



Pathways involving traumatic losses, worry about family, adult separation anxiety and posttraumatic stress symptoms amongst refugees from West Papua[☆]



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ABSTRACT

There is some evidence that adult separation anxiety disorder (ASAD) symptoms are closely associated with posttraumatic stress disorder (PTSD) amongst refugees exposed to traumatic events (TEs), but the pathways involved remain to be elucidated. A recent study suggests that separation anxiety disorder precedes and predicts onset of PTSD. We examined a path model testing whether ASAD symptoms and worry about family mediated the path from traumatic losses to PTSD symptoms amongst 230 refugees from West Papua. Culturally adapted measures were applied to assess TE exposure and symptoms of ASAD and PTSD. A structural equation model indicated that ASAD symptoms played an important role in mediating the effects of traumatic losses and worry about family in the pathway to PTSD symptoms. Although based on cross-sectional data, our findings suggest that ASAD symptoms may play a role in the path from traumatic losses to PTSD amongst refugees. We propose an evolutionary model in which the ASAD and PTSD reactions represent complementary survival responses designed to protect the individual and close attachments from external threats.

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A substantial body of research has focused on the intervening factors that link personally threatening events to post-traumatic stress disorder (PTSD) (Basoglu, Paker, Ozmen, Tasdemir, & Sahin, 1994; Brewin, Andrews, & Valentine, 2000; Brewin & Holmes, 2003; McNally, 2004), but less is known about the pathways involved when the traumatic event involves harm to, or death of close others. In the present cross-sectional study amongst West Papuan refugees, we test a theoretical model examining whether symptoms of adult separation anxiety disorder (ASAD) mediate the effects of traumatic losses in the path to PTSD symptoms.

There is some evidence that traumatic events associated with human-engendered and natural disasters precipitate separation anxiety disorder in children and adolescents (Goenjian et al., 1994; Hoven et al., 2005). However, less is known about possible associations between traumatic events and ASAD, a constellation that has

only been identified and described in recent times (Manicavasagar et al., 2010; Manicavasagar, Silove, Curtis, & Wagner, 2000; Shear, Jin, Ruscio, Walters, & Kessler, 2006; Silove, Marnane, Wagner, & Manicavasagar, 2011). In the fourth edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV) (American Psychiatric Association, 1994), separation anxiety disorder is characterized as a disorder in which the person experiences intense anxieties and fears concerning separations from or harm befalling close attachment figures. Typical symptoms include reluctance to leave home or be alone because of anxiety about separation from attachment figures, fears that close family members will be kidnapped, fall ill or be injured, and nightmares and sleep disturbances associated with these attachment anxieties. Whereas DSM-IV specified that onset of separation anxiety disorder had to occur in childhood or adolescence, DSM-5 (American Psychiatric Association, 2013) has lifted the age restriction on onset, allowing diagnosis to be made at any time in the life course. In addition, the category has been relocated to the section for the general subtypes of anxiety disorders.

The adult form of separation anxiety disorder was first identified amongst clinic populations where the prevalence of the disorder was found to vary between 20% and 40% (Pini et al., 2010; Silove, Marnane, Wagner, Manicavasagar, & Rees, 2010b). The

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National Comorbidity Survey-Replication (NCS-R) confirmed that adult onset of separation anxiety disorder was common at a population level (Shear et al., 2006). Women are more likely to report childhood onset of separation anxiety disorder, whereas men tend to report its first occurrence in adulthood (Bögels, Knappe, & Clark, 2013; Shear et al., 2006; Silove, Momartin, Marnane, Steel, & Manicavasagar, 2010a). A community-based cohort study amongst adolescents and young adults (aged 14–24 years) indicated that separation anxiety disorder was the harbinger of a wide range of other anxiety disorders occurring in middle adulthood, data that support the findings of clinic based studies (Brückl et al., 2007; Manicavasagar & Silove, 1997; Manicavasagar et al., 2000).

The pattern of comorbidity involving separation anxiety disorder, grief, and PTSD has received growing attention, with some evidence suggesting that separation anxiety disorder tends to co-occur with PTSD amongst adult populations exposed to traumatic losses and network-related traumas (Bögels et al., 2013; Silove et al., 2010a,b). A recent analysis of the cross-national World Mental Health Survey dataset indicated that separation anxiety disorder (assessed across the lifespan) was one of only a few prior disorders statistically associated with subsequent onset PTSD (Kessler et al., 2014). Within the refugee field, a study conducted amongst trauma-affected Bosnians resettled in Australia indicated that ASAD was strongly comorbid with PTSD but not with traumatic grief (Silove et al., 2010a,b). The temporal focus of grief and SAD may account for this finding, with the former constellation being past oriented, whereas separation anxiety-related anxieties are directed towards the present and future safety of attachments.

