 2002 a sample of 351 examinees from Prizren region were given the same set of instruments (including IES and SRD-10) that had been administered to the sample of 10,000 internally displaced persons from Kosovo at the end of 2000, with the view of assessing changes in their property, social and psychological status. The questionnaires were completed about three and a half years after the stressful events related to mass exodus of the non-Albanian population from Kosovo.

4. Internally displaced persons from Kosovo who fled to central Serbia after the NATO air strikes and the withdrawal of Yugoslav army and police from Kosovo followed by the entry of NATO troops (June 1999). A year and a half after this event (end on 2000) during the distribution of humanitarian aid to the internally displaced organised by IAN psychological testing was conducted with this group. Over 20,000 people were asked to fill in several instruments for assessing their current economic, social and psychological status, including IES and SRD-10. Total number of protocols returned in which both instruments were correctly filled was 4,884. The protocols were filled between one and one and a half years after the stressful event.
5. Towards the end of 1999, about 6 months after the NATO air strikes and the exodus from Kosovo, during distribution of humanitarian aid by IAN to the internally displaced persons accommodated in collective centres, a set of instruments was given for assessment of psychological status. The number of examinees with correctly filled protocols (including IES and SRD-10) was 323. The time elapsed since the stressful event until the completion of the questionnaire was about 6 months.
6. 213 members of military units who were deployed in southern Serbian towns of Preševo, Bujanovac and Medveda due to the unrest during 2001 (armed conflict between armed Albanian groups and Serbian police and army) have filled in protocols for assessment of their current psychological status (including IES and SRD-10). The time elapsed between the stressful event and the completion of protocols was between several months and 8 years.
7. A group of 66 psychology students was given a series of instruments for personality assessment, characteristics of experiences during the air strikes and traumatic stress (including IES and SRD-10) one year after the NATO air strikes (June 2000). Time elapsed from the stressful event until the moment of completing the protocols was exactly one year.

The unilateral analysis of variance we have tried to establish the difference between these seven groups of people in three mentioned variables. The intensity of difference among these groups is expressed by the squared coefficient of interclass correlation (eta coefficient) and the statistically significant aspects of differences between arithmetic mean between pairs of groups were determined by the Scheffe test.

RESULTS

For better understanding of the level of stress related dissociation in torture victims we have made a comparison of 7 different groups of people with various socio-demographic and psychological characteristics, as well as with dissimilar levels of exposure to war related

stress experiences. In accordance with our expectation we have found a statistically significant difference in the level of stress related dissociation among the examined groups of people $F(6.6810) = 219.45$, $p < 0.000$. The intensity of discrimination among the said groups on the SRD-10 scale (Adjusted R2 = 0.161) is approximately two and a half times higher that the intrusion scale on the IES (Adjusted $R^2 = 0.059$; $F(6,6221) = 70.62$, $p < 0.000$), three times higher that the avoidance scale on the IES (Adjusted $R^2 = 0.049$; $F(6,6216) = 56.75$, $p < 0.000$) and about two and a half times higher that the overall IES score (Adjusted $R^2 = 0.063$; $F(6,6214) = 75.52$, $p < 0.000$).

As shown in the Table 1, the highest average score on the SRD-10 scale, the subject of which is to measure the stress related dissociation, was among the torture victims (CRTV IAN clients). The only group of people that does not have a statistically significant lower score on the stress related dissociation scale compared to the victims of torture are the patients of the Stress Clinic in the Institute for Mental Health in Belgrade (these are the patients referred by the Institute triage service to the Stress Clinic, assessing that their psychic discomforts have been caused directly by stressful events; as said earlier, half of these people have been traumatised by direct exposure to combat, 40% had the trauma of exile, while only 10% of them were affected by civilian type of trauma).

Table 1. Arithmetic means, standard deviations and Schefe's post hoc tests of significant differences between groups on the SRD-10 scale

		N	M	SD	Post hoc test (Scheffe)*
1.	Torture survivors (IAN clients, 2001-2001	729	25.91	13.83	1 and 3; 1 and 4; 1 and 5; 1 and 6; 1 and 7
2.	Patients treated in Clinic for Stress (Institute for Mental Health), 1996-1998	251	23.82	14.95	2 and 3; 2 and 4; 2 and 5; 2 and 6; 2 and 7
3.	Refugees from Prizren area (Kosovo), 2002	351	19.93	13.58	3 and 1; 3 and 2; 3 and 4; 3 and 5; 3 and 6; 3 and 7
4.	Refugees from Kosovo, 2000	4884	13.11	9.34	4 and 1; 4 and 2; 4 and 3; 4 and 7
5.	Refugees in collective centres, 1999	323	12.78	8.93	5 and 1; 5 and 2; 5 and 3; 5 and 7
6.	Military units formerly deployed in the south of Serbia, 2001	213	10.89	13.02	6 and 1; 6 and 2; 6 and 3; 6 and 7
7.	Students of psychology one year after air attack, 2000	66	3.38	4.27	7 and 1; 7 and 2; 7 and 3; 7 and 4; 7 and 5; 7 and 6;

