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A LONG TERM ADVERSE PSYCHOSOCIAL EXPERIENCE

OF SURVIVORS OF HAWZEN AERIAL BOMBARDMENT

By

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ADDIS ABABA

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COLLEGE OF HEALTH SCIENCE

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Abstract

The purpose of the study was to find out a long term adverse psychosocial experience of survivors of Hawzen aerial bombardment. To carry out this study an existential (Phenomenological) qualitative design was utilized. Participants of the study were selected using purposive sampling. In-depth interview was conducted within 10 days. Twenty survivors of the aerial strike participated in this study. The generated relevant data were analyzed thematically using manually. Totally, three themes (i.e. psychological problems, social problems and their coping strategies) emerged from the interview. The study result on the first theme reveals that respondents have psychological problems (anger and hatred, dependence, depression, hopelessness, need for support and care, distressing memories of the traumatic event, avoidance, stress, fear and shock). Regarding the second theme, most of the participants have restricted social interaction, instable market; funeral, marriage and homelessness were also encountered. On the last theme, the study depicted that the respondents employed emotion based (crying, escaping, talking each other, cognitive distraction) and situation based (Praying, attending church/mosque and supporting each other) coping mechanisms to manage the problems they faced. This study found that though the aerial raid took place thirty years ago, survivors are re-living the trauma of that day till now. The intervention made by concerned bodies to manage the psychosocial problems of the victims was poor. This lack of treatment from a trained mental health professionals resulted in the perpetuation of psychological problems and poor recovery among the survivors. In this study recall bias was one of the limitations in coming up with adequate, reliable and fresh data about the aerial bombardment. Similar studies should have been conducted a long time ago. Finally, this qualitative study was conducted on limited number of survivors with limited resource. It's hoped that the study serves as an eye opener to further large qualitative and quantitative studies.

Key words: Adverse, aerial bombardment, experience, psychological problem, social problem, coping mechanisms.

CHAPTER ONE

Introduction

The day was Wednesday June 22nd 1988 and people in the town of Hawzen were going about their normal daily activities. In fact it was a market day, an event which only happens once a week for which people make many preparations and anticipate high sales so they can support their families. While some people were preparing their market stalls, others were already trading. There was selling of Tef, Dagusa, Mashla, pepper and other fresh goods. On the other side of the market were negotiations over livestock. In other parts of town men were plowing their fields, women were selling Tela and the shepherds were herding their cattle. The town was busier than usual as market day brings people from surrounding villages who sought to buy and sell goods. All seemed normal in the town of Hawzen, like any other day. People were joking, laughing, catching up with friends; children were playing in the street. The Tela house was alive with people from Hawzen and visitors from the countryside drinking and laughing. No one knew what was coming at 10 am, a horror, utter chaos.

Suddenly helicopters and war planes flew over Hawzen and started dropping bombs on the innocent residents and visitors from adjacent areas. This went on relentlessly for eight hours, from 10 am until 6 pm the helpless, unarmed people of Hawzen were terrorized. Confused and scared people dispersed in all directions, no plan or idea where they were heading. Two thousand and five hundred people were killed and majority of the population present during the raid were injured, lost limbs, children were orphaned, livestock killed and property destroyed and damaged. Some people died under the collapsed buildings. Many people are not yet found, bodies expected to be trapped under rubble. When all calmed and searches and clean-ups were under way, it was found to be very difficult to differentiate human bodies with animals. They

were so badly obliterated from the bombs. Survivors of the attack suffered mentally. Depression and post traumatic stress disorder was rife. Simple sounds of birds chirping induced fear. Social activities, weddings, funerals, birthday celebrations and rituals came to a halt because no one was interested in meeting with others or enjoying themselves. There were attempts to cope with the pain, turning to God or Allah, talking with each other and crying. Healthcare professionals were never brought in to treat the survivors of Hawzen bombings. Thirty years later the people are still re-living in their minds the terror that occurred on that horrifying and painful dooms day, Wednesday 22nd June 1988, a day of terror.

1.1 Background of the Study

Traumatic events shake the foundation of a person's life. Certain traumatic experiences, such as extremely early experiences of abuse, may interfere with or even prevent a person from developing a solid sense of self (Rosen bloom, Williams, &Watkins, 2010).

Contrary to the above finding, Calhoun & Tedeschi (cited in Walsh, 2007) found that suffering and struggle to recover in the aftermath of a traumatic experience often yield remarkable transformation and growth.

Adverse life experiences in childhood and adolescence (such as abuse, parental divorce, and sickness or death in the family) have been linked to poor psychological outcomes, which can persist into adulthood (Boyes et al., 2014).

Studies of posttraumatic consequences, Tedeschi & Calhoun, (cited in Walsh, 2007) have found positive changes on the individuals in Five areas: (1) emergence of new opportunities and possibilities; (2) deeper relationships and greater compassion for others; (3) feeling strengthened to meet future life challenges; (4) reordered priorities and fuller appreciation of life; and (5) deepening spirituality (Walsh, 2007).

Tigray is the northern-most regional state of Ethiopia. The State has three ethnic groups. Tigraway is the largest of all the three, constituting 95% of the population of Tigray. The official working language is Tigrigna. In general, the society is organized in villages, often with dispersed habitation, and with households of nuclear families as the smallest community cell. About 95 per cent of the inhabitants are Christians within the Ethiopian Orthodox Church (EOC) (Nordanger, 2007).

The study area of interest, Hawzen is one of the Woredas in Tigray Region. Part of the Misraqawi Zone; Hawzen is bordered on the south by Kilde Awulaelo, on the west by the Maekelay (Central) Zone, on the north by, Ganta Afeshum, and on the east by Saesi Tsaedaemba. Towns in Hawzen include Hawzen and Megab; villages include Koraro (Philip, 2002).

Children who grow up in war-like situations that continue for years are, exposed to various forms of childhood trauma, such an exposure might lead to higher mental distress and lower quality of life, but further research needed to understand the pathways underlying this process (Araya et al., 2007). The horrors inflicted by war are clear to all, and so are their disruptive effects on people's lives.

Indeed, war displaces populations, destroys capital and infrastructure, and disrupts schooling, and can produce negative environmental impacts, damage the social fabric, endanger civil liberties, and create health and famine crises. Any of these effects could be argued to have impacts on economic growth and development, and their combined effect is even more (Miguel, and Roland, 2005).

According to Cozzarelli et al study (cited in Cohen, 2014), persistent and pervasive trauma, and particularly manmade trauma that entails repeated and prolonged exposure, may activate negative models of self and others and result in attachment insecurities.

