

## Traumatic Experiences, Cognitive Errors, and Feelings of Rejection among Internally Displaced Youth: An analysis of Operation Zarb-e-Azb

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### Abstract

Research on children affected by armed conflict and displacement demonstrates increased risk for multiple psychological consequences (Lustig et al., 2004) including PTSD, maladjustment, cognitive deficits and psychological distress (Barenbaum, 2004). The present research was planned to examine the mediating role of cognitive errors in the relationship between traumatic experiences and rejection feelings among internally displaced youth during operation Zarb e Azb. A sample of 300 young adolescents (boys = 244, Girls = 56) with an age ranging from 12 to 16 years (M= 15.27, SD=1.20) was taken from Karak, Bannu, and Peshawar districts of Pakistan. Stressful Life Events Scale (Rehna & Hanif, Unpublished), Children's Negative Cognitive Errors Questionnaire (Leitenberg, Yost, & Carroll-Wilson, 1986), and Feelings of Rejection a subscale of School Children Problem Scale (Saleem & Mehmood, 2011) were administered on youth. Results showed that relationship between traumatic experiences and feelings of rejection was partially mediated by Catastrophizing (indirect effect = 0.01, Sobel t = 4.50, p<.00), Personalization (indirect effect = .01, Sobel t = 3.18, p<.00), selective abstraction (indirect effect = .01, Sobel t = 4.77, p<.00) and over generalization (indirect effect = .02, Sobel t = 5.34, p<.00). Findings have been discussed in theoretical as well as cultural perspectives.

**Keywords:** Traumatic Experiences, Feelings of Rejection, Cognitive Errors, Internally Displaced Youth

### Introduction

Shrouded in vile ethno-religious politics, internal displacement has become one of the most anguishing and detrimental problems around the globe (Kunder, 1999). Internally displaced individuals are the ones who are compelled to flee or evacuate their habitual places and to migrate involuntarily within their national borders to evade the consequences of armed conflict, natural disasters, violence and the violations of human rights (Cohen, 1998; UNHCR, 2004). Internal displacement has individual as well as cumulative effects for the entire masses. These aftermaths may take psychological expression i.e. depression, anxiety, adjustment difficulties, and posttraumatic stress disorder (Erol, Simsek, Oner, & Munir, 2005; Herrera, Mari, & Ferrarz, 2005) or physical manifestations i.e. chest infection, skin infection, diarrhea or hepatitis and HIV AIDS in worst situations (Shah, 2015).

Particularly this internal migration raises serious threats for the emotional wellbeing of children and adolescents and put them at greater risk for developing physical and psychological problems (Durosaro & Ajiboye, 2011; Joop & De Jong, 2002; Reed, Fazel, Jones, Panter-Brick, & Stein, 2012) as they face these sociopolitical and socioeconomic adversities in the formative stages of their development. Not only they bear the pain of being homeless but there might be piles of adversities they have to devour i.e. life threats, loss of loved ones, physical torture, assault, and witnessing explosions, casualties, and abduction (Layne et al., 2010). Exposure to all these traumatic occurrences may result in tiers of psychiatric symptoms impairing their rest of functioning.

However, their health is generally addressed on physical grounds i.e. in terms of malnutrition and immunization but psychological needs are mostly ignored (Betancourt & Khan, 2008). Yet there

are some researches highlighting the causal link between war-related traumatic experiences and resultant psychopathologies i.e. depression (Morgons, Worden, & Gupta, 2008), behavioral problems (Paardekooper, De Jong, & Hermanns, 1999), and severe psychological distress (Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007) in young people. Kim, Torbay, and Lawry (2007) also reported that emotional immaturity, in times of armed conflict and internal displacement, results in post-traumatic stress among children and young adolescents. However, no attempts have been made to unveil the underlying cognitive mechanism and thought patterns which may play a significant role in the expression of these psychopathologies.

