

Survivors of Traumatic Events in the Mediterranean: The Physical and Psychology Impacts and the Importance of Psychological Resilience and Post Traumatic Growth

Solvig Ekblad^{1,2}

¹Professor in Multicultural Health and Care Research, Karolinska Institutet, Department of Learning, Informatics, Management and Ethics (LIME), Unit of Cultural Medicine, Stockholm

²Licensed psychologist at Academic Primary Health Care Center, Huddinge, Sweden

INTRODUCTION

Our global history has been exposed to widespread violence, armed conflicts, terrorism and natural disasters which are unpredictable and devastating due to their nature. According to The UN Refugee Agency, today one in every 122 people has been forced to flee their home due to these reasons, and more than half are children (UNHCR, 2015). According to a WHO and UNHCR report (2015) “adults and children affected by emergencies experience a substantial and diverse range of mental, substance use and neurological problems” (page i). Besides a local and cultural context, lessons learnt from these disasters include that such human rights violations and traumatic stressors to innocent people produces fear, helplessness, unpredictability, vulnerability and a perception of having nowhere to hide. As a consequence of the recent migrant boats which have resulted in a tragic loss of life in the Mediterranean, asylum is now a major topic of discussion in the media. The UNHCR calls for European-wide protection as a response to the tragedies in the Mediterranean. The benefit of this case allows for the possibility to speak out, not only on the physical and emotional impact that this tragedy has on survivors and the reception countries at large, but also about post-migration growth and resilience. To evaluate the sustainability of the gained knowledge over time, “there is a great critical need to move beyond descriptive cross-sectional research to incorporate longitudinal designs and studies of interventions to improve mental health outcomes” (Pollard et al., 2014, page 383). My framework is based upon two decades of research and clinical care on the physical and mental health effects of war and other widespread violence.

The international literature on adult reactions to potentially traumatic events has focused on the pathogenic perspective. Plenty of data have shown that individuals with a refugee background are at greater risk of pathogenic (negative) trauma outcomes, such as physical and psychological illnesses, than the general population, e.g. a 10-fold risk for post-traumatic stress syndrome (PTSD) (Fazel et al., 2005). New data shows that also childhood adverse experiences needs to be into account in research and treatment planning for adult refugees with war and human rights violation (Opaas & Varvin, 2015). PTSD is often overlooked in primary care but which is the first line of psychiatry (Taubman-Ben-Ari et al., 2001). Studies also show comorbidity with PTSD, such as public health diseases including depression, diabetes and cardiovascular disease (Rasmusson et al., 2010), anger (Roth, Ekblad & Prochazka, 2009), a higher risk of external causes of death compared to non-refugees (Hollander et al., 2012) and higher rates of unemployment and disability (Hollander et al., 2013). Furthermore, there is a dose-effect relationship between cumulative trauma and the diagnosis of PTSD and depression (Mollica et al., 2014). As more people migrate for different reasons, settling or taking refuge in reception countries with a native language other than their own, there is an increased need for access to work as

well as to mental health care with culturally competent and multi-lingual clinical staff.

Bonanno (2004) has highlighted the distinction between resilient persons and those individuals who show a more gradual recovery from traumatic life events. This alternative approach has presented a need to understand the concept of resilience, which can offer protection against the development of psychopathology in times of stress (Hoge et al., 2007). Resilience seems to be a learned human trait from observing how others in our environment respond to traumatic events. Resilience, which is perceived as a multidimensional reality, involves both internal and external factors. Further, more recent concepts, stress-related growth (Park et al., 1996) and posttraumatic growth, involve the perception of positive changes that happens as a result of struggling with highly challenging life crisis, such as traumatic life events (Tedeschi & Calhoun, 2004). It is proposed “that posttraumatic growth mutually interacts with life wisdom and the development of the life narrative, and that it is an ongoing process, not a static outcome” (Tedeschi & Calhoun, 2004, page 1).

Finally, we need longitudinal data at an individual and community level. For instance, positive coping mechanisms may give information about a person’s resiliency. We can potentiate resilience through creating safe spaces (either physical spaces or through the bonds between people) that facilitate recovery. Resilience may also be rediscovered within therapeutic settings between a patient and clinical staff, where empathy and active listening may strengthen an individual’s ability to recognize their capacities while realizing what has helped them so far during difficult times of disaster management. Ahern et al., (2006) have published a review of instruments which measure resilience. Hobfoll et al., (2007) have identified five empirically supported intervention principles that can be used to guide and inform intervention and prevention efforts at the early to mid-term stages. Post trauma symptoms reduce when the person perceives: 1) a sense of safety, 2) calming, 3) a sense of self- and community efficacy, in which there are two critical components for efficacy: (3.1) requires behavioral repertoires & skills; (3.2) empowerment without resources is counterproductive and demoralizing, 4) connectedness, including specific strategies to address discord among family members and 5) hope for normalization as soon as possible. A model of community resilience rests upon a network of adaptive capacities to prevent the personal and social healing that all civil societies are capable of handling, e.g., economic development, social capital, information and communication, community competence (Norris et al., 2008).

In conclusion, there is a need for using a scientific and cultural methodological approach to increase the resilience within post-migration growth while reducing suffering and minimizing disability for survivors of traumatic life events worldwide, therefore this should be a priority in the reception of asylum seekers. We need to change our attitudes and give priority to understanding the wellbeing of a refugee and evaluate the environmental factors that may influence this.

*Correspondence regarding this article should be directed to: Solvig.Ekblad@ki.se

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