Baltes et al. (cited in Counto et al, 2011) found that, critical life events might influence human development in late life because they promote uncontrollable and unexpected conditions, which, in turn, challenge an individual's adaptation and resilience. Moreover, based on De Beurs finding

(cited in Counto et al, 2011) stressful life event has also indicated as being an important risk factor for the development of emotional problems in late life.

In industrialized societies, most survivors of violence experience symptoms only transiently. In the Rwanda survey, symptom levels and rates of 'probable PTSD' were exceptionally elevated, indicated that at the limits of catastrophic man-made violence, psychological resilience among youth is all but extinguished (Neugebauer, et al, 2009).

The evidence depict that life stressors do not occur in independently but are often inter-related (Dong et al., 2004) and that accumulation of adverse life experience is an important risk factor for later psychosocial maladjustment (Appleyard, Egeland, & van Dulmen, 2005). In addition to that, many life stressors are uncontrollable, identifying and understanding mechanisms that explain or mitigate the relationship between adverse life experience and mental health are important.

According to Kagee (cited in Nordanger, 2007) South Africans who had been tortured for political reasons, though they diagnosed with PTSD, they were more concerned with problems of economic marginalization than with symptoms of traumatization.

A traumatic experience influences the body, mind, spirit, and relationships with others (Walsh, 2007). Traditional psychiatric approaches to grief work, mourning has used to require letting go of lost attachments (Neimeyer, Walsh & Mc Goldrick, 2007). Bereavement specialists now view adaptive mourning as best facilitated through transforming losses to continuing bonds in spiritual connections, memories, deeds, and stories was passed on across generations.

Researchers have studied the possible association of age at the time of exposure with post-traumatic stress reactions has implications for intervention and developmental theory (Neugebauer, et al, 2009). Most informants reported symptoms of psychosocial distress that impaired their functioning or quality of life. Sorrow, was the most commonly reported problem, followed by worries, fatigue, impaired self-confidence, irritability and problem of concentration (Nordanger, 2007).

Hunt and Robbins stated that, (cited in Sisay, 2010), victims of traumatic events cope with any condition with any concomitant psychological difficulties they experience in variety ways. Two main ways are coping through processing the recollection of the events and avoidance.

According to Turner and Marino (cited in Sisay, 2010) an important means of coping which is linked to both processing and avoidance is social support (1994). Based on Muldler and Antoni finding (cited in Sisay, 2010), Social support is used in a variety of situation, from HIV sufferers to sexual assault. There is a relationship between social support and wellbeing in variety situations including every day stressors (Michell. Bellings & Moos, 1982).

1.2 Statement of the problem

Although, the problem was known since the occurrence of the event, the researcher could not find out studies that were conducted on the area where the air bombardment took place. Therefore, in order to come up with a thorough understanding about its psychosocial consequences, conducting a research was necessary what experiences were had the survivors. According to Nishikawa and Tsuiki, (cited in Ohkita, et al., 1985) in a neuropsychiatric study of survivors of Hiroshima and Nagasaki 10-20 years after the bombing, it was reported that psychosomatic and/or neurotic complaints and symptoms were more frequent in the survivors

than in controls. A survivor has what can consider neurotic conditions; they continue to have mental adherence to the atomic bombings. These complaints have increased with age; a variety of neurotic complaints and symptoms appears in some cases; it has been described this as the developmental mechanism of a diencephalic syndrome (Ohkitaet al. 1985).

Generally speaking, most of the above mentioned studies are conducted in Asia, Western world and some African countries. However, the studies were not dealing with air bombardment and detail psychosocial problems of the victims of air bombardment.

Therefore, the major focus of the study was on the long term and adverse psychosocial experience of survivors of Hawzen air bombardment. To address the above-described problems, the following basic research questions were raised:

What are the psychological and social problems of the survivors of the air bombardment were faced?

What are the coping mechanisms of stressful life experience of the survivor of the air bombardment?

1.3 Objectives

1.3.1 General Objective

The general objective of this study is to investigate a long-term adverse psychosocial experience of survivors of Hawzen air bombardment:

1.3.2 Specific objectives of the study

Specifically, this study is designed:

To explore psychological and social problems of the survivors

To find out the coping mechanisms of the survivors of the air raid

1.4 Significance of the study

From the findings that are obtained in this study, different groups like the survivors and researcher would benefit. The considerable impacts of psychological problems give rise to growing need for support for these individuals. So, finding of this would provide an insight for the survivors on what issues or daily lives they need support to strengthen their own wellbeing. The study would help to ease burden of the stakeholders, in the state, and beyond to help policy makers to plan and implement treatment and intervention programs that address the psychosocial issues of the victims and families; it is hoped that the study would encourage local researchers from different disciplines to focus on this area on much wider magnitude. Therefore, this research is expected to fill the gap by exploring these problems and coping mechanisms.

1.5 Scope of the study

The study was conducted in Tigray region, Hawzen Woreda using qualitative research design and purposive sampling technique. The study focused on the psychosocial problems and coping strategies of the survivors of the massive air raid on civilian population. Based on relevance to the problem, residents of Hawzen Woreda and adjacent villagers were focus of the study. It is also delimited in terms of time in which the research was conducted. The data of the research project was generated in ten days.

1.6 Limitation of the study

In spite of all the possible efforts exerted, this study is not however without limitations. Several factors have influenced this study as they are beyond the control of the researcher. The limitations of the study are those inherent in the use of qualitative research design. A significant limitation of the study is the sample may not be representative of all the survivors of Hawzen air bombardment in this particular sample size. The amount of time given to conduct this study

could also be the other major limitation. Respondents were interviewed while they were weeding in their fields, at the market and while they were drinking local beer (Tela), these were the other problems to obtain accurate information. Moreover, this study is limited in the use of data collection technique. The other limitation was lack of updated reference materials. Despite all these limitations, the study was plainly managed and completed.

1.7. Operational Definition of Terms

Psychological Problems: Psychological dysfunction in an individual that is associated with distress or impairment and a reaction that is not culturally expected.

Social Problems: is any condition or behavior that has negative consequences for large numbers of people and the is generally recognized as a condition or behavior that needs to be addressed

Survivors: A group of people remaining alive after an event in which others have died.

Aerial bombardment: is an attack by artillery fire or by dropping bombs from aircraft on fortification, combatants, civilian people, towns and buildings.

CHAPTER TWO

Review of Related Literature

2.1 The meaning and nature of psychosocial experience

Etymologically, trauma means injury. In psychology, it is customary to speak of trauma when referring to an experience that affects a person in such a way that he or she is scared, that is left with permanent residue of what happened, (Baro, 1989)

There seems to be a very thin line between the philosophical and the practical, when it comes to contemplating the experience of trauma after mass violence. It is difficult, for one to calmly and logically study and seek to understand the nature of the pain of others without allowing oneself to be touched, and move by it (Lidya, 2016).

