

## Dispositional and situational coping and mental health among Palestinian political ex-prisoners

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### Abstract

We examined, first, differences in dispositional and situational coping, and psychological distress between political ex-prisoners and their matched controls, and second, coping effectiveness in protecting mental health from impacts of imprisonment and military trauma. Thirdly, we tested the hypothesis that compatibility (“goodness of fit”) between dispositional and situational coping would predict low psychological distress. Participants were 184 men recruited from a Palestinian community sample, 92 were former political prisoners and 92 non-prisoners. The dispositional coping was assessed as a general response style to hypothetical stressors and situational coping as responses to their own traumatic experiences. Psychological distress was measured by SCL-90-R, and posttraumatic stress disorder, depression and somatoform symptoms by scales based on CIDI 2.1 diagnostic interview. The results showed that, compared to non-prisoners, the political ex-prisoners employed less avoidant, denying, and emotion-focused coping strategies. Military trauma was associated with avoidant and denying coping only among non-prisoners. The ex-prisoners showed more mental health and medical problems, especially when exposed to military trauma. None of the coping styles or strategies were effective in protecting the mental health in general or in either groups. However, main effect results revealed that the high level of active and constructive and low level of emotion-focused coping were associated with low levels of psychiatric symptoms and psychological distress.

**Keywords:** *Political prisoners, dispositional and situational coping, PTSD, depression, hostility*

Effective coping strategies can be crucial for mental health and physical survival in prison conditions. Famous political prisoners, such as Nelson Mandela, have insightfully described their attempts to survive and cope with the extreme danger of torture and incarceration (Levi, 1995; Breytenbach, 1984; Mandela, 1995). Their secret of endurance seemed to be the integration of socio-political and psychological coping strategies; they reported strong ideological commitment and political activity, on the one hand, and vivid mental imagery and emotional regulation, on the other. Research is still scarce about the contents and effectiveness of coping among political prisoners in current military conflicts.

Human right organizations estimate that tens of thousands of political prisoners are routinely tortured and detained without access to proper juridical procedures (Amnesty International, 2000; IRCT, 2006). The rehabilitation of released prisoners creates great

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challenges for their communities and clinical professionals (Foley, 2006; Giffard, 2000; HRFT, 2004). It is imperative to learn about the ways of coping that prisoners spontaneously employ in order to protect their integrity and mental health in traumatic conditions. We examine coping effectiveness and psychological distress among Palestinian former political prisoners and their matched controls. They had been detained in the context of the Israel-Palestinian conflict, culminating in serious military confrontations, including two popular uprisings, the Intifadas in the occupied Palestinian territories of West Bank and Gaza. International and Israeli human right organizations have estimated that over 13,000 Palestinian men were imprisoned during the First Intifada in 1986–1993, of which 8733 were released as a result of the Oslo Agreement according to the fourth Geneva Convention concerning the status of political prisoners (B'Tselem, 1998, 1999). We studied the coping and mental health of these former political prisoners as a subgroup of an epidemiological study conducted in the Gaza Strip (de Jong et al., 2001).

### **Prison Salient Coping**

The basic function of coping is to manage specific demands that are appraised as taxing and exceeding one's resources in order to protect mental health and psychological integrity (Lazarus & Folkman, 1984, p. 141). In emotion-focused coping, people attempt to manipulate their feelings, perceptions, and attributes to be less threatening and more controllable. In problem-focused coping, people aim at changing the distressing reality and remove the cause of stress and trauma (Folkman & Lazarus, 1985; Skinner, Edge, Altman, & Sherwood, 2003). Earlier research suggests that exposure to severe and uncontrollable trauma, especially combined with feelings of helplessness, is related to emotion-focused and distancing coping strategies, whereas trauma allowing greater degrees of control is associated with problem-focused coping (Mikulincer, Florian, & Weller, 1993; Mikulincer & Solomon, 1989).

Political prisoners are frequently exposed to severe traumatic experiences. Physical, sexual, and psychological torture methods are employed to get information about resistance activities and opposition networks, as well as to frighten, degrade, and humiliate supporters of the resistance (Amnesty International, 2000; Graessner, Gurriss, & Pross, 2004; B'Tselem, 1998; IRCT, 2006). Torture and ill-treatment are expected to lead to generalized *helplessness* and mental defeat among prisoners (Abrahamson, Seligman, & Teasdale, 1978; Maercker, Beauducel, & Schützwohl, 2000), and subsequently passive, emotion-focused, and distractive coping would emerge. Research shows, however, that in addition to emotion-focused coping, political prisoners use a variety of social, political, and personal coping strategies, indicating *resourcefulness*. They cope by sharing their experiences with others, initiating and joining political activity, and ignoring and denying the imposed humiliation and suffering (Emmelkamp, Komproe, Van Ommeren, & Schagen, 2002; Kanninen, Punamäki, & Qouta, 2002; Qouta, Punamäki, & El Sarraj, 1997).

Imprisonment in the context of political struggle can mean a drastic change from a committed activist into a passive victim of abuse and humiliation. Employing active, political, and problem-solving strategies in prison (e.g., organizing hunger strikes or protests) generally leads to severe punishments and reprisals such as beating and solitary confinement (Amnesty International, 1996–1999; B'Tselem, 1998, 1999; Reyes, 1995). Conceptualizing coping responses as dispositional traits and situational states might be helpful in understanding this “political prisoner's dilemma”. Dispositional coping refers to habitual ways of dealing with stressors and trauma that are stable personality traits that

developed early in life and are influencing responses across different stressful situations (Carver & Scheier, 1994). Alternatively, coping responses can change from moment to moment depending on the nature and personal appraisal of a stressful transaction, indicating situational coping (Folkman & Lazarus, 1985).

