



MEASURING IDPS' PSYCHO-EMOTIONAL RESPONSES TO WAR

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Abstract

This paper reports on psycho-emotional responses of different groups of internally displaced persons ("IDPs") to the 2008 Russian-Georgian War, identifying a need for differential rehabilitation strategies. A total of 89 IDPs were analyzed using the Gottschalk-Gleser Method, which qualifies and quantifies psychological states through content analysis of speech. Interviews were taken individually, and interviewers strictly followed the standard and specific Gottschalk-Gleser instructions for the Anxiety, Hostility and Hope scales. The narratives with significant differences were more closely analyzed in order to cull a greater sense of personal experience. Results showed statistically significant differences between some of the pairs of groups. Group II (Recent IDPs) showed higher death anxiety compared to the other groups. With more current exposure to hostile fighting in an active war zone, IDPs from Groups II (Recent IDPs) and III (Double IDPs) had higher Overt Hostility compared to Group I (Abkhazian IDPs). IDPs from Group I (Abkhazian IDPs) developed Hope as a defense mechanism in coping with their long-lasting problems to a greater degree than the two other groups. Gender differences are also discussed. Besides differential findings in the geographic areas of study that may support different remedial strategies, the Gottschalk-Gleser Method itself can be considered as an easy instrument to use in measuring the psycho-emotional reactions of affected individuals, facilitating adequate and timely intervention.

Keywords: IDPs, Gottschalk-Gleser Content Analysis Method, Russian-Georgian War, Defense Mechanisms, Gender

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Shorena Sadzaglishvili & Stuart Scharf

Introduction

The Republic of Georgia has experienced two main conflicts in recent years, which caused internal displacement of hundreds of thousands of people. The first was in the early 1990s, in the regions of Abkhazia and South Ossetia, where fighting led to the forced displacement of approximately 300,000 people, of whom approximately 200,000 remain as IDPs (Internal Displacement Monitoring Centre, 2012). The second was in August 2008 with Russia's invasion into the South Ossetia district of Samachablo and the Georgian territory of Shida Kartli, leading to at least 128,000 ethnic Georgians also being displaced, but of whom up to 100,000 have since returned to their home areas in the border region with South Ossetia (Internal Displacement Monitoring Centre, 2012).

Makhashvili et al. (2014) found that a high burden of psychiatric symptoms and disability persist among conflict-affected persons in Georgia. On the Trauma Screening Questionnaire they used, the mean functional disability score for 1990s IDPs (14.61) was significantly higher (i.e., worse disability) than the 2008 IDPs (8.99) and returnees (9.37). This study did not provide a clear explanation for the variance in levels of mental disorders between the three study groups (adult IDPs from the conflicts in the 1990s, the 2008 conflict, and returnees). The authors elsewhere considered that the longer-term displaced persons have higher functional disability scores for two reasons. First, the 1990s conflicts were much longer than the 2008 conflict and were characterized by greater brutality (as evidenced by higher exposure to traumatic events such as witnessing murder and violence and suffering physical abuse). Second, mental disorders may have become entrenched over a sustained period of time when also coupled with lack of access to adequate care and treatment as appears common in Georgia (Makhashvili & van Voren, 2013). In fact, ongoing impoverishment and poor living conditions may also exacerbate existing disorders such as Post Traumatic Stress Disorder (PTSD) or contribute to causing depression and anxiety (Makhashvili, Tsiskarishvili, & Droždek, 2010; Miller & Rasmussen, 2010). Other studies showed that 2008 Georgian IDPs with poor living conditions had significantly less psychological well-being than non-IDP subgroups (Khechuashvili, 2014). In addition, one study showed that a greater percentage of IDP women from Abkhazia are more involved in social and economic life than women from Samachablo (Sumbadze, 2014). Further research on the persistence of mental disorders in displaced populations as well as the effectiveness of interventions to address them is called for in many of these studies (Makhashvili et al, 2014).