A traumatic event may be a onetime occurrence, such as a serious car accident, witnessing a murder, or raped. In addition, it can be a series of repetitive events such as ongoing incest or combat (Beckham, & Beckham, 1992).

People react to traumatic events in a different ways, and their reactions may change over time. At first, some people experience a high level of distress, and find, themselves unable to think or concentrate on things other than the trauma. These “acute stress reactions” can last for days or even weeks, and are common normal reactions. Acute stress reactions decrease over time for many people. Unfortunately, many other trauma survivors continue to struggle with the traumatic experience and their reactions to it for much longer. Over time, if the reactions remain frequent and intense, last for months, and cause problems in living, they will be considered; “Posttraumatic Stress Disorder” or PTSD (National center for PTSD, 2011).

According to Jonne, (2009), finding, common incidents are an interesting account of witnessing everyday trauma and its impact upon us. The focus on being a witness to events is particularly helpful because it does emphasize the triadic nature of trauma: victim, perpetrator and witness. Perhaps of particular interest to peace psychologists: the emphasis on witnessing may also allow some useful application of these theories to the area of peace building in conflict situations, where a third position (which facilitates dealing with trauma constructively) is often a necessary requirement.

2. 2 Understanding the impact of traumatic events

Lewis attempted to study the psychological effects of massive air raids, or blitz, in Britain at the beginning of Second World War. He found that, “Air raids have not been responsible for any striking increase in neurotic illness”, though he concedes, “After intensive raids, there is a slight rise in the total amount of neurotic illness in the affected area, occurring chiefly in those who have been neurotically ill before”. Transient symptoms corresponding to what would now call Acute Stress Reaction were common. Of specific neurotic reactions, anxiety and depression were frequently reported (Daya, 1996).

Rockville finding stated that initial reactions to trauma can include exhaustion, sadness, anxiety, agitation, numbness, confusion, physical arousal, dissociation, confusion, and blunted affect. Most responses are normal in that they affect most survivors and are socially acceptable, psychologically effective, and limited.

Trauma including one time, multiple, or long lasting repetitive events, affects everyone differently. Many individuals may clearly display criteria associated with posttraumatic stress disorder (PTSD), but many more individuals will exhibit resilient response or brief subclinical

symptoms or consequences that fall outside of diagnostic criteria. The impact of trauma can be subtle, insidious, or outright destructive. How an event affects an individual depends many factors, including characteristics of the events, developmental processes, the meaning of trauma, and socio cultural factors (Rockville, 2014).

Trauma can affect one's belief about the future via loss of hope, limited expectations about life, fear that life will end abruptly or early, or anticipation that normal life events won't occur (e.g., access to education, ability to have a significant and committed relationship, good opportunity for work) (Ibid).

2.3 Coping with Traumatic Stress Reactions

Coping resource are generalized attitudes and skills that has considered advantageous across many situations. They include attitudes about self-esteem, ego strength and attitude about the world (Sense of coherence and belief in mastery), intellectual skills (Cognitive flexibility and complexity, analytic abilities, and knowledge), and interpersonal skills (communication skill, competence and ease in interpersonal interaction) (Sisay, 2010).

A traumatic event may initially lead to outcry, then denial, which in turn perhaps followed by intrusive memories, flashbacks, and obsessive review. Individuals may oscillate between denial and obsession until they begin the process of working through, namely, acceptance and the development of adequate coping skills (Aldwin, 1993).

Lazarus sees coping as having three main features. First, it is a process: it is what the person actually thinks and does in a stressful encounter. Secondly, it is context dependent: coping is influence by the particular appraisal that initiates it and by the resource available to mange that

encounters. Third coping as a process should be, defined independently of outcome; that is, independently of whether or not it was successful (Sisay, 2010).

Emotional focused coping deals with efforts to manage the negative emotion associated with the stressful situation which is used when events are perceived as uncontrollable, such as health related issues (Phyllis et al 2011). These coping strategies include cognitive distraction, selective attention, seeking emotional support, emotional regulation, communicating with people about the situation and cognitive restructuring (Phyllis et al. 2011). The other coping style is problems focused coping which is referred to as the efforts used to change the basis of stress directly. These types of coping focused on altering the environment, changing the external pressure, or seeking resources to help make the situation less threatening.

Communication

Communicating with others is considered to be an emotion focused coping strategy and may be done through verbal or written contact (Lazarus and Foklman, 1984).

Moreover, Elizabeth and Mathew cited in (Sisay, 2010), stated that coping has been used as an umbrella term encompassing a wide range of variables. It seems useful at the outset to distinguish at least three broad categories of coping resource, coping styles, and coping efforts.

Religiosity and Spirituality: The National Alliance on HIV/AIDS orphans (2010) presumed that some HIV/orphans use religious and spiritual support as a means for coping with the problem and/or coping with caring for a HIV/AIDS orphans relative. The use of spirituality is seen as a positive Emotion-focused coping strategy (Phyllis et al., 2011). Spirituality may mean different things to different individuals, but has been seen to increase levels of well-being and decrease the level of stress in one's life (Rammohan, et al., 2002).

2.4 Theoretical Framework

According to Breslau et al, (cited in Carlson, 2000), a useful conceptual framework for the effects of traumatic experiences must begin with the question of what makes an experience traumatic. Although some events may be so powerful that they would traumatize anyone, most potentially traumatic events are not so powerful. An epidemiological study found that, with rates averaged across trauma types, only about 9% of those exposed to traumatic stressors develop post-traumatic stress disorder (PTSD) (Breslau et al., 1998). This means that the most useful framework would also explain why a potentially traumatic event evokes a traumatic response in some people but not others.

Defining traumatic events as only those involving injury or death erroneously excludes some events that are potentially traumatic. For example, a person who loses his home in a flood might not feel threatened with injury or death, but might still be overwhelmed with fear, helplessness, or horror at his loss and develop PTSD. The requirement that a person must fear injury or death to be traumatized assumes that imminent injury or death are the only experiences that would cause emotional pain or arousal severe enough to precipitate PTSD.

This is an assumption that has not been supported empirically or by any theoretical formulation that explains why events that do not involve injury or death are necessarily excluded from the definition of trauma. In fact, evidence that events that do not involve injury or death can be traumatic stressors is beginning to emerge.

Defining traumatic events as only those involving fear, helplessness, or horror has the advantage of taking into account the interaction between the event and the individual that, as Wilson (1994) has noted, is critical to include in theories of trauma. But this criterion seems too restrictive, as it

does not define an event as traumatic if a person dissociates at the time of trauma and does not report feeling fearful, helpless, or horrified (Briere, 1996).

