



Assessing the Prevalence of Mental Disorders and its Relationship with Resilience Among ISIS Prisoners in Iraq

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Background and Aim: Despite the high prevalence of mental disorders in these people and the important role of resilience in mental health, resilience in prisoners has not received much attention. The present study was conducted with the aim of evaluating the prevalence of mental disorders and its relationship with resilience among ISIS prisoners of war in Iraq between 2014-2021. **Methods:** This research was conducted using the SCL questionnaire and Connor and Davidson's resilience. The statistical population of this research is based on the official statistics of the Iraqi Ministry of Migrants and Displaced Persons Affairs and there are 465 thousand people, after making the necessary coordination with the officials of the POW camps among 383 people (based on the Cochran formula) questionnaires were distributed by random sampling method. became Pearson's correlation coefficient was used to analyze the data. **Results:** The findings of the present study showed that the participants in the study suffered from significant mental disorders on average, and all dimensions of the morbid symptoms index were reported at the level of significant mental disorders. Also, based on the results of people's resilience, it was also reported at an unfavorable level. Resilience dimensions include perception of individual competence, trust in individual differences, tolerance of negative emotions, positive acceptance of change and secure relationships, and spiritual influences at an unfavorable level and control at a relatively favorable level. **Conclusion:** The results of this research indicated that resilience can predict the index variable of morbid symptoms in an inverse way. In this study, it was observed that people who had less resilience are more prone to mental disorders.



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Introduction

According to epidemiological studies in many countries, 20 to 90% of the general population is exposed to a traumatic event or trauma at least once in their lifetime. The most important of them are childhood sexual and physical abuse, rape, domestic violence, war, terrorism, mass murder, torture, kidnapping, war captivity, accidents, earthquakes, fires, hurricanes and tornadoes, etc. (Kerimi et al., 2019). Such events affect the human mental and physical system and by disrupting the functions of physiology, neuropsychology, social emotional and spiritual, they lead to a stable psychiatric disorder (Sorzikiewicz et al., 2022).

Captivity occurred in different historical periods and at the same time as many wars, and it is one of the most terrifying human-made injuries that are applied for a certain period of time. During this period, extreme violence is applied to the captive, including torture, psychological torture, starvation, humiliation, isolation and other techniques that cause mental and physical pain and deprivation of basic needs. (Fell et al., 2022). Therefore, captivity is an experience that is not only unpleasant, but also a disturbing and disruptive factor. According to Orsan and Rundle, captivity is one of the most traumatic experiences among human experiences, and they define captivity as a trauma. It can have consequences during the period of captivity as well as after its end in the form of psychological complications. However, it is noteworthy that in the relationship between captivity and these psychological complications, many factors such as social support and the personality variables of individuals themselves play a role in different experiences of captivity for the captive (Eisinejad & Heydarian, 2022).

Traumatic experiences can lead to a wide range of mental health problems such as depression, anxiety and mental disorder (McDow, 2023). The presence of ISIS in Iraq, followed by killing, sexual slavery, slavery, torture, degrading treatment of prisoners, caused serious physical and mental disorders among these people (Al-Shawi and Hassan, 2022). Facing such conditions for prisoners of war requires personality traits and the ability to adapt in order to reduce the harm caused to the person.

Among these personality traits, resilience has found a special place in the fields of psychology and mental health. Resilience is the ability to

demonstrate consistent adequacy and the ability to adapt positively and successfully in the face of threatening circumstances and adverse life events (Lemos et al., 2021). Among the factors related to resilience, we can mention protective cognitive factors such as high levels of self-esteem and high self-efficacy, the source of internal control and more active coping styles. Research has shown that these factors are at a low level in prisoners (Al-Shawi and Hassan, 2022).

Considering the high prevalence of mental disorders in ISIS prisoners of war, it seems that resilience can be one of the effective factors in the occurrence of these disorders. Despite the high prevalence of mental disorders in these people and the important role of resilience in mental health, resilience in prisoners has not received much attention. Therefore, the present study was conducted with the aim of evaluating the prevalence of mental disorders and its relationship with resilience among ISIS prisoners in Iraq.