This paper presents research data from the period immediately after the 2008 Russia-Georgia war. The focus is on three types of IDPs living in temporary accommodation. The first group of IDPs are the "Abkhazian" IDPs of early 1990s who had been living for more than 15 years in inadequate conditions of communal centers in Tbilisi and Zugdidi at the time of this study. The second group is known as "Recent IDPs" who are those people who lost their homes as a direct effect of the 2008 Russia-Georgia war. The third group is composed of IDPs from the early 1990's from South Ossetia who settled in Shida Kartli and who were displaced again by the Russia-Georgia war and are called "Double IDPs." In the present study war is regarded as an event to which adverse psychological reaction is almost unavoidable (Hentschel et al., 1996). Thus, the main purpose was to measure and describe the psycho-emotional responses to the 2008 war of members of the three different IDP groups. The specific aim was to look at psycho-emotional states in the three groups who at different times, in different ways and to different extents were affected by the consequences of war.

The present research was carried out immediately after the Russian-Georgian War of August 2008 -- from September through December of that year. The general working hypothesis was that, due to the different effects this event had on their lives, these groups should show different psycho-emotional reactions. There was also a specific sub-hypothesis that “Recent IDPs” and “Double IDPs” would show higher scores on Anxiety, especially Death Anxiety, Hopelessness and Overt Hostility. IDPs from Abkhazia would show higher scores on Positive Hope, Displacement and/or Denial of Anxiety. In fact, Positive Hope, Displacement and/or Denial of Anxiety can be described as defense mechanisms (personality variables), which play a key role in dealing with the war trauma. In particular, psychological defense mechanisms, a crucial ego function, help people to cope with reality and to maintain self-image, in facing many challenges to ego integrity. As Goldstein summarized, all defenses falsify or distort reality to some extent, but to the degree that such defenses enable the person to function optimally without undue anxiety, they are said to be effective. Depending on the intensity of the conflict, the nature of the stimuli evoking it, or the pervasiveness of the defense itself, these mechanisms may become ineffective or maladaptive (Goldstein, 1995).

Methodology

Instrumentation

The Gottschalk-Gleser scales are particularly attuned to assessment of psycho-emotional responses of respondents. The method requires that the subject talk for 5 minutes on the most interesting topic that he or she experienced in the past. The interviewer is not allowed to interrupt the respondent. This procedure is designed to roughly simulate a projective test situation. Lack of verbal responsiveness by the interviewer plus a conscious attempt on the part of the interviewer to keep any nonverbal cues that might indicate his or her reactions to a minimum, tend to give the total situation the quality of a “blank screen” onto which the subject projects some part of the range of his or her reactions to any vaguely similar life situations within his or her past experience (Gottschalk & Gleser, 1969). This classical approach thus affords a degree of objectivity and non-judgmentalism, minimizing the risk to validity by instrumentation effects more so than the use of checklists or other structured or directed interview methods. Scoring of the subjects’ unguided verbal presentations is retrospectively applied by trained interviewers. Interviews are tape-recorded and then transcribed.

Reliability and validity testing of the Gottschalk-Gleser method has been done extensively. The Hostility Directed Outward Scale is positively correlated with clinical ratings of hostility using the Oken Scale (1960), such self-report measures as an adjective checklist (ACL) of Harrison G. Gough and Alfred B. Heilbrun, Jr., the Buss Hostility Inventory (1961), selected scores from Mental Status Schedule of Spitzer et al., (1967), and subscales from Wittenborn Psychiatric Rating Scales (1955). There is some evidence that the Overt Hostility Subscale correlates with the paranoid scale of the MMPI (as cited in Gottschalk & Gleser, 1969).

The Gottschalk-Gleser scales were adapted and validated to the Georgian population in several studies. Considerable efforts were made in clarifying the definition of each content category to reduce ambiguity (Hentschel et al., 1996; Sadzaglishvili, 2005; Sadzaglishvili et al., 1999). Consistent with these validation safeguards, in order to decrease subjectivity and thus increase reliability of the content analysis, at least two interviewers were involved in analyzing each verbal sample. Use of the average scoring by two coders reduces the largest sources of error and efficiently increases generalization.