Clinical reports of dissociative experiences at the time of trauma such as derealization, depersonalization, and gaps in awareness have been labeled peritraumatic dissociation. The term peritraumatic is used to denote “around the time of the trauma.” Derealization includes experiences of distortions in perceptions of the environment or objects, whereas depersonalization includes distortions in perceptions of oneself or parts of oneself. Gaps in awareness would be experienced as a lack of recall of important aspects of the traumatic event.

Reports of peritraumatic dissociation have recently been found to be positively related to the development of PTSD in earthquake and flood victims (Marmar, Weiss, Metzler, Ronfeldt, & Foreman, 1996; Waelde et al., 1999), indicating that the experience of peritraumatic dissociation may be a proximal indicator of traumatization. Although many (if not most) people experiencing a high-magnitude stressor have feelings of fear, helplessness, horror, and some dissociation, for some people, a severe stressor may evoke peritraumatic dissociation that is intense enough to exclude other emotional responses.

In previous publications, it has been proposed that there are three defining features of traumatic events (Carlson, 1997; Carlson, Furby, Armstrong, & Shlaes, 1997): a lack of control over what is happening, the perception that the event is a highly negative experience, and the suddenness of the experience. We consider all three elements to be necessary for traumatization to occur, though an event may not be traumatic even if all three are present.

Lack of Controllability

Humans and other animals generally try to control their environments to protect themselves from harm and ensure their survival. Animal and human research has shown that people and animals become distressed when they cannot control what is happening to them, particularly when what is happening is painful (Abramson, Seligman, & Teasdale, 1978). Building on this research, a perceived lack of controllability of events has been identified as a defining element of trauma (Foa, Zinbarg, & Rothbaum, 1992). When a person experiences a high-magnitude stressor, his or her perceptions about controllability can determine whether the experience is traumatizing.

2.4.1 Psychodynamic Approach

The Psychoanalytic model of the PTSD hypothesizes that the trauma has reactivated previously quiescent, yet unresolved psychological conflict. The revival of the childhood trauma results in regression and the use of the defense mechanism of repression, denial, reaction formation, and undoing (Sadock, Sadock, & Ruit, 2015).

2.4.2 Cognitive Behavioral Approach

Cognitive model of PTSD posit that affected persons cannot process or rationalize the trauma that precipitated that disorder. They continue to experience the stress and attempt to avoid experiencing it by avoidance techniques. Consistent with their partial ability to cope cognitively with the event, persons experience alternating periods of acknowledging and blocking the event (Sadock, Sadock, & Ruit, 2015).

2.4.3 Biological Approach

The biological theories of PTSD have developed both from preclinical studies of animal models of stress and from measures of biological variables in clinical populations with the disorder. Many neurotransmitter systems have been implicated by both sets of data. Preclinical models of

learned helplessness, kindling, and sensitization in animals have led to theories about nor epinephrine, dopamine, endogenous opioids and benzodiazepine receptors and the hypothalamic-pituitary adrenal (HPA) axis. In clinical populations, data have supported hypotheses that the noradrenergic and endogenous opiate systems, as well as the HPA axis, are hyperactive in at least some patients with PTSD (Sadock, Sadock, & Ruit, 2015).

Other major biological findings are increased activity and responsiveness of the autonomic nervous system, as evidenced by elevated heart rates and blood pressure readings and by abnormal sleep architecture (e.g., sleep fragmentation and increased sleep latency). Some researchers have suggested a similarity between PTSD and two other psychiatric disorders: major depressive disorder and panic disorder (Ibid).

2. 5 Understanding the Trauma Survivor's

A traumatic event may be a onetime occurrence; such as a serious car accident, witnessing a murder or it can be a series of repetitive events such as ongoing incest or combat. Trauma may be physical, psychological, or a combination of both (Foa, et al., 1991). Many Vietnam veterans tended to be extremely isolated from relationship and community, primary because of Post Traumatic Stress Disorder. Decades, of haunting memories and overwhelming feeling leave the veteran suffering from PTSD feeling demobilize and alone (Sisay, 2010).

Emotionally overwhelming events send shock waves through every aspect of our lives. They damage our psychological stability and take away our sense of well being. Uncontrollable, devastating experiences usually generate feelings of being unsafe, powerless, and vulnerable. They again caused a group of symptoms called Posttraumatic Stress Disorder (PTSD), which is

as powerful and difficult to cope with as any other psychological disorder (Beckham, & Beckham, 1992).

Anger is usually a central feature of a survivor's response to trauma, possibly because it is a core component of the survival response in humans. Anger helps people cope with life's adversities by providing us with increased energy to persist in the face of obstacles. However, uncontrolled anger can lead to a continued sense of being out of control of oneself and can create multiple problems in the personal lives of those who suffer from PTSD. One theory of anger and trauma suggests that a high level of anger is related to a natural survival instinct (National Center for PTSD USA, 2011).

Some people react more strongly to traumatic events than others, or two people may develop different types of psychological symptoms in reaction to trauma. This is because the impact of negative events have heavily influenced by the way in which it perceived. For example, suppose that two different persons are involved in a car accident (Foa, et al., 1991).

2. 6 Psychological Problems

Traumatic experiences that threaten the well-being of children and youth include personal or parental chronic illness, maltreatment or neglect and cumulative life events and daily hassles (Brown et al, 2009).

Sometimes, a disorder similar to PTSD can result, not from us being in danger but from seeing someone else die. Many rescue workers such as firefighters, police officers and medical personnel impacted by repeated experiences of seeing people die in traumatic accidents and disasters. They may not feel “entitled” to have symptoms or to receive support since they were not one of the victims being rescued. Nevertheless, they experience horrific images as well.

One of the most difficult aspects of dealing with this type of problem is dealing with the flashback images (Beckham, & Beckham, 1992).

Stress: Stressful life experience constitutes a potential threat to the well-being and healthy development of children and youth. Increasing large numbers of young people are faced with stressful experiences that include traumatic events, adversity such as the death of a loved one or both parents and the accumulation of stressful life events and daily hassles (Garnezy & Rutter,1994).

Traumatic events are, deeply distressing, and the images are usually seen as being beyond their control. They triggered by the mention of some specific event or by the recurrence of an event similar to the original trauma. Since in the course of their work police officers, firefighters, rescue workers and medical personnel are likely to witness many similar types of traumatic deaths there are frequent triggers of experiences (Beckham, & Beckham, 1992).