There is no consensus about relationships between dispositional coping styles and situational coping strategies. Some researchers consider them overlapping concepts, with dispositional coping determining the “choice” of situational coping (Ayers, Sandler, West, & Roosa, 1996; Carver & Scheier, 1994; Ferguson, 2001). Others argue that they represent different phenomena because their determinants and impacts on behavior and mental health differ. Dispositional coping style is a function of personality, whereas specific demands of traumatic stress influence the situational coping strategies (Bouchard, Guillemette, & Landry-Lèger, 2004; Suls, David, & Harvey, 1996). Neither general trauma research nor studies among political prisoners have made distinction between dispositional and situational coping. We suggest, however, that adulthood traumatic events, including political imprisonment and torture, would be associated with situational coping strategies, but not with dispositional coping style which is stable and was formed earlier. Concerning situational coping strategies, two alternative hypotheses are available: according to the *helplessness model* by Abrahamson et al. (1978), political prisoners employ emotion-focused, passive, and avoiding coping due to their experiences of incarceration and systematic, arbitrary, and constant life danger. On the contrary, according to models that *emphasize resources* rather than deficits (Hobfoll, 2002), political prisoners would employ a variety of active, political, and problem-focused coping strategies due to their endurance and ideological strengths (Becker, 1997; Emmelkamp et al., 2002; Punamäki, 1988).

### *Coping Effectiveness*

Knowledge is still scarce concerning what kind of coping is effective in protecting mental health among political prisoners in the context of current military conflicts. A study showed that Nepalese torture survivors who coped by means of social withdrawal and isolation, and aggression toward their persecutor, suffered from a high level of anxiety, depression, and somatization (Emmelkamp et al., 2002). Avoidant and distractive coping strategies are ineffective because they prevent prisoners’ comprehensive cognitive-emotional processing and sharing the traumatic experience with others, which in turn, limits access to familial and social resources (Benotsch et al., 2000).

Research among soldiers, war veterans, and prisoners of war confirms that emotion-focused and passive coping strategies are ineffective and form a risk for psychological disorders, including posttraumatic stress disorder (PTSD), whereas problem-focused and active coping predict good adjustment. Vietnam veterans with PTSD mainly used coping involving religious meditation and denial when coping with trauma-related memories (Green, Lindy, & Grace, 1988) and current interpersonal problems (Nezu & Carnevale, 1987). Coping characterized by wishful thinking, self-blame, and seeking social affiliation was associated with PTSD diagnosis among World War II veterans (Blake, Cook, & Keane, 1992) and prisoners of war (Fairbank, Hansen, & Fitterling, 1991). Avoidance and passive coping were common among Gulf War veterans, and these coping responses were associated with and predicted PTSD (Benotsch et al., 2000; Stein et al., 2005). On the contrary, problem-focused coping strategies, such as constructive activity, information seeking and planning have been found to predict low level of PTSD among Israeli soldiers (Mikulincer & Solomon, 1989; Solomon, Mikulincer, & Avitzur, 1988). The results of coping effectiveness in the context of war and military trauma are in line with general

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130 findings suggesting passivity and denial to be ineffective (Bryant & Harvey, 1995; Fiedler et al., 2000), and active and problem-focused strategies to be effective forms of coping (Lazarus, 2000).

135 Other researchers specify, however, that coping effectiveness depends on the nature and appraisal of stress. General findings may not be valid in life-endangering and extremely harsh conditions such as imprisonment, but the compatibility or “goodness of fit” between individual’s coping strategies and environmental demands predict survival. Similarly, research shows that problem-focused and active coping strategies are effective in controllable environments, while passive and emotion-focused coping responses are protective when the stress situation is uncontrollable (Lazarus, 1993). Compatibility  
140 between personality traits and environmental demands entail low psychological costs, which may allow for the transfer of energy to other more creative and resilient enhancing activities. Therefore, we hypothesize that compatibility between dispositional coping styles and situational coping strategies predict low levels of psychological distress among both ex-prisoners and non-prisoners.

#### 145 *Imprisonment and Mental Health*

Political prisoners and torture survivors have been found to suffer from severe psychological distress, including PTSD and depression (Ehlers, Maercker, & Boos, 2000; Silove, Steel, McGorry, Miles, & Drobny, 2002). According to clinical observations, political prisoners show complex mental health problems and unique patterns of psychological distress that  
150 may reflect the dilemmatic prison experiences (Graessner et al., 2004). Being a target of humiliation and violence evokes strong feelings of anger, frustration, and revenge. Expressing aggression in prison conditions, however, leads to harsh punishment and life threatening situations, and, therefore, must be suppressed or camouflaged (Denis, Jana, & Priebe, 1997; Holz, 1998). Both psychoanalysts (e.g. Lindy, 1989) and emotion researchers (e.g. Tomkins, 1991) argue that suppressed feelings of pain are in need of other expression, otherwise they may find their way into somatic complaints, projected at other people, and displaced to less dangerous targets such as family members.

155 There is some evidence that typical mental health problems among political prisoners and torture victims reflect suppression and displacement of angry and frustrated feelings. They suffer from somatic and psychosomatic symptoms (de Jong et al., 2001; Silove et al., 2002), feel constantly hostile, alert, and easily end up in conflict with family members (Näätänen, Kanninen, Qouta, & Punamäki, 2002). Former political prisoners tend to feel suspicious toward other people and may also interpret neutral situations as threatening, dangerous and/or hostile (Ehlers et al., 2000; Horowitz, 1979). The suspiciousness can, in extreme  
160 instances, lead to paranoid ideation. Alternatively, prisoners and torture victims may direct their anger toward themselves and, therefore, are at risk for depression (Silove et al., 2002). Accordingly, we hypothesize that political ex-prisoners would exhibit higher levels of psychological distress than non-prisoners, especially somatization and somatic complaints, hostility, interpersonal problems, paranoid ideation, depressiveness, and PTSD.

#### 170 *Research Aims*

Our study focuses on coping, mental health, and coping effectiveness among Palestinian political ex-prisoners and their matched non-prisoner controls, as well as on the role of lifetime military trauma. First, we hypothesize that the political ex-prisoners and non-prisoners would not differ in their dispositional coping styles because trauma in adulthood,

175 even if extremely threatening, may not impact stable personality characteristics. However,  
alternative hypotheses concerning situational coping are reasonable. According to the  
helplessness model, political prisoners use high levels of passive, avoidant, and emotion-  
180 focused coping, as well as low levels of active and constructive coping strategies due to their  
harsh incarceration experiences. According to the resourcefulness hypothesis, political ex-  
prisoners would show high levels of active, constructive, and political coping strategies, and  
low levels of passive and emotion-focused strategies due to their choice of activity and  
ideological commitment. Second, concerning mental health, we hypothesize that political  
ex-prisoners would show higher levels of somatization, hostility, interpersonal conflicts,  
185 paranoid ideation, and depressive and PTSD symptoms than non-prisoners. Third, we  
examine which dispositional and situational coping responses would be effective in  
moderating the negative impact of imprisonment and exposure to military trauma on  
mental health (interaction effects), and which coping styles and strategies would be  
associated with low levels of psychological distress (main effects). Fourth, we hypothesize  
190 that compatibility between dispositional coping styles and situational coping strategies  
would predict low levels of psychological distress due to low psychological costs.