The verbal samples are content analyzed using standardized scales of Anxiety, Outward, Inward and Ambivalent Hostility, and Hope. These scales consist of different categories, each with their own subcategories. The score for any particular subcategory is obtained by summing the weights of all the verbal references made within the category. The total raw score is the sum of scores over all categories. The Gottschalk-Gleser Method is a mixed method which qualifies and quantifies psychological states through content analysis of speech.

Sample, Informed Consent, and Procedure

Data were collected from 112 respondents by purposive “snowball” sampling. However, 23 failed to meet minimal verbal response levels and were excluded, leaving a net number of 89 respondents. This research was done by Ilia State University, Social Work Research Center, and funded by the Rustaveli Foundation, The Foundation for Georgian Studies, Humanities and Social Sciences (Grant # E-05-09). Interviewers were social work master’s degree students who underwent extensive training on administering the Gottschalk-Gleser Interview with a special emphasis on working with people under stress. In addition, they received training on administering consent forms with IDPs. This entailed reviewing the purpose of the study, the voluntary nature of participation, the benefits and risks associated with participation, the scope of what participation entails, confidentiality, and the right to withdraw at any time without penalty. For those IDPs who expressed difficulty reading the consent forms on their own, interviewers spent additional time to read and explain consent materials. Interviewers answered questions and ensured that all participants understood the nature of the project and their participation. Individuals participated in the study only after having all their concerns addressed and signing a written informed consent statement. The research team adhered to the human subject protocols established by the Institutional Review Board at Ilia State University. Code numbers were used for all information collected from participants, including consent forms and audio recordings. The recorded interviews were deleted after transcription.

Interviewers visited collective centers (former hotels, schools, factories, and hospitals) and government-established IDP settlements housing IDPs from Abkhazia as well as from Shida Kartli and Samachablo. Interviews were taken individually, and interviewers strictly followed the standard and specific instructions provided by the Gottschalk-Gleser content analysis scales. The 89 score-able protocols were from 40 IDPs from Abkhazia (Group I), 28 “recent” IDPs (Group II) and 21 “double” IDPs (Group III). All protocols were scored for Anxiety, Hostility and Hope scales by two researchers to meet reliability requirements of the scales. Where subjects’ narratives revealed significant differences, researchers more closely analyzed results in order to cull a greater sense of the personal experiences of these subjects. In addition, interviewers collected basic demographic data about the subject, such as age and gender (see Table 1).

Table 1: gender and age of 3 subject groups

	“Abkhazian IDPs” Group I	“Recent IDPs” Group II	“Double IDPs” Group III	Total	%
<i>N</i>	40	28	21	89	
Female	24	24	16	64	72%
Male	16	4	5	25	28%
Mean Age	41	46	53	46	
<i>SD</i>	16	15	22	18	

The study had critical limitations such as sampling method, the size difference between male (25) and female (64) sub groups, and unequal number of respondents in each IDP category

(41, 46, 53). These constraints biased our inferential statistics, so our data could not be generalized to the Georgian IDP population as a whole.

Findings/Results

The 89 subjects were tested for overall differences by means of one-way analyses of variance, followed by Duncan tests for the identification of group differences among the three groups. The results are presented in Table 2. To control for redundancy, inter-correlations were calculated for the Gottschalk-Gleser scales, on a group-specific basis. There were no cases in which the analyses yielded significant inter-correlations for the scales ($p < .05$ for all three groups), so the existing relationships rather have to be regarded as group specific, with no general influence on the analysis of variance results. All scales were normally distributed.