Avoidance

The DSM-5 lists several types of avoidance as criteria for PTSD, including avoidance of thoughts, feelings, conversations, activities, places, people, or memories associated with the trauma (American Psychiatric Association, 2013. As described above, avoidance symptoms occur because they afford relief from the anxiety associated with trauma-related stimuli, and they may also be a reexperiencing of a freeze response at the time of trauma. Following traumatic experiences, avoidance can be manifested in cognitive, affective, behavioral, and physiological modes. It is worth noting, however, that avoidance in the cognitive, behavioral, and physiological modes is fundamentally in the service of affective avoidance.

That is, the purpose of all avoidance is to protect the individual from the feelings of fear associated with the traumatic event. Cognitive avoidance as a trauma symptom can be voluntary or involuntary. Often, trauma victims very consciously try not to think about the event or anything connected with the event. On the other hand, trauma victims sometimes forget part or all of a traumatic experiences (sometimes referred to as amnesia) and sometimes experience distortions in their perception of the environment (also known as derealization) or distortions in perceptions of themselves (also known as depersonalization). All three of these phenomena can be understood as ways of avoiding knowing about an event through cognitive distortion of the experience.

2.7 Psychosocial Intervention following traumatic events

Epidemiological studies suggest that the majority of individuals involved in traumatic events will not develop a problematic psychological response (Galea, et al). The so- called normal response is highly variable. Some individuals will develop a marked initial reaction that resolves over a few weeks, while others will have little or no initial reaction and will not develop any difficulties (Bonanno & Loss, 2004). However, a minority will develop mental health difficulties that require psychological or pharmacological intervention.

Posttraumatic stress disorder (PTSD) is the most widely recognized posttraumatic psychiatric disorder, but it is not the only one. Depression, anxiety disorders, substance misuse, and adjustment disorders are also common (Kessler, et al, 1995).

These, along with non psychiatric issues that cause distress (e.g., finances, housing, lack of information, and relationship breakdown), should be considered in addition to PTSD in patients with posttraumatic mental health problems. It has been estimated that PTSD occurs in around 14% of those exposed to traumatic events (Kessler, et al, 1995). Rates tend to be higher among individuals more directly exposed to traumatic events, but recent well- designed research suggests lower rates of problematic reactions than many imagined, highlighting a marked human resilience in the wake of traumatic events.

Current knowledge about post traumatic stress disorder has sensitized the public and the mental health community to the damaging potential of exposure to traumatic events. From a clinical point of view it is important to note that most trauma survivors who develop prolonged stress disorders express symptoms of distress at the early aftermath of traumatization (Rothbaum, Foa, , 1993).

Moreover, most instances of recovery from early and distressful responses to traumatic events occur within the following year (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). The early aftermath of traumatization offers, therefore, a window of opportunity during which individuals at risk for developing chronic stress disorders can be identified and treated (Solomon & Benbenishty, 1968); (Bryant, Harvey, Dang, Sackville, & Basten, 1998); (Foa, Hearst Ikeda, & Perry, 1995)

The optimal time for such intervention, however, is unclear. On one hand, the very early days that follow traumatic events may constitute a critical or sensitive period, during which neuronal plasticity is enhanced (Shalev, 1999), and indelible aversive learning occurs. On the other hand,

most trauma survivors do not present to treatment before having endured weeks of suffering, possibly because they, and others around the associated symptoms as a normal response.

Trauma focused cognitive behavioral therapy

Trauma focused cognitive behavioral therapy (TF-CBT) is evidence based treatment approach shown to help children, adolescents, and their caregivers overcome trauma related difficulties. It is designed to reduce negative emotional and behavioral responses following child sexual abuse, domestic violence, traumatic loss, and other traumatic events (Beck, 1976). The treatment based on learning and cognitive theories addresses distorted beliefs and attributions related to the abuse and provides a supportive environment in which children are encouraged to talk about their traumatic experience. TF-CBT also helps parents who were not abusive to cope effectively with their own emotional distress and develop skills that support their children.

Group therapy for trauma survivors

There is an increased concern about the relevance and effectiveness of current mental health programs and existing interventions that are derived from individualistic western cultures and based mostly on addressing single personal identity trauma, for example sexual abuse, with clients from different cultures and with refugees and minority populations who are cumulatively traumatized with personal and collective identity traumas (Bracken, 1997).

In general, treatment of refugees who have survived violence and torture is complicated and not manuals-bound. Most evidence-based traditional group therapies have been developed to address specific single personal identity trauma, e.g., sexual abuse, or post such single trauma symptoms using different cognitive behavioral, psychodynamic or other theoretical and technical

approaches. However, refugees and torture survivors went through, and are possibly still going through, a host of different trauma types that include personal and collective identity traumas and which have cumulative effects. Cumulative trauma dynamics are different from the dynamics of single trauma (Kira, 2008). Additionally, refugees and torture survivors usually belong to different cultures which are more collective than individualistic and may belong to different religious heritages other than those from which such group therapies were developed (Triandis, 1995).

It is important to adapt current evidence-based group therapies, regardless of their theoretical and technical approaches, to address cumulative trauma and collective identity traumas that clients endured, or are enduring, in order to be acceptable and effective with refugees and torture survivors.

CHAPTER THREE

3.1 Research Methods

This section describes the research design, study area, population, sampling, data collecting instruments, data collection procedure, procedure of data analysis and ethical consideration.

3.2. Research Design

In this study, qualitative research was employed as it allows the researcher to conduct an in-depth investigation of the psychosocial experience of the survivors of Hawzen air raid. Qualitative research typically seeks to explore, understand, and represent the subjective, experiences, thoughts, feelings, or use of language, interpret their actions and other psychosocial phenomena in terms of the meaning associated with them. Specifically, this study was conducted employing descriptive and interpretative phenomenological approach. In phenomenological studies, one strives to present a description and possibly an interpretation of the meaning of an experience with a specific phenomenon (Thomas, 2004).

3.3. Study Area

The study was conducted; in Tigray regional state, specifically Hawzen Woreda and its surrounding villages.

3.4. Population and sample

3.4.1 Population

Based on 2007 national census conducted by the Central Statistical Agency of Ethiopia (CSA), Hawzen Woreda has a total population of 117,954, an increase of 26.42% over the 1994 census, of whom 56,415 are men and 61,539 women; 7,553 or 6.40% are urban inhabitants. With an area of 1,892.69 square kilometers, Hawzen has a population density of 62.32, which is greater than the Zone average of 56.93 persons per square kilometer. A total 25,067 of households which were counted in this Woreda, resulted in an average of 4.71 persons to a household and 24,105

housing units. The majority of the inhabitants said they practiced Ethiopian Orthodox Christianity, with 99.4% reporting that as their religion.