## Method

### *Participants and Study Procedure*

Participants were 184 men, 92 of them were former political prisoners, and 92 their  
matched controls. Participants were recruited from a Palestinian community sample, and  
195 the matching criteria were age ( $\leq 20$ –29; 30–39; 40–50,  $> 50$ ), education (no schooling,  
primary, secondary, and university), and place of residency (refugee camp, town, and  
resettled area). The original community sample consisted of 585 participants, of whom 274  
were men. There were no female political prisoners in the sample. Thus, 33.6% of men in  
the epidemiological sample reported having been imprisoned for political reasons during  
200 the First Intifada, which corresponds with statistics showing that about third of Palestinian  
men have been imprisoned by Israeli military forces during the Intifada I (B'Tselem, 1995,  
1999). The prisoners were freed according to the Oslo Accords, and the time elapsed since  
release was about 3 years.

The original community sample ( $n = 585$ ) was randomly selected and covered three  
refugee camps, two resettled areas, and three cities in the Gaza Strip. Eight trained  
205 interviewers collected the data in the randomly selected participants' homes. Inclusion  
criteria were age (16–60) and lack of cognitive impairment or psychosis. Only verbal  
consent was obtained and the participants responded anonymously. The Gaza Community  
Mental Health Programme (GCMHP) Research Committee approved the study plan and  
210 methods that were consistent with the Declaration of Helsinki on biomedical research  
involving human subjects (World Medical Assembly, 1997). GCMHP clinical team  
provided consultation and help for mental health problems if participants so wished.

### *Measures*

215 *The demographic variables* included: age, place of residency, employment, civic status and  
number of children, as well as education and professional and economic status.

*Dispositional coping styles* were assessed in relation to hypothetical but manageable  
stressful situations, such as a damaging gossip or loss of property in theft. Estimates  
were acquired from the participants by a nine-item checklist (Stone & Neale, 1984)

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demonstrating how they would cope in each hypothetical situation. The instruction allowed the respondents to choose more than one coping alternative, but the majority of respondents marked only one. Coping alternatives were scored as 0=no and 1=yes. Four sum variables were constructed based on the 18 coping responses, that is, nine alternatives in two stress situations: (a) active and constructive (five items, e.g., show that the gossiping is false and try to get the property back, Cronbach's  $\alpha = .56$ ); (b) avoidance and denial (five items, e.g., ignore the gossiping and avoid thinking the loss, Cronbach's  $\alpha = .53$ ); (c) social affiliation (five items, e.g., discuss the problem and try to find a person to help, Cronbach's  $\alpha = .83$ ); and (d) emotion-focused coping (five items, e.g., get angry and accuse somebody, Cronbach's  $\alpha = .50$ ).

*Situational coping strategies* were assessed in relation to the life-event interview by asking participants to indicate how they coped with each of the traumatic events that they reported. The life-event interview for adulthood involved 18 items, such as lack of food and water, loss of home, being a witness to killing, serious injury, or escaping death. The participants answered by a six-item coping checklist by Mattlin, Wethington, and Kester (1990) whether they had coped with each situation by, for instance, active efforts, passive withdrawal, or by other ways. Political activity as a coping strategy was added based on responses to the last alternative. Six averaged sum variables were formed by counting responses (1=yes) across coping with reported traumatic experiences indicating the following situational coping strategies: (a) active and constructive; (b) avoidant and passive; (c) social affiliation; (d) emotion-focused coping; (f) religious affiliation; and (g) political activity. Because the value of each coping strategy was dependent on the exposure to traumatic life events, the coping scores were divided by the number of the reported traumatic events. The accounting procedure did not allow us to measure the internal consistency of the situational coping strategies (i.e., uneven number of items and dividing of scores).

*Psychological distress* was measured by Symptoms Checklist (SCL-90-R) that is a 90-item self-report instrument revealing generalized feelings of malfunctioning and psychological distress (Derogatis & Cleary, 1977). Participants answered on five-point scale (0=never, 1=rarely, 2=sometimes, 3=often, 4=always) how often they suffered from each problem. The SCL-90-R was translated and validated for use with Arabic-speaking populations and studies with Palestinian male (Abu-Thahina, 1999) and female (Khamis, 1998) trauma victims, and primary health care patients (Afana, Dalgard, Bjertness, & Grunfeld, 2002), showed good internal reliability. In this study, all nine dimensions, each utilizing 10 symptoms, were used: somatization (Cronbach's  $\alpha = .82$ ), obsessive-compulsive symptoms ( $\alpha = .80$ ), interpersonal sensitivity ( $\alpha = .81$ ), depressive symptoms ( $\alpha = .87$ ), psychoticism ( $\alpha = .81$ ), phobic anxiety ( $\alpha = .83$ ), paranoid ideation ( $\alpha = .81$ ), anxiety ( $\alpha = .83$ ), and hostility ( $\alpha = .82$ ).

**AQ3** *Psychiatric symptoms.* The Composite International Diagnostic Interview (CIDI) (World Health Organization, 1997) 2.1 provided scales for PTSD, depressive (mood disorder), and somatoform disorder. The total scores refer to the number of symptoms of each disorder. PTSD symptoms count 21 indicators of DSM-IV PTSD, and the Cronbach's  $\alpha$  of the score was .94. Depressive symptoms count 21 indicators of the DSM-IV major depression and dysthymia disorder, the Cronbach's  $\alpha$  being .97. Somatoform symptoms count 30 indicators of the DSM-IV somatization, conversion, hypochondrias, and pain disorder, and the Cronbach's  $\alpha$  was .88.

265 *Medical complaints* were a list of 10 common symptoms and illnesses such as back and heart pains, high blood pressure, and breathing problems. Participants responded whether they currently had any of the problems (0=no; 1=yes).