Table 2: Mean scores and standard deviations on anxiety, hostility, and hope scales/subscales

Gottschalk-Gleser Scales Mean/SD	Abkhazian IDPs I <i>n</i> =40	“Recent IDPs” II <i>n</i> = 28	“Double IDPs” III <i>n</i> =21	<i>p</i> for <i>F</i>	Duncan Test <i>P</i> < .05
Anxiety Death <i>M</i> <i>SD</i>	1.57 0.94	2.40 0.9	1.33 0.85	<0.000	II>I, III
Anxiety Mutilation <i>M</i> <i>SD</i>	0.59 0.22	0.77 0.6	0.67 0 .44	ns	ns
Anxiety Separation <i>M</i> <i>SD</i>	1.77 1.13	1.83 1.01	2.35 0.98	<0.068	III>I
Anxiety Guilt <i>M</i> <i>SD</i>	0.68 0.44	0.53 0.35	0.52 0.21	ns	ns
Anxiety Shame <i>M</i> <i>SD</i>	0.59 0.27	0.46 0.1	0.6 0.35	ns	ns
Anxiety Diffuse <i>M</i> <i>SD</i>	1.24 0.67	0.91 0.51	1.26 0.67	ns	ns
Denial – Anxiety <i>M</i> <i>SD</i>	0.62 0.2	0.48 0.16	0.61 0.28	<0.071	I>II
Hostility Covert <i>M</i> <i>SD</i>	1.65 1.07	1.81 0.82	1.44 0.67	ns	ns
Hostility Overt <i>M</i> <i>SD</i>	1.17 0.71	1.74 1.24	1.77 1.08	<0.021	II>I III>I
Hostility Inward- <i>M</i> <i>SD</i>	0.88 0.63	0.67 0.42	0.69 0.4	ns	ns
Host Ambivalent- <i>M</i> <i>SD</i>	1.59 0.91	2.1 0.93	1.62 0.76	ns	ns
Positive Hope <i>M</i> <i>SD</i>	1.19 0.48	0.74 0.33	0.85 0.31	<0.000	I>II, III
Negative Hope <i>M</i> <i>SD</i>	0.7 0.31	1.01 0.5	1.12 0.46	<0.000	II, III>I

Statistically significant differences were found for Anxiety, Overt Hostility and Hope scales, separating the three groups in different ways. Strong evidence was found to support the general working hypothesis. “Recent IDPs” (Group II) as well as “Double IDPs” (Group III)

scored significantly higher on the Overt Hostility scale than did IDPs from Abkhazia (Group I). “Recent IDPs” (Group II) had higher mean scores on the Death Anxiety scale than “Double IDPs” (Group III) and IDPs from Abkhazia (Group I). “Recent IDPs” (Group II) as well as “Double IDPs” (Group III) showed lower Positive Hope scores and higher Negative Hope (hopelessness) scores than did the IDPs from Abkhazia (Group I).

Mean scores on Denial of Anxiety and Separation Anxiety showed a marginally significant difference between some of the groups. In particular, IDPs from Abkhazia (Group I) had higher scores on Denial of Anxiety than “Recent IDPs” (Group II) ($p < 0.071$). “Double IDPs” (Group III) showed higher scores on Separation Anxiety than IDPs from Abkhazia (Group I) ($p < 0.068$).

Using the Independent Samples T test, differences between female ($n=64$) and male ($n=23$) groups were found for Negative Hope. Namely, Female and Male mean scores differed significantly at the $p = .047$ level (Female $M=.97$, $SD = .47$; Male $M=.75$, $SD = .33$, $t(85) = 2.019$); Thus, in general, females showed more pessimistic attitudes.

Females from Group I showed significantly lower Negative Hope compared to females from Groups II and III who experienced war directly (Group I $M= .72$, $SD = .33$; Groups II and III $M=1.12$, $SD = .49$; $t(61.22) = -3.894$, $p= .001$) and females from Group I showed significantly higher Positive Hope than females from Groups II and III (Group I $M=1.2$, $SD = .45$; Groups II and III $M= .79$, $SD = .32$; $t(36.78) = 3.84$, $p= .001$). Males from Group I showed significantly higher guilt anxiety compared to Groups II and III. (Group I $M=0.9$, $SD = .66$; Groups II and III $M= .45$, $SD = .08$; $t(13.56) = 2.32$, $p= .037$). Males from Group I showed significantly lower overt hostility than males from Groups II and III. (Group I $M=1.01$, $SD = .62$; Groups II and III $M=2.06$, $SD = 1.05$; $t(21) = -3.015$, $p= .007$).