3.4.2 Sampling

Purposive sampling technique was employed to select participants for this study. Participants of the study were obtained through key informants (elders). The sample size of the study was decided when redundancy or saturation of information was reached. A total of 20 in-depth interviews were conducted with 11 male and 9 female.

3.5 Participants

Participants of the study were those who witnessed the traumatic event and survivors of the air raid.

3.5.1 Inclusion and Exclusion Criteria

Participants of the study were Survivors of Hawzen air bombardment. The following criteria were applied to select the participants.

Inclusion

The inclusion criteria was men and women who were present at the time of the town air bombardment, those who lost beloved ones, victims of the event and willingness to participate in the study were also addition inclusion criterion.

Exclusion

Individuals with severe form of mental and cognitive disorder, someone who was not willing to participate in study were not considered in this study.

3.6 Sampling Procedure

An official letter from the University of Addis Ababa via department of psychiatry was submitted to Hawzen Woreda administration office. To get in touch with the participants who fulfill the criteria to participate in this study, the purpose of the study and the eligibility criteria to

participate in this research was explained briefly to Hawzen administrator. Before conducting the interview, by the help of key informants the researcher selected respondents and gave them the informed consent form to request their willingness to participate in the study. Following that the interview was carried out.

3.7 Instrument of Data Collection

Data collection instruments in qualitative study are expected to allow closeness between the researcher and the research participants so that the researcher can understand the issue from the respondent's point of view. In-depth interview was employed to generate data in this study. The in-depth interview was conducted on total of 20 participants with 11 male and 9 female. In-depth interview is a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program, or situation. In-depth interview is useful when you want detailed information about a person's thoughts and behaviors or want to explore new issues in depth (Boyce & Neale, 2006).

3.8 Data Collection Procedure

The following steps were undertaken in generating the data;

First in order to facilitate data collection in the selected area, clearance was requested from the department of psychiatry. The clearance submitted to Hawzen Woreda administrator. After we have made a discussion with the Woreda's administrator, based on the objectives of the study the administrator confirmed to help generate the data. Once permission was obtained, the participants took an orientation about the nature and purpose of the study. In addition, brief explanation provided to make them familiar with the in depth interview and get informed about how they should answer questions during the interview. The data was generated between July 3rd and July 12th/2009 E. C. Finally, the researcher thanks each participant for their participation, providing their time and cooperation.

To generate relevant data using in depth interview the following tasks were carried out;

Plan: Developed an interview guide that lists the questions or issues to explore during the interview and included an informed consent form. Identify the information that is necessary and from whom it would be collected.

Collect Data

The purpose of the interview, the reason why the respondents have been chosen and the expected duration of the interview were explained. Written informed consent of the interviewee was sought. The information was kept confidential, notes were taken and audio was recorded.

The principal investigator was available at the time of data collection and the questions raised in the time of interview were addressed immediately.

Analyze Data

- All the generated data was transcribed
- Following that all the data was analyzed manually based on the principles of thematic analysis

3.9 Methods of data Analysis

This study employed thematic analysis using manually, which is one of the data analysis strategies in qualitative research. The coding of the data was started immediately after the translation of the data to avoid forgetting of some relevant information. The coded data were further coded, grouped and categorized. This means the codes with similar characteristics were grouped together thematically. Interpretation followed instantaneously after analysis. The researcher provided interpretation according to the finding to increase the transferability of the study to other context. In addition, cases were drawn from the interviews and discussed to explain specific stories in detail.

3.10 Data Management: The anonymity of participants and the confidentiality of the obtained information was maintained. All Audio recordings and transcript files were anonymised and stored in password protected folder.

3.11 Ethical Consideration

This study was conducted by taking all ethical issues of a research in to considerations. First, before gathering data from different sources, the researcher was introduced the purpose of the study and was reached an agreement with all the respondents and Hawzen worda administrator. Regarding the consent, the researcher informed them that they can withdraw from participating in the research at any time and in any circumstance if they do not feel comfort. The researcher also informed for the respondents that the study would be used only for academic purpose and remains confidential. Regarding their safety; perhaps, conducting this study would make them to recall the painful experience they had since the air bombardment. Though, if there is someone who is suffering because of the air bombardment (Psychological or Psychiatric problem), he/she can get the treatment from nearby hospitals. Otherwise being part of this study would not cause any harm.

CHAPTER FOUR

Result and Data Analysis

This chapter is concerned with presentation, analysis and interpretation of data in two major subsections. The first section deals with demographic characteristic of respondents. The second deals with the analysis and interpretation of data.

Following the data collection audio recorded interviews were transcribed with field notes. Field notes contained information that was observed by the researcher during the interviews. Non-verbal clues for each participant was recorded as a separate field note without interrupting the conversation with the interviewee, and the notes were clearly marked with the identification numbers of the respondents.

Verbatim translations of the transcripts from Tigrigna into English was done by the researcher and two students from Addis Ababa University who knows Tigrigna very well and are not from the study area. The researcher engaged himself into the data by listening repeatedly the recorded audio data and reading the transcribed notes. The coding of the data was started immediately following thorough understanding of the data. The coded data were then grouped and categorized. The data was generated from July 03 / 11/ 2009 E.C – July 12/ 11/ 2009 E. C

**Table-1: Socio Demographic Characteristics of the Study Participants in Tigray Region
Hawzen Woreda, 2017**

Characteristics	Number of participants
Sex Male	11
Female	9
Total	20
Age 45-50	6
51-60	4
62-80	10
Occupation	
Farmer	12
House wife	3
Merchant	2
Teacher	1
Pharmacist	1
Security guard	1
Marital Status	
Married	13
Widowed	3
Divorced	4
Educational Level	
Not Educated	12
Primary School	5
Secondary School	1
Diploma	2
Religion	
Orthodox	18
Muslim	2

From a total of 20 participants involved in the study, 11 were male. Majority of the participants belong to the age groups of 62-80 years. Regarding occupation, 12 of the participants were farmers; whereas the rest of participants were found to be house wives (3), merchants (2),

teacher (1), pharmacist (1) and security guard (1). Most of the participants were married which account for 13 out of 20. As shown in the above table 1 majority of the participants were not educated. The religious status description reveals that among 20 respondents 18 of them were Orthodox Christian and 2 Muslims.

4. 1 Psychosocial Problems of the air raid survivors and their coping mechanisms

According to the finding of the study, participants experienced different problems. The description provided by the respondents' highlighted on different themes. The sub themes are psychological, social and coping mechanisms.

4.1.1 Psychological Problems of Hawzen air raid survivors

The finding of the study depicted that participants of the study encountered different psychological problems due to the air bombardment that took place in 1980 E.C. The psychological problems are organized and described under the following categories.