* = pairs of groups between whom significant differences have been detected

The lowest score was obtained by psychology students who filled in the questionnaires in spring 2000, one year after the NATO air strikes against Yugoslavia. For comparison of dissociative reactions with intrusive and avoidance reactions, the Table 2 present arithmetic means and standard deviations of the latter scores on the same groups of people. It is with noting that in some of these groups there is a significant discrepancy between the average score of intrusion and avoidance on one hand and the average score of dissociation on the other. As a rule, this relates to the groups of people whose main stressor was the trauma of exile (with the exception of displaced persons from Prizren region, although it is not entirely clear why).

Table 2. Arithmetic means and standard deviations of differences between groups on the intrusion and avoidance IES scale

			Intrusion		**Avoidance**	
			Mean	SD	Mean	SD
1.	Torture survivors (IAN clients, 2001-2001	729	22.43	9.94	23.82	9.92
2.	Patients treated in Clinic for Stress (Institute for Mental Health), 1996-1998	251	20.79	10.10	22.17	10.71
3.	Refugees from Prizren area (Kosovo), 2002	351	19.93	9.97	21.11	9.94
4.	Refugees from Kosovo, 2000	4884	21.36	10.10	21.86	9.81
5.	Refugees in collective centres, 1999	323	19.87	10.26	20.27	9.72
6.	Military units formerly deployed in the south of Serbia, 2001	213	10.57	10.65	13.10	11.52
7.	Students of psychology one year after air attack, 2000	66	4.48	5.27	6.33	5.95

DISCUSSION

There are two conclusions that could be drawn from the results given in these simple tables. One concerns the experience of torture and dissociation and the other refers to the dissociations as an indicator of the posttraumatic stress disorder. As concerns the first conclusion it is obvious that the experience of torture in relation to the most intensive forms of stress induced psychopathology (Sutker, Winstead, Galina & Allain, 1990; Solkoff, 1992). As presented in Tables 1 and 2, torture victims have the highest scores primarily in dissociation, as well as on intrusion and avoidance. It is interesting that the study made by Suitker et al. (1990) cites two symptoms, memory problems and difficulties in

concentration (exactly the symptoms constituting the SRD-10 scale) as the two most often mentioned problems in the behaviour of the former POW's from the Korean War.

With regard to the second conclusion, the dissociation scale, as mentioned above, is a far more effective in distinguishing the examined groups of people than the scales of intrusion and avoidance. Higher sensitivity of this scale in revealing nuances in the stress related psychopathology, as well as the fact[1] that it participates more significantly in discriminating between torture victims with and without the diagnosed PTSD than the scales measuring intrusion and avoidance (i.e. phenomena that form a part of the clinical picture on the basis of which the PTSD diagnosis is rendered), speaks in favour of the Vermetten's thesis (2003) that dissociative phenomena are equally if not more relevant for the understanding of psychopathological reactions induced by stressful experiences than the ones contained in the clinical picture of PTSD according to DSM-IV. The results we have obtained are in accordance with Vermetten's opinion (2003) that there are most probably two types of acute stress reaction (dissociation and intrusion/hyper-arousal) leading to chronic PTSD, and that the empirical status of avoidance is such that the existence of this symptom cluster could be seriously questioned.

Finally there is a practical benefit from this: the observed discrepancy between the scores at the dissociation scale on one hand and the scores on intrusion and avoidance scale on the other (meaning that the scores at the dissociation scale are much lower than the scores on the latter two scales) mainly in those groups who have survived less drastic experiences (such as the experience of exile in comparison with the experience of torture and participation in combat) speaks in favour of the possibility that dissociation indicates more severe cases of psychopathological stress reaction than the symptoms of intrusion and avoidance. Based on the results obtained we can present an empirically verifiable hypothesis that a high discrepancy between scores on the intrusion and avoidance scales on one hand and the dissociation on the other could indicate forms of posttraumatic reaction with possibly lower psychopathological potential (and a better prognosis) from those forms of posttraumatic reaction when the scores on all three scales are high and equalised. If further empirical studies would verify this hypothesis, the profile obtained on all three scales (intrusion/avoidance from the IES and stress related dissociation from the SRD-10) this could have a valuable diagnostic and subsequent prognostic significance in the situations of assessing the stress related psychopathological reactions.

1 Empirical evidence is given elsewhere in this publication under the title SRD-10 - short assessment scale for stress related dissociative symptoms, Kneževic & Jovic.

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