Bowlby contended that the maintenance of proximity to attachment figures is critical to the survival of all mammalian species, the behavioural pattern representing an innate tendency that is activated in infancy and persists over the course of the entire lifespan (Bowlby, 1980). Early animal studies amongst rhesus monkeys and other vertebrates subjected to maternal deprivation provided support for this theory by demonstrating that, across species, infants develop behavioural manifestations of separation anxiety when exposed to loss or separations (Harlow & Zimmermann, 1958). This universal pattern of proximity-seeking to attachment figures there appears to be a fundamental survival mechanism that is activated by a range of threats, both psychological and physical (Bowlby, 1959). In collective species in particular (including homo sapiens), endangerment of close others poses a threat to the individual, given that personal protection is highly reliant on the integrity of the group. Furthermore, the survival of close others is critical to the propagation of the individual's gene pool (Herman, 1992; Silove, Manicavasagar, O'Connell, & Morris-Yates, 1995). According to attachment theorists, the normative separation anxiety response can become excessive, persistent and dysfunctional when the individual is subjected to repeated threats of separation or abandonment (Bowlby, 1959).

This theoretical background suggests that normative neuro-behavioural responses underpinning the separation anxiety and PTSD reactions may derive from complementary and synchronized survival mechanisms. In support of that contention, there is evidence that both the separation anxiety disorder and PTSD reactions are mediated by neural substrates located in the amygdala, the brain centre responsible for initiating the learned fear response (Bögels et al., 2013; Feigon, Waldman, Levy, & Hay, 2001). One possibility is that separation anxiety in response to attachment threats represents one mechanism activating PTSD symptoms, a pathway that may be intensified if there is repeated threat to close others.

Refugees and other populations exposed to mass conflict are at particular risk of experiencing repeated traumatic losses and threat to others as a consequence of warfare, murder, disappearances and extra-judicial killings. Past studies have demonstrated that traumatic losses and threats of this type are of key importance

to precipitating PTSD amongst survivors (Basoglu et al., 2005; Momartin, Silove, Manicavasagar, & Steel, 2004; Silove et al., 2010a,b). As yet, however, the mechanisms linking traumatic loss to PTSD have not been elucidated.

Conditions of insecurity commonly persist for refugees, even after they have fled situations of war and persecution. Moreover, in many instances, refugees have left extended families in danger in the homeland or other insecure settings of displacement. Past research has demonstrated that fear for the safety of family contributes to ongoing PTSD symptoms amongst refugees (Nickerson, Bryant, Steel, Silove, & Brooks, 2010; Silove, Steel, McGorry, & Mohan, 1998; Steel, Silove, Bird, McGorry, & Mohan, 1999). In the present study, we examine whether worry about family is mediated by ASAD symptoms in the path to PTSD symptoms.

Our study is based on a sample of West Papuan refugees resettled in Port Moresby, Papua New Guinea (PNG). West Papua occupies the western half of the New Guinea landmass, the indigenous population comprising peoples of Melanesian origin. West Papuans have been exposed to extensive traumatic losses arising from the prolonged resistance war against the Indonesian occupation that has persisted over the past 50 years. During the conflict, entire villages have been burnt, murders and other atrocities have been perpetrated, and there has been mass displacement of populations from traditional lands (Brundige, King, Vahali, Vladek, & Yuan, 2004; Human Rights Watch, 2014). Extensive social and cultural disruptions associated with the protracted period of violence have resulted in the undermining of the integrity of clans, traditional tribal groups and families, thereby eroding the foundations of what traditionally has been a strongly collectivist society (Rees, Silove, Tay, & Moses, 2013).

The West Papuan refugee community in Port Moresby, Papua New Guinea, arrived in waves of migration commencing in the 1980s. Most refugees live in shanty towns ("settlements") as stateless persons with no rights to citizenship, land tenure or ownership. Poverty is widespread and there are few opportunities for refugees to engage in education or employment. Poor access to services means that West Papuans have had little exposure to western notions of mental disorder or approaches to treatments.

Our overarching aim was to assess the role of ASAD symptoms in pathways leading from traumatic losses and ongoing anxiety about family to PTSD symptoms amongst refugees from West Papua. We drew on cross-sectional data to test a series of specific hypotheses: (1) that experiences of traumatic loss would be directly associated with ASAD and PTSD symptoms, respectively; (2) that worry about family left behind would contribute to ASAD symptoms and (3) that there would be a direct path from ASAD symptoms to PTSD symptoms.

1. Methods

1.1. Sample

The study sample comprised West Papuan refugees participating in a community survey undertaken across six settlements in Port Moresby, Papua New Guinea (PNG). In the absence of census data identifying members of this minority community within the larger population of PNG nationals, a targeted sampling approach was applied. In the first instance, based on all available sources of information (community leaders, government officials, international organizations, local university staff, and the United Nations High Commissioner for Refugees), we identified localities in which West Papuan refugees were concentrated in Port Moresby. The six identified settlements are Hohola, Rainbow, Six-Mile, Eight Mile, Nine-Mile and Tokarara/Waigani, communities characterized by high density, makeshift housing, and few facilities. Based on all sources of information, we estimated that 250 adults (90% of West

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