270 *Lifetime military trauma* scale is a combined variable covering adulthood and childhood experiences of losses, destruction, and military violence. Adulthood military trauma involves 18 traumatic events derived from the Harvard Trauma Questionnaire, section I (HTQ-I by Mollica et al., 1992). They cover traumatic events that people face in political and military conflicts (e.g. witnessing and being the target of shooting, violent deaths, combat experience, being wounded, air raids, and house demolition). The participants were asked whether they had been exposed to each event (0=no; 1=yes). *Childhood military trauma* scale includes the same traumatic experiences and the participants were asked to indicate whether they had been exposed to these events (0=no; 1=yes) before the age of 12.

280 *Adulthood family trauma* was measured by a 13-item scale describing domains of death and separation in the family, family conflicts, and domestic adversities such as aggression and humiliation. The participants were asked whether they had been exposed to each event (0=no; 1=yes) in the adult lives. *Childhood family trauma* scale includes the same traumatic experiences and the participants were asked to indicate whether they had been exposed to these events (0=no; 1=yes) before the age of 12.

285 *Translation.* Instruments were translated focusing on content, criterion, technical, conceptual and semantic equivalence as recommended by Flaherty et al. (1988). The process of translation involved: the examination of instruments by bilingual experts (Arabic and Dutch), translation into Arabic language, literal back-translation by different translators, examination of the back-translation by monolingual experts, back-translation of all items changed by the monolingual experts, examination of the back-translation by a bilingual group informed by the discussion of the monolingual experts, and, finally, pilot testing and subsequent corrections. A team of four Palestinian social scientists and medical doctors checked the cultural adequateness of the interview for Palestinians in Gaza.

## Results

### *Descriptive Statistics*

295 Table I shows that the matching between political ex-prisoners and non-prisoners was successful concerning age, place of resilience, and education. The mean age was 33.43 years ( $SD = 10.86$ ). Approximately 50% of both groups resided in refugee camps, which corresponds with the general statistics in Gaza Strip (UNRWA, 1999). Ex-prisoners, and, correspondently, their controls were highly educated, for instance, a third were university graduates, which corresponds with demographic characteristics of the Palestinian political prisoners released according to the Oslo Agreement (B'Tselem, 1998). The groups differed in their marital status. Ex-prisoners were more often married, but there were no differences in the number of children they had.

300 Ex-prisoners reported higher levels of military trauma in adulthood, and family trauma in childhood, than non-prisoners. None of the political prisoners, and 15% of the non-prisoners, had been protected from adulthood military trauma. Of the political prisoners almost a third (28%), and from non-prisoners, 8% had experienced family trauma in childhood. The groups did not differ in the levels of family trauma in adulthood and military trauma in childhood.

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Table I. Percentages and frequencies of demographic factors among the political ex-prisoner ( $n=92$ ) and non-prisoner ( $n=92$ ) groups.

	Ex-prisoners		Non-prisoners		$\chi^2$ value
	%	N	%	N	
Age					.73
16–29	50.0	46	50.0	46	
30–39	22.8	21	27.2	25	
40–59	17.4	16	15.2	14	
60–65	9.8	9	7.6	7	
Place of residency					.59
Urban area	41.3	38	36.3	33	
Refugee camp	48.9	45	51.6	47	
Resettled area	9.8	9	12.1	11	
Education					1.37
No education	6.5	6	3.3	3	
Primary school	12.1	11	14.1	13	
Vocational school	18.5	17	17.4	16	
Secondary school	28.3	26	31.5	29	
University degree	34.8	32	33.7	31	
Profession					9.40**
Unskilled laborer	7.6	7	6.6	18	
Skilled laborer	8.7	8	19.8	6	
Civil servant	18.5	17	14.3	13	
Other professional	34.8	32	24.2	22	
Student	6.5	6	15.4	14	
Unemployed	23.9	22	19.8	18	
Subjective economic status					2.88
Above average	69.6	64	58.7	54	
Average	29.3	27	38.0	35	
Below average	1.1	1	3.3	3	
Civic status					5.68**
Married	82.6	76	67.4	62	
Single	17.4	16	32.6	30	
Mental illness in family					.15
No	95.7	87	96.7	88	
Yes	4.3	4	3.3	2	
Both parents alive					.08
No	6.5	6	7.6	7	
Yes	93.5	86	92.4	85	
Military trauma in childhood					1.40
No	42.4	39	51.1	47	
Yes	57.6	53	48.9	45	
Military trauma in adulthood					15.15****
No	0	0	15.2	14	
Yes	100	92	84.8	78	
Family trauma in childhood					13.33****
No	71.7	66	92.4	85	
Yes	28.3	26	7.6	7	
Family trauma in adulthood					2.19
No	40.2	37	51.1	47	
Yes	59.8	55	48.9	45	

Note. \*\* $p < .01$ , \*\*\*\* $p < .0001$ .



Of the political prisoners 54.3% reported being tortured in detention or interrogation, 41.1% had experienced solitary confinement, and 28% had been witnessing torturing of other prisoners. The time since release was 2 years as all prisoners were released according to the Oslo Agreement.

Table II presents Spearman correlations between dispositional and situational coping among former political prisoners and non-prisoners. The results reveal significant correlations between the four dispositional coping styles, and between the six situational coping strategies in both groups. Among political prisoners, there were six significant or marginally significant correlations between dispositional and situational coping responses. For instance, dispositional coping of avoidance and denial was positively correlated with situational avoidance and denial, and negatively with situational active and constructive coping. Dispositional social affiliation was negatively correlated with situational emotion-focused coping, and dispositional active coping negatively correlated with situational emotion-focused coping. In the non-prisoners' group, the only significant positive correlation was found between dispositional emotion-focused coping and situational political activity.

#### *Dispositional and Situational Coping among Ex-prisoners and Non-prisoners*

Two separate multivariate analyses of covariance (MANCOVAs) were applied to examine the impact of prison status (ex-prisoner vs. non-prisoners) on dispositional and situational coping, using lifetime military trauma and age as covariants. Specific associations were then indicated by univariate ANCOVAs. The dependent dispositional coping variables were: active and constructive styles, avoidance and denial, social affiliation, and emotion-focused styles. Dependent situational coping variables included the variables in the dependent dispositional coping variables, as well as religious affiliation and political activity.

As hypothesized, the MANCOVA results showed that political ex-prisoners and non-prisoners differed in situational coping strategies ( $F_{\text{Wilks' Lambda}}(6, 161) = 7.44, p < .0001$ , Effect size = .22), but not in dispositional coping styles ( $F_{\text{Wilks' Lambda}}(4, 155) = 1.41, p = .23$ , Effect size = .03). ANOVA results in Table III specify that political ex-prisoners showed lower levels of avoidance and denial, and emotion-focused situational coping strategies than non-prisoners, which contradicts the helplessness hypothesis, and supports the resources hypothesis.