Having recent experience of a severe life event, “Recent IDPs” showed higher Death Anxiety than did the “Abkhazian IDPs”. While “Double IDPs” did not have higher Death Anxiety, they showed a tendency toward higher scores on the separation anxiety scale in contrast to IDPs from Abkhazia. While speculative, it may thus be said that the Abkhazian IDPs are concerned with their everyday problems rather than remembering their past related to “war.” And in fact, the “Double IDPs” did lose their houses for the second time. By bringing in a fuller consideration of participant narratives and expressions, we find some support for the above speculations.

Death Anxiety showed by IDPs from Group II – “Recent IDPs”

A 32-year-old man from Gori (Group II) mentioned, “I witnessed people’s lost hands... one hand was hanging out at one place and he was at different place... It was horrible. Dead, wounded people, children screaming...I closed my eyes, but I could not stop it...” A 44-year-old woman from Gori (Group II) remarked, “We could hear the firing of the mortars and machine guns. I saw my neighbors running down the street just a block from our house. I prayed mightily to God... There were a lot of dead bodies... We could not bury the...It was terrifying...” A 56-year-old woman from Avnevi (Group II) worried about her son’s possible death: “My son came to Tbilisi after 5 days, I did not know if he was alive, I could not contact him, his phone was turned off...All Georgia was under bombing...I finally talked to him . . . he said Mother I am coming, where to come and . . . I told him the name of the hotel where we were placed . . . he did not come...I do not know if he was alive or not...I worried...I had horrible times...After 5 days he came to us, he was tortured and mutilated...” A 65-year-old woman from Avnevi (Group II) felt that “My life is nonsense...I lost everything. I wish I were dead.”

Separation anxiety showed by IDPs from Group III – “Double IDPs”

A 55-year-old woman originally from Eredvi (Group III) remarked “We lived in Gori. We finally arranged our new house, close to the 7th public school and then our house was destroyed. We had to run...I had only a robe and house slippers on me. I did not even grab any of my documents...After some time, I came back to my house, but it was destroyed...I cannot live there anymore.”

Guilt Anxiety showed by male IDPs from Group I (IDPs from Abkhazia)

Males from Abkhazia showed significantly higher guilt anxiety than the other groups. This may speak to their “low self-esteem” and “loser” self-images, as they no longer can express hostility (outward aggression) to the “enemy” as the “Abkhazian-Georgian” conflict became “frozen” in the past. A 56-year-old man from Abkhazia (Ilori) (Group I), mentioned, “I do not want to remember about war. It is hard...I cannot talk about this to people...I can talk about this to the God! The God will forgive us. It was war between brothers. I remember the Georgian Leader Merab Kostava who told us, we should not be involved in this process, because it is beginning of the war between brothers.” A 57-year-old man from Abkhazia (Gagra) (Group I) expressed his sense of guilt and sadness this way: “I am nostalgic...I wish nobody felt like this ever...I miss even mud of my house’s yard. I have my family, it’s like everything O.K., but how can everything be O.K. when you are internally displaced? I am distressed . . . nobody understands me...I miss my Abkhazia...I am in Georgia, I speak Georgian, I hear Georgian, but I miss Abkhazia, I want to go back and hug my land....”

Denial of Anxiety showed by male IDPs from group I – IDPs from Abkhazia

IDPs from Abkhazia (Group I) showed a tendency toward higher scores on Denial of Anxiety, compared to “Recent IDPs” (Group II). A 76-year-old man (Group I) stated “I often travel to Gali to my relatives, I am not afraid of getting hurt.” A 27-year-old woman (Group I) showed her self-reliability in her statements: “I am not afraid of anything, I can overcome any difficulties. The life told me to be strong!”

Overt hostility showed by male IDPs from Group II (“Recent IDPs”) and III (“Double IDPs”)

Having more current experience of hostile fighting and war zone exposure, the Overt Hostility levels of both the “Double IDPs” and “Recent IDPs” were higher compared to IDPs from Abkhazia. It is interesting that males from Abkhazia showed lower Overt Hostility than males from the other groups. On this set of findings, a 45-year-old man from Gori (Group II) said “It was chaos, chaos, chaos, we did not have a leader who would tell us what to do, I wanted to fight and kill....”