Method

The present study was a descriptive-cross-sectional study based on the type of survey data collection. Statistical population: The statistical population of this research was based on the official statistics of the Iraqi Ministry of Immigrants and Displaced Persons, and there were 465 thousand people, after making the necessary arrangements with the officials of the POW camps, questionnaires were distributed among 383 people (based on Cochran's formula) by random sampling method.

Materials

1. SCL-90 Questionnaire: It was designed by Dragotis, Lippman and Corey (1973) to show the psychological aspects of physical and mental patients. This short answer list consists of 90 five-choice questions (none=0, a little=1, somewhat=2, a lot=3, very much=4). The content of this test measures 9 different dimensions as follows: 1) Somatic complaint (So): the person perceives the pathological function of his body. 2) Obsessive-Compulsive (Oc): The person focuses on thoughts, impulses and actions that are unwanted. 3) Sensitivity in interpersonal relationships (Is): a person feels inadequacy, low self-esteem, and uncomfortable in relationships with others. 4) Depression: the person feels helpless and hopeless, has no interest in the pleasures of life and has a

depressed mood. 5) Anxiety: The person has a lot of anxiety. 6) Aggression: A person has thoughts, actions and feelings caused by anger. 7) Phobia: A person has a strong irrational fear of a specific stimulus. 8) Paranoid thoughts: A person is pessimistic and suspicious of others. 9) Psychosis: the person has psychotic features (weak to severe). In addition, the number of 7 questions has been added to the questionnaire in order to prevent the subject from being aware of the nature of the test, which is graded like other dimensions.

2. Resilience Questionnaire: This questionnaire was presented by Connor-Davidson (2003). It has 25 questions and its purpose is to measure the level of resilience based on the components of competence/personal strength, trust in personal instincts, tolerance of negative emotions) and spirituality in different people. Its response range is Likert type. The validity and reliability of the questionnaire has been evaluated at the desired level (0.89).

Implementation

The present study was conducted among 383 prisoners of a camp in 2014-2021 using SCL questionnaire and Connor and Davidson resilience. After completing the questionnaires,

Pearson's correlation coefficient and regression analysis test were used to analyze the data.

Results

In terms of demographic indicators, the statistical sample of the present study was homogeneous in terms of being incarcerated. As can be seen in Table 1, the mean of score of GSI was 2.54 ± 0.3 , which indicates a significant mental disorder. The mean of score of physical complaint equals 2.52 ± 0.45 ; obsession is equal to 2.52 ± 0.43 ; depression 2.60 ± 0.41 ; anxiety dimension equal to 2.50 ± 0.41 ; aggression dimension 2.55 ± 0.49 ; phobie dimension 2.55 ± 0.45 ; dimension of paranoid thoughts equal to 2.50 ± 0.55 ; dimension of psychosis 2.48 ± 0.44 ; and sensitivity dimension in interpersonal relationships 2.56 ± 0.45 . All were evaluated at the level of significant mental disorder. It was also observed that depression had the highest mean and psychotic disorder had the lowest mean. The results showed that the mean of perception of individual competence is equal to 11.71 ± 4.77 ; Trust in individual instincts to tolerate negative emotions is equal to 10.22 ± 3.87 ; positive acceptance of change and secure relationships equal to 10.77 ± 3.05 ; control equal to 8.87 ± 1.77 ; and spiritual effects equal to 3.47 ± 1.54 .

Table 1. Mean and standard deviation of the scores of research variables

	Variable	Mean	SD	Evaluation
GSI	Somatization	2/52	0/45	Significant disorder
	Obsessive compulsive	2/52	0/43	Significant disorder
	Depression	2/60	0/41	Significant disorder
	Anxiety	2/50	0/41	Significant disorder
	Aggression	2/55	0/49	Significant disorder
	Phobie	2/55	0/45	Significant disorder
	Paranoid	2/50	0/55	Significant disorder
	Psychotism	2/48	0/44	Significant disorder
	Interpersonal sensitivity	2/56	0/45	Significant disorder
	Total	2/54	0/30	Significant disorder
Resilience	Perception of individual competence	11/71	4/77	Low
	Trust in individual instincts to tolerate negative emotions	10/22	3/87	Low
	Positive acceptance of change and secure relationships	10/77	3/05	Low
	Control	5/87	1/77	Medium
	Spiritual influences	3/47	1/54	Low
	Total	42/05	9/39	Low