Exposure to lifetime military trauma as a covariate was significant for situational coping strategies, but not for dispositional coping styles, while age turned out to be non-significant covariate for both coping styles and strategies. Subsequently, 2 (ex-prisoners vs. non-prisoners)  $\times$  2 (lifetime military trauma: low vs. high) ANOVAs were executed on the six situational coping variables. The results revealed a significant main effect of lifetime military trauma on political activity, and a significant interaction effect between prison status (ex-prisoners vs. non-prisoners) and military trauma on avoidance and denial (see Table III, on the right). Men who were exposed to high level of military trauma used more political activity as situational coping ( $.80 \pm .20$ ) than those exposed to low level ( $.07 \pm .24$ ). Figure 1 shows that lifetime military trauma had a different function on avoidance and denial coping among ex-prisoners and non-prisoners. Although a high exposure to military trauma was associated with increased level of avoidance and denial situational coping among non-prisoners, it associated with decreased avoidance and denial among former political prisoners.

Table II. Spearman correlations between dispositional coping styles and situational coping strategies among political ex-prisoners and non-prisoners.

Variables	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
<i>Dispositional coping</i>										
					Political ex-prisoners					
1. Active and constructive		.01	.36***	.37***	.16	-.17+	-.21*	-.06	-.04	.02
2. Avoidance and denial	-.04		-.27**	-.18	-.22*	.24*	-.11	-.07	-.05	.01
3. Social affiliation	.33***	-.27*		.25*	.08	.10	.07	-.23*	-.05	.02
4. Emotion-focused	.38***	.22*	.24*		-.15	.11	.10	.09	-.01	.17+
					Non-prisoners					
5. Active and constructive	.10	-.07	-.14	.10		-.05	-.18+	-.20*	-.25**	.30**
6. Avoidance and denial	-.06	.01	.06	-.10	-.19+		.30**	.14	-.25**	-.12
7. Social affiliation	-.06	-.15	.04	-.14	.05	-.06		.07	-.36***	.12
8. Emotion-focused	-.14	.07	.04	.02	-.18	.10	.29**		.04	.09
9. Religious affiliation	-.01	.01	.11	-.11	-.41***	-.38***	-.20+	-.22*		-.17+
10. Political activity	.20+	-.11	.17	.27*	.24*	-.14	-.06	-.21+	-.21+	

+ $p < .10$ , \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

Table III. Means, standard deviations of dispositional and situational coping responses among the political ex-prisoner and non-prisoner groups.<sup>a</sup>

	Ex-prisoners		Non-prisoners		F-values		
	M	SD	M	SD	Imprisonment main effect <sup>b</sup>	Military trauma main effect <sup>c</sup>	Imprisonment × Military trauma – interaction effect <sup>c</sup>
<i>Dispositional coping</i>							
Active and constructive	1.81	.08	1.88	.09	.58	.21	.05
Avoidance and denial	1.04	.15	1.37	.13	2.97	1.65	1.34
Social affiliation	1.72	.08	1.64	.12	.56	.67	.07
Emotion-focused	1.28	.11	1.47	.13	.96	1.66	.04
<i>Situational coping</i>							
Active and constructive	4.47	.72	6.22	.83	2.56	1.84	2.34
Avoidance and denial	4.64	.74	6.87	.85	4.07*	2.50	6.02**
Social affiliation	1.87	.51	3.03	.59	2.19	.66	.39
Emotion-focused coping	.24	.21	.88	.23	4.00*	2.41	1.65
Religious affiliation	5.46	.73	5.71	.83	.48	.05	.13
Political activity	.81	.19	.40	.83	2.56	5.69**	.48

Note. <sup>a</sup>N = 160 due to the missing cases of 23 non-prisoners, who did not report traumatic events and related situational coping strategies. <sup>b</sup>Main effect of imprisonment when military trauma and age were used as covariates. <sup>c</sup>Significant covariance of military trauma included. \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

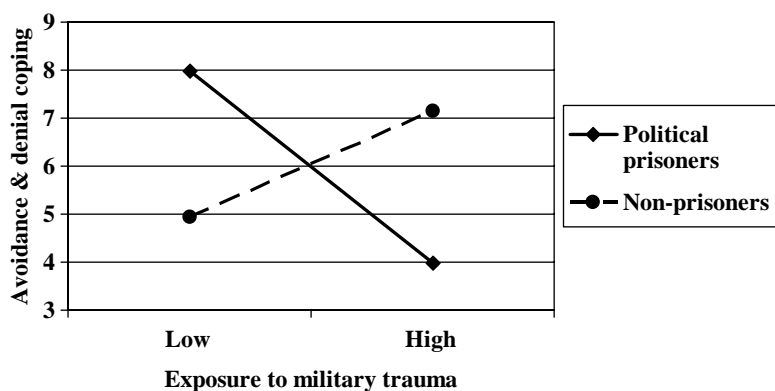


Figure 1. Imprisonment and military trauma – interaction effects on situational avoidance and denial coping strategies.

### *Mental Health among Political Ex-political Prisoners*

ANCOVAs were applied to test the hypotheses that political prisoners show specific kinds of psychological distress, psychiatric symptoms, and medical complaints. The dependent variables were the nine dimensions of psychological distress (SCL-90-R) and scores of PTSD, depression and somatoform symptoms based on CIDI 2.1, and medical complaints. Again lifetime military trauma and age were used as covariates, and if significant, corresponding ANOVAs with interaction effects were conducted.

The means and standard deviations of psychological distress, psychiatric symptoms, and medical complaints among political ex-prisoners and non-prisoners, and the  $F$ -statistics are presented in Table IV. As hypothesized, the ex-prisoners showed higher levels of paranoid ideation, hostility, PTSD and depression symptoms than non-prisoners. The number of medical complaints, such as high blood pressure and asthmatic symptoms, were also higher among political ex-prisoners. Contrary to our hypotheses, no differences were found between the political ex-prisoners and non-prisoners in interpersonal sensitivity, somatization, and somatoform symptoms. Political prisoners exhibited more obsessive-compulsive problems, which were not hypothesized.