A 52-year-old man from Gori (Group II) stated “The war started on the 8th. My family left on the 10th. And I stayed there until end of the month... I had a stick and I wanted to hit the Russians as much as I can.” A 29-year-old man originally from Tskhinvali (Group III) said “The government did not tell us anything about this War! It was chaos, no supervision at all, soldiers did not know what to do, where to go, they fought spontaneously”. Similarly, a 42-year-old man originally from Tamarasheni (Group III) was angry at the Georgian government for, in his view, not warning people about the war: “There were many times when we were under attacks and we were told about this, but this time nobody told us anything, I could not take anything with me... We were left out....”

Positive Hope showed by female IDPs from Group I – IDPs from Abkhazia

IDPs from Abkhazia developed the defense mechanism of Positive Hope, compared to the two other groups. It is interesting that females and males showed significantly different levels of Negative Hope. In particular, females from Abkhazia showed lower Negative Hope and higher Positive Hope than females from the other groups who directly experienced negative effects of the recent war. Thus, women from Abkhazia are more likely to use Hope as a defense mechanism. This finding is consistent with the other Georgian study mentioned above (Sumbadze, 2014).

A 38-year-old Abkhazian woman from Ochamchire (Group I) had this to say: “My husband, who was Georgian, and I decided to buy wheat. We cleaned it like rice and took it to the mill and grinded it. It was very bad wheat, almost like charcoal. It was only possible to eat when it was hot. As it got cold, it was so hard no one could bite it. But we were happy, because, we were not hungry. All month this bread fed my children. Once my daughter, who was 4 years old, got a stomach ache. This little girl’s body could not digest this kind of bread. Then we were able to get corn and we started mixing corn with wheat and it was better...Then I started to sell cheese and our life became better.” A 28-year-old woman from Abkhazia (Group I) said “I live in the Zugdidi collective center. I study at the international relations faculty and I work at Norwegian Refugee Council on the project ‘peer to peer.’ After this project I realized that it is not only me who is concerned about Abkhazia. I look at IDPs and I think human beings are the strongest in this world. I believe in the future and kindness.” A 32-year-old woman from the capital city of Abkhazia (Group I) mentioned “We were able to stand for ourselves, we survived, we are strong people. We work very hard to feed our families.”

Negative Hope showed by female IDPs from Group II (“Recent IDPs”) and III (“Double IDPs”)

A 45-year-old woman from Eredvi (Group III) said “I get IDP assistance, we do not have jobs. My husband had high position . . . and now we are unemployed. This government should protect us.” A 56-year-old woman from Gori (Group II) felt “No hope at all... We need to be guaranteed that the government will give us houses. They gave us potatoes; will it be enough for the whole month? I was in the line just only for one-kilogram potatoes. I do not trust this government.” A 67-year-old woman from Avnevi (Group II) showed her hopelessness: “I cry all day long. . . . How can I start everything from the beginning?”

A 27-year-old woman from Gori (Group II) had this to say: “Horrible conditions...They gave us such funny clothes, it seems like they do not think that we have normal mentality...they are like robots...It will be much better to give us money rather than these terrible blankets and food...” A 47-year-old woman from Tskhinvali (Group III) reported “We threw away all the humanitarian support . . . it is impossible to eat this noodle... We had very good houses and income, enough food and clothes, poultry, milk cows” and an 89-year-old woman from Gori (Group II) said “I dream about my house. The only thing I want is to go back to my home.”

Conclusions and Recommendations

This study did show that IDPs who have different life stories were affected differently by the consequences of the Russian-Georgian war. Abkhazian IDPs (specifically, Female IDPs) who experienced unstable situations for more than 15 years developed defense mechanisms such as Hope, while males lost their “life sense” and continued to experience guilt. “Double IDPs” need to deal with their separation anxiety and hopelessness. Fighting against death anxiety is the most pressing task for Recent IDPs.