For the last few years, the number of worldwide internally displaced persons has been reported in millions owing to natural disasters or armed conflicts (Mujeeb & Zubair, 2012). Likewise, Pakistan has been a worst prey of militancy and armed conflict since the last two decades and millions of inhabitants have been displaced resultantly. A massive displacement occurred during 2009 as a result of an army operation against Taliban forces in South Waziristan. Around three million people were displaced and resided in camps during this operation; out of which 37% were children/adolescents (Emergency Resource Unit, 2009). A similar kind of operation was started in June 2014 in North Waziristan named Operation Zarb-e-Azab. This operation is a joint military offensive launched by Pakistan Armed Forces to flush out terrorists from North Waziristan and Pak Afgan border causing immense population displacement and leading even awful consequences. Nearly 961,000 individuals were displaced till September 2014 including 339,456 young adolescents and this number kept on increasing alarmingly later on.

Although some areas have been cleared by army troops but many are still occupied by Taliban forces and operation is still underway. Unfortunately, unprepared and ill-equipped government has failed to handle these humanitarian crises and resultantly IDPs are to face a multitude of problems including unavailability of shelter, food, water, employment, electricity and have to survive with ill health facilities, and extreme weather conditions. Most importantly, no measures have been taken for psychological rehabilitation of the affected population.

Moreover, socioeconomic and political instability, irresponsible government and their flawed polices have added fuel to fire. The aforementioned figures are large enough to call attention for research about social, emotional, and psychological issues of IDPs. Only a handful of research (Mujeeb & Zubair, 2011; Shah, 2015) is carried out in Pakistan to explore their psychological problems with a particular focus on adult population; far no attention has been paid to internally displaced youth. The present study is therefore an effort to examine traumatic experiences and feelings of rejection among internally displaced youth during operation Zarb-e-Azb. The study further aims to explore the mediating role of cognitive errors between traumatic experiences and feelings of rejection.

### **Methodology**

The present study was based on survey method following a cross-sectional research design. The study was executed using the self-report measures on a sample of 300 (224 boys & 54 girls) adolescents with an age ranging from 12 to 16 years ( $M=15.27$ ,  $SD=1.20$ ). Data was obtained from Karak, Bannu, and Peshawar districts of Khyber Pakhtunkhwa (KPK) Provinces of Pakistan through purposive convenient sampling. Internally displaced families were approached with the help of FATA (Federally Administered Tribal Areas) Disaster Management Authority (FDMA) who had the complete biodata and registration record of IDPs. Since KPK has a strict veil culture for females and they do not appreciate their females to express themselves openly; that is why we were mostly given access to male adolescents. Moreover, many government and non-government organizations had already exploited IDPs by taking their data for personal interest with no solutions to their problems;

therefore, they were reluctant and insecure to provide data any more. Therefore, we could not access a larger population. However, the adolescents those became the part of this study were included with the complete consent of their families and themselves as well. Other ethics, i.e. anonymity, their right of confidentiality and privacy etc, were also ensured. Following measures were administered on the subjects individually and approximate time for the completion of questionnaires was about 30 minutes.

### **Measures**

**Stressful Life Events Scales (SLES).** SLES (Rehna & Hanif, unpublished) was used to assess the experiences of life stress of adolescents. SLES consists of 85 items/events related to different dimensions of life (i.e., Health related events, School related events, Residence related events, Personal & Social Events, Family & Friends related Events, and Natural Disasters). SLES is a Likert type rating scale on which subjects first have to indicate whether they have experienced the event or not and then to rate the level of stress associated with the event on 4-point rating scale. Alpha coefficient of SLES for the present study was .93.

**School Children's Problems Scale (SCPS).** SCPS is a 44 items 4-point rating scale with scores ranging from 0 = not at all to 3 = extremely common. The scale was developed by Saleem & Mehmood (2011) and assesses six domains of problem behaviors namely Anxiousness, Academic Problems, Aggression, Social Withdrawal, Feeling of Rejection and Somatic Complaints. In the present study the subscale of Feelings of Rejection was used with internally displaced youth which comprises of five items. Alpha coefficient of Feelings of Rejection scale for the present study was .83.