Military trauma was a significant covariate for the majority of the psychological distress dimensions. Table IV, the right panel, shows the results of subsequent main and interaction effect from ANOVAs. They indicate that military trauma was the only determinant of somatization, depression and anxiety symptoms (SCL90-R), and somatoform symptoms (CIDI 2.1). The significant interaction effects indicate that the impact of military trauma on psychological distress and medical complaints differed among political prisoners and non-prisoners. Only among political ex-prisoners there was an association between a high exposure to military trauma and high levels of interpersonal sensitivity, while no association was found among non-prisoners (Figure 2). Similarly, only among the political ex-prisoners was the exposure to military trauma associated with high levels of medical complaints, while no association was found among non-prisoners. Exposure to military trauma was associated with hostility, especially among political ex-prisoners (Figure 3).

### *Coping Effectiveness*

Hierarchical multiple regression analyses were used to examine the effectiveness of coping responses in associations with low levels of psychiatric symptoms and psychological distress

Table IV. Means, standard deviations of psychological distress, psychiatric symptoms and medical complaints among political ex-prisoner and non-prisoners.<sup>a</sup>

	Ex-prisoners		Non-prisoners		F-values		
	M	SD	M	SD	Imprisonment main effect <sup>b</sup>	Military trauma main effect <sup>c</sup>	Imprisonment × Military trauma – interaction effect <sup>b</sup>
<i>Psychological distress</i>							
Somatization	6.22	1.27	5.92	1.03	.71	8.42**	.81
Obsessive-compulsive	7.83	1.02	6.37	.83	3.07*	15.13***	4.16*
Interpersonal sensitivity	7.87	1.02	6.57	1.02	2.45	2.85	3.47*
Depressive	10.57	1.57	8.92	1.28	2.33	8.90**	1.19
Psychotic	4.41	.94	3.64	.76	1.22	8.16**	7.11**
Phobic anxiety	2.36	.43	2.37	.53	.02	2.47	1.29
Paranoid ideation	5.80	.77	4.53	.62	4.41*	7.39**	2.58
Anxiety	6.83	1.04	5.60	.84	3.02	4.72*	2.74
Hostility	5.18	.067	3.82	.54	6.85**	10.55**	4.29*
<i>Psychiatric symptoms</i>							
PTSD	9.04	.60	5.74	.84	15.21****	14.42***	.57
Depression	5.12	.58	2.79	.54	8.00***	3.00	.56
Somatoform disorder	1.45	.05	1.30	.60	2.21	3.26*	1.12
Medical complaints	.96	.12	.60	.58	4.68*	.27	3.61*

Note. <sup>a</sup>N=182. <sup>b</sup>Main effect of imprisonment when military trauma and age were used as covariances. <sup>c</sup>Significant covariance of military trauma included. \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

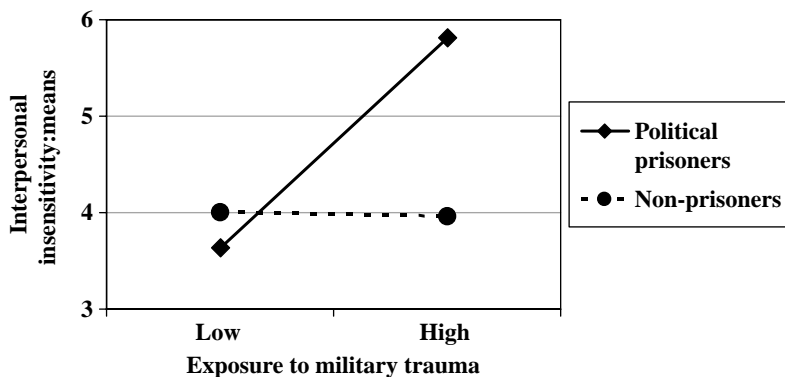


Figure 2. Imprisonment and military trauma – interaction effects on psychological distress: hostility symptoms.

(main effects), and in moderating between political imprisonment and symptoms and distress, as well as between lifetime military trauma and symptoms and distress (interaction effects). Dependent variables were PTSD, depression and somatoform symptoms (CIDI 2.1), and total score of psychological distress (SCL-90-R). In the first step, age was entered as a control variable, and in the second, trauma variables of imprisonment (dummy variables scored as 0 = non-prisoner; 1 = prisoner) and exposure to lifetime military trauma were entered. In the third step, the four dispositional coping style variables were entered, and, finally, in the fourth step, six situational coping strategies were entered in the model. In the two final steps, to assess the possible moderating effects, first, interaction terms between imprisonment, dispositional, and situational coping, and then between military trauma, dispositional, and situational coping variables were entered in the model. All the predictors and interaction terms were centered according to methods suggested by Aiken and West (1991).

The regression models significantly explained the variation of PTSD ( $F(33, 126) = 2.11 < .002$ ; 35%), depressive ( $F(33, 126) = 1.53 < .05$ ; 28%) and somatoform ( $F(33, 126) = 2.52 < .001$ ; 39%) symptoms, and psychological distress ( $F(33, 126) = 2.78 < .002$ ; 42%). However, the interaction effects between imprisonment and coping, and military trauma and coping were not significant thus, indicating that none of the dispositional and situational coping responses were effective enough in moderating the negative impact of

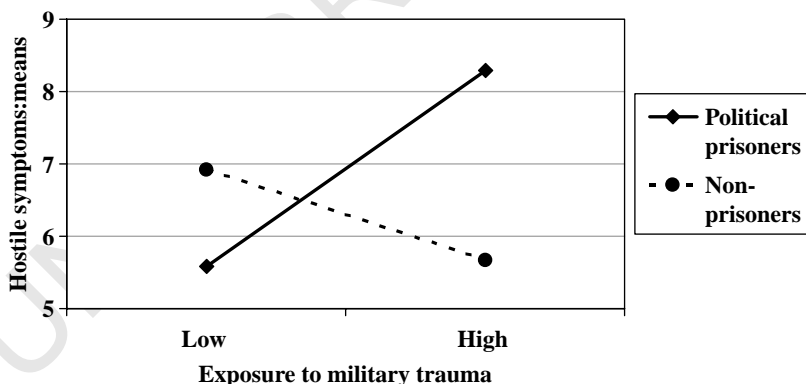


Figure 3. Imprisonment and military trauma – interaction effects on psychological distress: interpersonal insensitivity.