Trauma victims are one of the most powerless classes of persons whose ego functions are heavily impaired due to the experienced stressful events. Traditional approaches for helping

victims become survivors include enabling them to overcome “unresolved grief” by using cognitive-behavioral interventions to confront distressing trauma-related memories and reminders, ventilate accumulated aggression, etc. These steps are understood to facilitate habituation and successful emotional processing of the trauma memory (Kazlauskas et al., 2016).

Somewhat complementary to this, the paradigm of empowerment and inclusion recognizes that displacement violates human ecology, causes deprivation and social exclusion, and increases the risk of violence and the emergence of a psychological “catch of dependency.” Therefore, long-term intervention strategies should be employed with IDPs (Kang, 2013). In addition, these interventions anticipate that services for IDPs are multileveled (individual assistance, connection with the community and advocacy, participation in collective political actions) and focused on recovering the relationship between a person and his or her surrounding social systems (Semigina & Gusak, 2015; Kang, 2013). Other authors emphasize that assistance can be effective only if it is based on a community development approach (Frederico et al., 2007) or on developing local forms of support (Cowley, 2014).

The findings generally reinforce such ideas about differential remedial interventions. Psychological rehabilitation should be aimed at developing skills and internal psycho-social resources in the IDP population. Focus from an ecological perspective should be afforded concomitantly, meaning that involvement of the people themselves in securing and applying environmental resources must occur. As Cowley (2014) observes, addressing “socio-economic deficiency” by the mere provision of clothing, food and shelter represents the failed approach of traditional humanitarian provision of aid (p. 95). Social workers and other clinical and “helping” personnel must bring flexibility to the gamut of their interactions with IDP’s, and politicians and other structural actors must find the courage to more fully embrace a “person centered” perspective in conceptualizing policies and programs that more authentically meet the needs of the IDPs.

More particularly, both additional research and “on the ground” programming and service delivery – themselves subject to evaluation and study – are needed. For example, beyond the methodological constraints in our work, our sample selection and findings varied somewhat from the more extensive Makhshvili et al. (2014) study done six years later. That is, they excluded “Double IDP’s” and included returnees, a sub-group that essentially did not exist at the time of our work. While they found the 1990’s group to be suffering greater trauma and evidencing higher comorbidity of psychiatric symptoms, we found greater Hope among the Abkhazian IDPs compared to IDPs from the South Ossetia region. Do persons severely traumatized by war and displacement become more embedded in their psychiatric symptomatology and psychological distress as time goes by, unless mitigated by a major factor such as being able to “return” – as suggested by Makhshvili et al. (2014)? Or might other factors, as yet unrecognized and untested, mitigate their vulnerability? Stronger sampling, greater inclusion of diverse sub-groups, and initiation of longitudinal designs would address such questions left by our study as well as those emergent from other work.

Provision of both targeted psychological support and ecological/environmental supports to any of these populations has been hampered by limited economic and other resources (UN, 2017). Introduction of even small pilot programs such as psychotherapy to those at greatest risk of suicide, severe depression, hopelessness, anxiety and PTSD could be taken as “experimental” interventions against a comparison baseline condition over the past 25 or, now, almost 10, years vis-à-vis IDP’s from both Abkhazia and South Ossetia, where little such help had been provided. Likewise, drawing from the ecological literature, pilot programs in the realm of community action and engagement could be introduced, or where already present, expanded while tracked for impact on

constructive social engagement. For example, can the positive outlook expressed by our female subject from Zugdidi be extended to the Abkhazian men who seemed so demoralized, by expanding their role in community development or, more concretely, by targeted employment and job training programs? Taken together, such efforts would bring us beyond studies of psychiatric symptomatology assessed at aggregate levels and micro-level phenomenological insights alone. In consideration of the knowledge much of the research to date has revealed about persons affected by the trauma of war and social upheaval, more conscious application of appropriate programming and services is overdue.

Finally, besides differential findings in the geographic areas of study that may support different remedial strategies, the Gottschalk-Gleser Method itself can be considered as an easy instrument to use in measuring the psycho-emotional reactions of affected individuals, facilitating adequate and timely intervention.

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