**Children's Negative Cognitive Errors Questionnaire (CNCEQ):** Urdu version of Children's Negative Cognitive Errors Questionnaire (CNCEQ) was used in the present study to measure self-debasing cognitive errors. The questionnaire was originally developed by Leitenberg, et al. in 1986 and translated in Urdu by Rehna and Hanif (2012). CNCEQ is a Likert-type 5-point rating scale consisting of 24 items and measures four types of self-debasing cognitive distortions i.e., Catastrophizing, Personalizing, Selective Abstraction and Over Generalization and each subscale comprises of 6 items. Alpha coefficient of the subscales ranges from .76 to .95 for the present study.

## **Results**

**Table 1. Correlations, alpha coefficients, and descriptive statistics of the study variables (N=300)**

Variables	1	2	3	4	5	6
1. Traumatic Experiences	-	.85**	.64**	.68**	.72**	.77**
2. Feelings of Rejection	-	-	.65**	.65**	.72**	.76**
3. Catastrophizing	-	-	-	.82**	.83**	.85**
4. Personalization	-	-	-	-	.85**	.78**
5. Selective Abstraction	-	-	-	-	-	.85**
6. Over Generalization	-	-	-	-	-	-
A	.89	.83	.85	.76	.95	.92
M(SD)	102.46 (47.81)	8.36 (4.13)	12.08 (4.93)	14.02 (4.51)	13.41 (5.21)	13.01 (5.62)
Skewness	.28	.96	.78	.59	.68	.61
Kurtosis	-.81	-.29	-.33	-.27	-.58	-.72

\*\* $p < .001$

**Table 2. Mediating Role of Cognitive Errors between Traumatic Experiences and Feelings of Rejection (N = 300)**

	M Catastrophizing			Y Feeling of Rejection			M Personalizing			Y Feeling of Rejection			M Selective Ab- straction			Y Feeling of Rejection			M Over Generali- zation			Y Feeling of Rejection		
	Coeff.	SE	p	Coeff.	SE	p	Coeff.	SE	p	Coeff.	SE	p	Coeff.	SE	p	Coeff.	SE	p	Coeff.	SE	p	Coeff.	SE	p
TE	.06	.004	.00	.06	.003	.00	.06	.004	.00	.07	.003	.00	.08	.004	.00	.06	.003	.00	.09	.004	.00	.05	.003	.00
M	----	----	----	.15	.03	.00	----	----	----	.12	.04	.00	----	----	----	.16	.03	.00	----	----	----	.18	.03	.00
C	5.35	.52	.00	.00	.33	.99	7.48	.45	.00	.09	.40	.82	5.34	.49	.00	.07	.33	.82	3.77	.49	.00	.12	.30	.69
	R <sup>2</sup> =.40, F(1, 298) = 202.45**			R <sup>2</sup> =.75, F(2, 297) = 440.26**			R <sup>2</sup> =.46, F(1, 298) = 252.09**			R <sup>2</sup> =.74, F(2, 297) = 418.05**			R <sup>2</sup> =.52, F(1, 298) = 327.31**			R <sup>2</sup> =.75, F(2, 297) = 443.80**			R <sup>2</sup> =.58, F(1, 298) = 425.99**			R <sup>2</sup> =.75, F(2, 297) = 454.99**		
	Direct effect=.06**, Indirect Effect=.01**						Direct effect=.06**, Indirect Effect=.008**						Direct effect=.06**, Indirect Effect=.01**						Direct effect=.05**, Indirect Effect=.01**					

\*\* $p < .001$ , \* $p < .01$

Note: TE = Traumatic Experiences; M = Mediator; C = Constant; Y = Outcome Variable

Table 1 shows alpha coefficients and descriptive statistics for the study variables. Values indicate high alpha reliabilities for all the study scales ranging from .74 to .95. Values of skewness and kurtosis also fall in acceptable range, as proposed by George and Mallery (2010), indicating that the data represent a normal univariate distribution. To examine the relationship between study variables, bivariate correlation was computed and the results demonstrate a significant positive correlation ( $p < .001$ ) between traumatic experiences, all four types of cognitive distortions and feelings of rejection among internally displaced youth.