Table V. Hierarchical linear regression models for main effects of imprisonment, military trauma and dispositional and situational coping on PTSD, depressive, and somatoform symptoms and psychological distress.

	PTSD symptoms			Depressive symptoms			Somatoform symptoms			Psychological distress		
	R <sup>2</sup>	Change R <sup>2</sup>	β At final step	R <sup>2</sup>	Change R <sup>2</sup>	β At final step	R <sup>2</sup>	Change R <sup>2</sup>	β At final step	R <sup>2</sup>	Change R <sup>2</sup>	β At final step
(1) Age	.01	.01	.06	.02	.02	.08	.09	.09****	.28****	.02	.02	.09
(2) Trauma	.06	.05*		.06	.04		.16	.07**		.12	.10****	
Imprisonment			.12			.13			.04			.05
Military trauma			.22*			.18*			.37****			.28***
(3) Dispositional coping	.14	.08*		.09	.03		.20	.04+		.18	.06*	
Active and constructive			-.03			-.16+			-.11			-.17*
Avoidance and denial			.01			.01			.02			.01
Seeking social affiliation			.08			.13			.21**			.02
Emotional & distraction			.26***			.15+			.14*			.23**
(4) Situational coping	.22	.08*		.15	.06		.29	.09**		.28	.10**	
Active and constructive			-.10			-.07			.03			-.14+
Avoidance and denial			-.24**			-.15+			-.28***			-.03
Seeking social affiliation			.02			-.12			.01			.20**
Emotional coping			.02			.01			-.10			.01
Religious affiliation			.07			.02			.06			.19**
Political activity			-.16*			-.19*			-.09			-.04
	<i>F</i> (13, 146) = 3.13 < .0001; 22% explained variance			<i>F</i> (13, 146) = 1.91 < .03; 15% explained variance			<i>F</i> (13, 146) = 4.55 < .0001; 29% explained variance			<i>F</i> (13, 146) = 4.33 < .0001; 28% explained variance		

Note. +*p* < .10, \**p* < .05, \*\**p* < .01, \*\*\**p* < .001, \*\*\*\**p* < .0001.

trauma on mental health. The regression analyses including only main effects were thereafter performed and these results are presented in Table V.

The significant main effect analyses indicate that high levels of dispositional active and constructive coping, and low levels of emotion-focused coping were associated with low levels of somatoform symptoms, psychological distress, PTSD (only emotion-focused coping), and depressiveness (marginal effect). Concerning situational coping, seemingly opposite coping responses, that is, avoidance and denial, and political activity, were associated with low levels of PTSD and depressive symptoms. Avoidance and denial were associated with low levels of somatoform symptoms. Social and religious affiliations were ineffective coping strategies as they were associated with high level of psychological distress.

#### Goodness of Fit between Dispositional and Situational Coping

The hypothesis that compatibility (goodness of fit) between dispositional coping styles and situational coping strategies would predict better mental health (low levels of symptoms, and complaints) was tested by ANOVAs, with Tukey-b post hoc tests. The dependent variables were PTSD, depression and somatoform symptoms (CIDI 2.1.), hostility, somatization and total score of SCL-90-R, and medical complaints. The coping responses that were measured as both dispositional and situational coping were including in the interaction testing: active and constructive, and political activity; avoidance emotional and distracting coping, and social affiliation. For instance, 2 (avoiding situational coping: high vs. low)  $\times$  2 (avoiding dispositional coping: high vs. low) on psychological distress. These analyses resulted in four groups, two indicating a match between strategy and style (either high-high selected strategy and style or low-low selected strategy and style), and two indicating a mismatch between strategy and style (either high-low or low-high constellation).

The hypothesis of goodness of fit was substantiated between dispositional active and constructive coping, and situational political activity on hostility symptoms, indicated by significant interaction effect ( $F(1, 175) = 5.80, p < .01$ ), and marginally between dispositional and situational avoidance, and denial on medical complaints ( $F(1, 180) = 2.92, p < .08$ ). Figure 4 illustrates, however, that only incompatibility indicating high dispositional activity and low situational political activity was associated with high level of hostility, whereas the incompatibility involving low dispositional and high situational activity was not

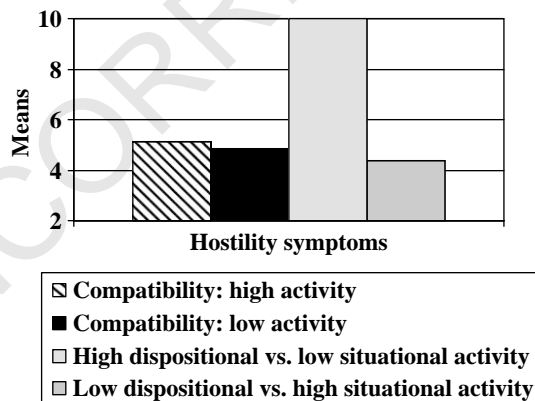


Figure 4. Compatibility (i.e., goodness of fit) between dispositional activity and situational political activity on hostility symptoms.



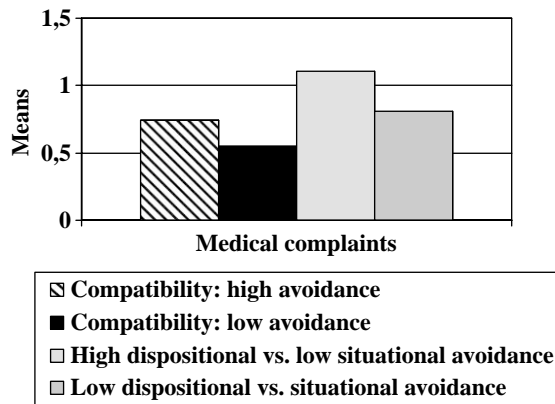


Figure 5. Compatibility (i.e., goodness of fit) between dispositional activity and situational political activity on medical complaints.

at risk (specified by Tukey-b post hocs at  $p < .05$  level). Figure 5 similarly shows that incompatibility characterized by high dispositional and low situational avoidance and denial was associated with high level of medical complaints.