General symptoms index (GSI) equal to 253.99 ± 30.20 was obtained. GSI index higher than 200 indicates the existence of serious psychological symptoms in people. Also, the

total resilience score was 42.05 ± 9.39 , which was evaluated at an unfavorable level. Table 2 shows the results of the correlation analysis of the dimensions of the research variables.

Table 2. Pearson correlation test results

Variable	Perception of individual competence	Trust in individual instincts to tolerate negative emotions	Positive acceptance of change and secure relationships	Control	Spiritual influences	Resilience
GSI	R -0/396*	-0/402*	-0/647*	-0/305*	-0/487*	-0/714*
	Sig. <0/001	<0/001	<0/001	<0/001	<0/001	<0/001

*Significant at the 0.01 level

According to the results of the above table, the correlation between the GSI and resilience

subscales is negative and significant at the 0.01 level ($p < 0.01$).

Table 3. Regression analysis results

Dependent variable	Independent variable	R	R ²	R ² _{adj}	B	β	t	Sig.
GSI	Constant	0/770	0/593	0/588	360/37		72/46	<0/001
	Perception of individual competence				-0/913	-0/144	-4/09	<0/001
	Trust in individual instincts to tolerate negative emotions				-1/85	-0/237	-6/96	<0/001
	Positive acceptance of change and secure relationships				-4/30	-0/434	-11/56	<0/001
	Control				-2/39	-0/141	-4/16	<0/001
	Spiritual influences				-4/73	-0/241	-6/70	<0/001
	Resilience				-2/29	-0/714	-19/92	<0/001

The results showed that all dimensions of resilience as well as the total score of resilience had a statistically significant correlation with GSI. In other words, the lower the resilience of the participants in the study, the higher the index score of their GSI. Based on the results of the resilience model and its 5 dimensions, it has the ability to predict GSI by 58.8%. Based on the results of an increase of one standard deviation in the resilience score, the index score of GSI will decrease by 0.714 standard deviations.

Conclusion

The present study was conducted with the aim of evaluating the prevalence of mental disorders and its relationship with resilience among 383 ISIS prisoners. The results of the present study showed that the participants in the study suffered from significant mental disorders on average, and all dimensions of the GSI were reported at the level of significant mental

disorders. Also, based on the results of people's resilience, it was also reported at an unfavorable level. Resilience dimensions include perception of individual competence, trust in individual instincts to tolerate negative emotions, positive acceptance of change and secure relationships, and spiritual influences at an unfavorable level and control at a relatively favorable level.

The results of this research indicated that resilience can inversely predict the index variable of GSI. In this study, it was observed that people who had less resilience were more prone to mental disorders. These findings are in line with the results of the study by Khakpour et al. In their study, they observed that people who had higher resilience scored lower on the GSI. In this regard, Peters et al observed that people who had higher resilience experienced lower depression and anxiety. The results of the study by Lemos et al. (2021) also showed that there is an inverse and significant relationship between

resilience and psychological distress, in line with the results of the present study (Lemos et al., 2021). However, contrary to the results of the present study, Pinquart observed that resilience scores do not predict the number of stressors and psychological distress over time (Mohammedzadeh, 2016).

Resilience is a helping force to overcome adverse experiences, and increasing resilience leads to health status and positive results in a person's psychological state (Bagheri, 2019). This is the reason why in the current study, people who had higher resilience, faced with the experience of captivity and adverse conditions, suffered less mental disorders.

The results of the present study showed that the variable of resilience has the ability to predict the GSI and people who had higher resilience experienced less mental disorders. Considering that resilience is a skill and can be learned, it is possible to increase this skill in people through training classes and control psychological disorders. It is suggested that future studies investigate the impact of resilience skills training on the improvement of morbid and psychological symptoms (Moinzadeh, Tabatabai, and Mehran, 2012).

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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