Mediating role of cognitive errors was examined through process macro proposed by Hayes (2011). The Direct effect of traumatic experience on feelings of rejection was found to be significant (i.e., direct effect = .06,  $p < .00$ ). This relationship was partially mediated by cognitive errors where Catastrophizing (Sobel  $t = 4.50$ ,  $p < .05$ ) explained 75% variance; Personalization (Sobel  $t = 3.18$ ,  $p < .05$ ) explained 74% variance; selective abstraction (Sobel  $t = 4.77$ ,  $p < .05$ ) explained 75% variance and over generalization (Sobel  $t = 5.34$ ,  $p < .05$ ) explained 75% of variance in feelings of rejection among internally displaced youth. The direct effect of traumatic experiences significantly decreased from .06 to .01 after adding catastrophizing, selective abstraction and over generalization as mediators and to .008 after the mediation effect of personalizing. This decrease shows that all four types of cognitive errors significantly mediated the relationship between traumatic experiences and feelings of rejection among internally displaced youth.

## Discussion

The present study tried to explore the mediating effect of cognitive errors in the relation between traumatic experiences and feelings of rejection among internally displaced youth during operation Zarb-e-Azb. Results of the study provided a strong support for the predictive link between traumatic experiences and feelings of rejection in the targeted youth (i.e., the direct effect of traumatic experiences was .06\*\*). These findings are in line with Mels, Derluyn, Broekaert, and Rosseel (2010) who reported that children/adolescents lodging in war zones have been frequently diagnosed with psychological distress, depressive symptoms, and a strong sense of worthlessness. Results further revealed that cognitive errors (catastrophizing, personalization, selective abstraction, and over generalization) partially mediated the relation between traumatic experiences and feelings of rejection. These findings have theoretical roots in cognitive vulnerability models (Beck, 1979; Ellis, 1995) which assume that exposure to traumatic life events may trigger maladaptive cognitive processing i.e. negative cognitive errors or intrusive thoughts. Alongside, the individual's efforts of the repetitious retreading of these trauma related cognitions gradually converts these thoughts into a

stable and relatively enduring cognitive paradigm (Horowitz, 1985) which in turn leads to psychiatric symptomatology i.e. alienation, depression, PTSD or other emotional or behavioral problems (Flouri & Panourgia, 2011).

Particularly, in case of Pakistani IDPs, the government has been very non-serious and indifferent throughout this turmoil and showed an ill will to take necessary steps for the rehabilitation of the said population. This ruthlessness at the part of the state developed a sense of estrangement, self-doubt, apprehension, and being rejected in the effected population and left them hopeless with shattered beliefs.

### **Conclusion**

Findings of the present study made significant contributions to our comprehension of the traumatic experiences, emotional symptoms and distorted cognitive content held by internally displaced youth. Moreover, this study provides a base for future researchers as well as social workers and clinicians to explore the problems and needs of the targeted youth on a broader level. Moreover, they may explore the variation of maladaptive cognitions across different types of traumas not only with 'feelings of rejection' but many other psychiatric problems/disorders; which in turn will facilitate the rehabilitation process and interventions programs for the said population.

Notwithstanding the contribution this study made by addressing the most vulnerable and the least researched population in Pakistan, the study holds some limitations as well. Namely the sample size was small which may limit the generalization of the findings. Furthermore, we could not access a comparable ratio of female adolescents which might have produced a more elaborative and broader understanding of the problem i.e. the specificity of cognitive errors to gender. Another limitation is the cross-sectional and quantitative design of this study. In future, qualitative studies are suggested for the in-depth and comprehensive exploration of psychiatric problems of such vulnerable population following the traumatic experiences. Moreover, longitudinal design would help understand the trajectories of the psychopathology, as well as, will help identifying many risk and protective factors which may serve as mediators or moderators in the path of psychopathology.

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