## Discussion

Our aim was to understand the unique and universal coping characteristics and function, and mental health among former political prisoners. Their fate communicates a dilemma of committed and active persons ending up in prison where survival may demand passive and submissive coping strategies, and refrain from using active coping. As hypothesized, imprisonment was not associated with dispositional coping styles which typically are formed early in development and reflect personality or temperamental characteristics such as activity or passivity, and need or tolerance for excitement (Ayers et al., 1996; Horowitz, 1979). The former prisoners differed from their controls in employing less avoidant and denying, and emotion-focused situational coping strategies. However, none of the coping styles and strategies could protect prisoners' mental health from negative impact of trauma, whether imprisonment or other military trauma.

The hypothesis, based on the helplessness model (Abrahamson et al., 1978) of arbitrary and constant danger and humiliation breaking down active coping efforts, may not be valid among political activists in the context of national struggle for independency. Strong ideological commitment and collective sharing of national aspirations can explain political prisoners' endurance of not succumbing to passive, avoidant, and emotion-focused situational coping (Basoglu et al., 1996; Becker, 1997). In line with our result, other studies among Palestinians have showed that, against general beliefs, exposure to military violence increases rather than decreases active coping and political activity among children (Punamäki & Suleiman, 1989) and adults (Punamäki, 1986, 1988). Ideological commitment serves as a contextual resource for active coping responses; it provides the possibility of interpreting and attributing causes and consequences of trauma in meaningful, consoling and encouraging ways, sharing experiences and disclosing emotions with others, all contributing to empowerment and successful recovery.

The role of military trauma such as violent loss of family members, property destruction, and military confrontations played different role in coping and mental health among

political prisoners and non-prisoners. It is informative that only among controls, and not among political prisoners, the exposure to severe lifetime military trauma was associated with increased avoidant and denial coping strategies. The political slogan of national struggles “the more I suffer the stronger I become” is thus true, to some extent, among political prisoners when considering their coping. However, when considering their mental health political prisoners’ endurance is not evident. Compared to non-prisoners, the political ex-prisoners suffered more from psychological distress and symptoms in general, especially when exposed to high levels of military trauma. Similar dynamics of simultaneous occurrence of both strengths and vulnerabilities have been documented elsewhere in the context of political struggle (Becker, 1997; Bracken, Giller, & Summerfield, 1995).

The results provide some support to our hypothesis that expression of pain and distress dynamically reflects prisoners’ forcefully suppressed feelings and mistrust in other people. Ex-prisoners reported more hostility and depression than non-prisoners, the former suggesting that they directed their anger, pain, and frustration outwards, and the latter that they directed such emotions inward. Hostile symptoms were especially high when they had been exposed to other military trauma, too. The high level of paranoid ideation confirms ex-prisoners’ mistrust toward other people. PTSD symptoms and medical complaints were more common among political ex-prisoners, which can be attributed to their experiences of physical and psychological torture and ill-treatment (Amnesty International, 1989; B’Tselem, 1998). However, paranoid and PTSD symptoms were also a function of military trauma, and thus not unique to prisoners. Against our hypotheses, both ex-prisoners and non-prisoners reported somatoform symptoms in which psychological pain, and suppressed shameful and horrifying memories are expressed in the forms of somatic complaints. In the male Middle Eastern cultural context it may generally be more convenient to express distress as bodily sensations rather than as mental health problems, which may signify weakness and defeat.

Ex-prisoners reported more difficult and sensitive interpersonal relationships, only when exposed to high level of military trauma. An analysis of health seeking behavior among Palestinian political prisoners revealed that suffering from psychiatric symptoms such as PTSD was not the only reason to seek for mental health consultations, but ex-prisoners were also concerned about their own impulsive and hostile reactions toward children and spouses, and difficulties in intimate relationships (Salo, Qouta, & Punamäki, 2003). The current results suggest that prisoners’ displaced aggression and diminished trust in the human benevolence, are especially relevant when traumatic experiences accumulate. It is important for mental health workers to be aware of displaced anger and hostile impulses among ex-prisoners, and consider danger that they pose into family life and other interpersonal relationships.

Although none of the coping styles or strategies could moderate the negative impact of imprisonment and military trauma on mental health, direct associations between coping and psychological distress are in line with earlier research on coping effectiveness. High levels of active and constructive, and low levels of emotion-focused dispositional coping were associated with good mental health, indicated by low levels of psychological distress, as well as depression and somatoform symptoms. The results reveal that dispositional and situational coping may differently associate with mental health. Effectiveness of situational coping was a combination of seemingly opposite coping: both avoidance and denying and political activity were effective, that is, they were related to low PTSD and depressive symptoms. The result accords with observations that flexibility and repertoire of various

kinds of coping strategies is effective in dealing with multiple stressful demands (Lazarus, 2000).

The hypothesis of goodness of fit between dispositional and situational coping was substantiated, to some extent, concerning active and constructive, as well as avoiding and denying coping. Discrepancy characterized by high dispositional activity and low situational political activity formed a risk for psychological distress, especially hostile symptoms. The result represents a phenomenon where active person is unable to realize and express his natural temperamental tendencies, which taxes his psychological energy and results in distress. Some researchers have argued that incarceration and exposure to torture force inmates to suppress active coping and resistance against suppressors, or their activity is, in the least, severely punished (Foley, 2006; Qouta et al., 1997; Senesh, 2004). Our small sample size did not allow us to examine whether the mental health role of coping discrepancy would differ between prisoners and non-prisoners. Further research is necessary to better understand the interaction between personality and environmental demands in the choice of coping strategies and their effectiveness.

The study has limitations that relate to its cross-sectional setting, design and reliance on one source of information. A more complete analysis of the relationship between dispositional and situational coping strategies demands a life-span data and prospective research design. We could not tackle the question as to whether extremely dangerous conditions, such as imprisonment and torture, can change victims' dispositional coping or ultimately personality. The conceptualizing and assessment of coping should have been more process oriented, involving changes in attributions, worldviews, and appraisals.

The strength of our study, in turn, includes the usage of multiple outcome variables based on standardized clinical methods and having a control group. Earlier research on political prisoners has relied on convenience samples (e.g., Qouta et al., 1997; Maercker et al., 2000) and samples derived from torture victim and ex-prisoner populations (e.g., Emmelkamp et al., 2002; Kanninen et al., 2002). Participants have thus been aware of representing political prisoners, which could have biased their responses, either toward exploiting or heroically minimizing suffering. In our setting, political ex-prisoners and their matched controls were derived from a community sample and during interviews they were unaware of representing political ex-prisoners, which can contribute to a less biased view.

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