Anger and Hatred: When they were interviewed the participants expressed deep anger and hatred towards the Derge regime. Nearly every participant stated that the air bombardment was an evil deed. To strengthen this evidence the following respondents explained in their own words.

“.....Why would a government destroy its people?” It was an insane, very cruel and evil government. It was in the beginning of summer and many people were gathered at the market for different reasons. It was a very difficult feeling overall. Sometimes I get upset when I remember that those who bombarded the innocent people were not penalized. I would be tempted to ask why our government didn't do the same to them.” (Respondent 10)

Respondent 20 said that he often finds it very difficult to talk about the air strike. Let alone facing someone from the previous Derge regime.

“.....I cannot trust anyone related to that regime because they were very cruel and they knew no mercy. My whole body shakes if I see them now. They killed my brother for no reason. They did whatever pleases them with our lives.”

Another respondent lost his parents while he was seventeen years old. His parents and other family members died under a ruined house. He had nowhere to go to. He had difficulty of growing up by himself. He could not join with TPLF in the fight against the Derge regime because he was under age. He grew up having a repressed feeling of loathing towards the Derge regime He described the experience with anger showing on his face.

“.....What an emotion? I felt sad, and cried because I lost my parents, because I did not have enough potential to eradicate Derge I could not be recruited to be a soldier immediately. I have always assumed Derge as an enemy and ogre.” (Respondent

Most of the participants have experienced hatred and anger.

“.....It was very abject. It was shameful to kill civilian that were not involved in any political issues in that way. It was an act committed similar to dictators like Mussolini and Hitler.” (Respondent 13)

Hopelessness:

The study showed that most of the respondents felt hopelessness due to grief and bereavement of their parental loss. One of the respondents, who lost her parents and left with two young sisters' with no relatives to depend on, shouldered the responsibility of feeding and schooling her

youngsters. She found it very challenging to live on without financial means. Her future was dark.

“.....I used to cry every day, because I was the one who takes care of my sisters and couldn't handle all the adversity like providing food whenever they get hungry. We worried about our future, because our parents died and life was so difficult.” (Respondent 16)

Respondent 13 reported the severity of the situation by saying:

“.....How can I describe that?” It was not just a feeling. We lost the will to live. The meaning of life was null.”

Among the participants who lost her right hand described her despair as follows:

“.....Before I lost my right hand we had an appointment with my friends for Ashenda and I had a nice moment with them. But, after the air raid as the result of which I lost my right hand, I could not play Ashenda” Respondent 5)

Every year they gather to play Ashenda and they have a joyful time together. She has never missed out the chance to celebrate the event with her peers. Ashenda is a special time for girls which they yearn every summer. Aftermath of the air bombardment she could not attend the ceremony of Ashenda with her friends due to the loss of her right hand. This traumatic happening left her with inferiority feeling to join Ashenda.

One of the interviewees who lost her brother remembered the painful coincidence by saying:

“.....I lost hope, after a while, I cried and I went looking for his dead body”. (Respondent 3)

During the air bombardment the woman was at her home far from Hawzen town. After she heard the news this woman went to town to look for her younger brother. Then later she was told that her brother had died saving the lives of others.

Need for care and support

Among the psychological problems need for care and support was reported. The participants described that they were seeking someone who helps and gives them care. Except few of them majority of the participants' home was burned to the ground. And had lost their parents, as the result they were in need of material and emotional support. One of the respondents a 45 year old expressed;

“.....The worst thing in life is losing your parents. Not only that but also our house was destroyed and we did not have a shelter to live in. We had to move around looking for temporary shelter (Respondent 16).

A man who lost his wife had a great deal of problems in raising his children. In addition to this he was not able to prepare rituals in his home on his own without a wife. He was seeking a wife to support him get on with the social virtues.

“.....Since my wife died I encountered different problems, but as much as possible I tried to participate in social activities. Yet, since I lost my wife I did not have my own festive meal until I married my second wife three years later.”(Respondent 4)

Dependence:

The other reported psychological problem was dependence. When their home was totally destroyed and burned, the victims' did not have a shelter to settle, as an option they had to

relocate to the nearby villages and stayed there until the situation calmed down. They relied on the villagers for their daily lives. This created a sense of dependency on the survivors.

“.....It was very difficult. The whole families depended on others due to financial constraints adults were unable to provide their children with basic needs. Though our party (TPLF) had managed to give us some money, sustaining life was too hard that we had to return to Hawzen in October that year” (Respondent 2)

A woman who had lost her right hand often complains about being dependent on others to perform her house hold chores. This woman has two children. She could not afford to pay for the necessity of her children. She is not able to generate income for her life. She usually obtains support from her neighbors, friends and relatives. As she mentioned in her own words;

“.....And having only one hand impacts my confidence. Because when I had two hands I was not as dependent as I am today. I don't have my own home. I don't have a husband. The home I am living in right now is not mine.” (Respondent 5)

Most of the survivors had experienced a great deal of difficulty since the air raid. They were seeking someone who they can rely on for different things. One option was to find temporary shelter and food.

“.....Anyway we went to the village and stayed there for some time because the whole town had a smell of dead bodies of people and animals, we were totally dependent on the neighboring villagers since we had nothing for survival.” (Respondent 16)

Distressing Memories of the traumatic events:

Common stressors described by respondents were discomfort to talk, watch, and participate in anniversary of the event. Some participants reported that they felt bad and pity. Almost all

respondents expressed feeling of tension and distress when the annual memorial ceremony is held and broadcasted. This triggers them to recollect their memory of the trauma.

“.....I feel bad whenever I watch news or documentary about the air bombardment and get frustrated whenever people come to interview us about the traumatic event without any intervention plan to bring us out of the trauma we have been living” (Respondent 3)

Many of the respondents claimed that the air raid seriously harmed them psychologically; that was one of the reasons they felt distressed when they are asked to respond their experience.

“.....When a film about Hawzen was broadcasted via television I told my sister to switch it off. I have never watched the documentary of Hawzen air bombardment, because I can't stand to watch such a film. I don't even like to hear the Derge's name. I hate being interviewed, because it reminds me of my grief. I cry whenever I am invited to attend at the anniversary memorial of the air bombardment. However, I feel happy when the day is commemorated. It is because those who lost their lives are heroes who died for the sake of our country.” (Respondent 19)

The annual Memorial Day is held to commemorate martyrs who died both because of the air bombardment and those who lost their lives while fighting against the Derge regime.

Similar to the above respondents the air strike had affected their sense of well being.

“..... Whenever, I watched about the air bombardment I felt sad and angry”. (Respondent 5))

Majority of the victims described that the air raid was such a distressful event to remember and to talk about.

“.....It is better not to raise the issue of Hawzen air bombardment” (Respondent 16)

In particular one female respondent reported that the air bombardment affected her life in different ways. She also described that being physically disabled impacts every aspects of her activities.

“.....These days I am tired of thinking a lot about my disability, I prefer to be silent. After the air raid I had a recurrent nightmare. Nowadays if somebody offers to take me to Addis Ababa by plane, I don't think I would be able to board the plane for an intense phobia towards airplanes for they vividly remind me of horrible day.”(Respondent 7)

Majority of the respondents reported that they had experienced extremely upset and felt very anxious whenever they are confronted with a person, similar events of that day and situations that reminds them of the trauma.

“.....On one hand, whenever the story about air bombardment is broadcasted and celebrated, I feel sad, because it brings fresh memory of the event, I remember about the air bombardment and the subsequent disaster that followed. On the other hand, I feel happy because had it been for the fascist Derges' atrocities, we would not be celebrating martyrs' day today. Every June 15th, we celebrate martyrs' day. Without the sacrifices made by our martyrs, we would not have peace, development and democracy.”
(Respondent 2)

“.....Nowadays, when I remember about the air strike, I still worry, but less than it used to be during remembrance days or TV broadcasts commemorating the day”. (Respondent 1)

“.....I felt bad and sad, when I heard that the butcher Legesse Asfaw was released from prison as a free man. Why would the government give mercy to a man who killed so many

of our people, animals and how ruined our town? I resent this government for that, but what can I do?”(Respondent 12)

Avoidance

During the interview almost all of the participants were refusing being interviewed. Yet, when they were told by the PI, the purpose was to study the long term adverse psychosocial experience of the survivors of Hawzen air bombardment and their support is quite essential to conduct the study, people finally agreed and eventually complied to the study.

The reason they mentioned for their refusal to be interviewed was, due to getting tired of the repeated and pointless number of interviews they gave for journalists and other government bodies. In addition to this because they feel distressed whenever they remember the traumatic event they have encountered. They reported that so many interviews were done since the air raid, but till now no one gave them adequate financial support.

Stress and Depression

The losses of parents were reported by most of the respondents and their problems were manifested by depression. The sub themes which were described by the participants were; impaired social interaction, sadness, crying every day, worry, distress and suicidal attempt.

One of the respondents is a local beer vendor described:

“.....I was in my home selling local beer: I lost my little child and a woman next door during the raid. In my home there were lots of people drinking local beer; but out of those all people my child died. I have hugged my child and cried the whole day; I have tried to kill myself by choking, but I was saved by one of the customers. . The burial was at night for we did not trust the day time. I stopped working. Few days later journalists

came and interviewed us but, our question was not solved yet. Since that time I could not go to the market, did not interact with others, I can't attend funeral ceremony and I could not go to church". (Respondent 7)

A man in his forties revealed that he still gets disturbed about anything that reminds him of the trauma. For him thinking back of what happened disconcerts his feeling.

".....On that day I lost my father and my mother; my mind did not think appropriately; I felt so sad, crying every day remembering my family. Nowadays, when I remember the event, I worry, when there is an anniversary for martyrs through television. I don't feel as same as before. (Respondent8).

Mother of a died child who participated in the in depth- interview also reported that;

".....My daughter died in the ruined house but my son escaped. In our neighbors' there were families who all died. We were crying the whole day. When the plane comes, we stop crying. And when the plane goes away we resume. All the people who died were buried in a single hole." (Respondent 9)

Witnessing the traumatic event and being injured by the air raid caused emotional distress.

".....I felt so sad, because of the children and infants who died during the time of barbaric action". (Respondent 1)

".....When I think about my dead wife, I felt so sad and cried," (Respondent 4)

Fear

One of the respondents asked the PI for an I.D. explaining that he is a militia and he settled after the PI told him that he had a permission letter.

After that he described his problem by saying;

“.....I am ashamed to admit that I was sick of shock. Because it was nothing compared to the rest who get injured highly, yet I was in constant terror for at least a week. The sound of a bird flying used to scare me to death. I felt like the fear was inside my bones”
(Respondent 20)

“We did not believe either the plane is ours or not. I am still consternated when the plane comes and flies via our villages. Whenever, I hear any guns sound, I feel fear”. (Respondent 18)

A participant who immediately joined a struggle against the Derge regime and became a fighter stated that;

“..... I used to feel terror that the plane would bombard us again, but when I joined the struggle, the plane was bombarding us at the battle. Indeed the plane still stuns the society and me as well. Yet, I am not as frightened as before. Because I am conditioned while I was a soldier.” (Respondent 8)

Almost all the respondents grew dubious with the airplanes. Although nowadays there are commercial aircrafts flying to and from Gheralta Lodge, they tend to be fearful to accept without questioning. They mentioned that they don't have trust on planes whenever the planes hover over the town and villages.

“.....I feel distrust that may be the plane is peaceful or not. The area is not safe because Eritrean government and other forces.” (Respondent 20)

One of the respondents in the in-depth interview described her experience by saying;

“.....I talked to the plane as if they are human. Once I traveled by plane and I said to the plane.” You burned us in 1980 E. C and now you are travelling people peacefully?! And

people asked if I was in Hawzen during the air strike. For the moment I forget that there is peace now and I become scared. Sometimes I see that in my mind dreams too. It is just not completely cleared from our minds”. (Respondent 2)

Most of the respondents stated that the air strike has left them with a lifelong doubt towards planes, helicopters and other flying machines including drones.

“.....I will never forget the incidents, and couldn't be forgetting such an adverse experience. Until recent years we were terrified whenever helicopters fly across the town.” (Respondent 15)

“I am always scared when I come to the market place. I am scared a plane may come to strike once again. Simple fighting between children arouses that terrible feeling buried inside everyone”. (Respondent 6)

Shock

Shock is a psychological condition arising in response to a terrifying or traumatic event or witnessing traumatic event that induces a strong emotional response within the individual. With regard to shock all participants were in intense and distressful situations since the time of the air raid.

“I have seen the mixed corpse of camel, human beings, and other animals, we were walking cadaver over cadaver. It was seriously ferocious and something you did not expect to happen.” (Respondent 11)

Most of the respondents mentioned that it was difficult to look at the difference between human and animals' cadaver. They stated that they have never seen such a ferocious and horrible event in their life time.

“.....Yes, because of the difficulty of identifying dead bodies people were looking for special features like Tattoo, clothes, and other ornaments. Actually I knew my wife’s dead body by her hair decoration. It was difficult to differentiate because their body was highly damaged and mixed” (Respondent 4)

One of the survivors of the air bombardment reported as she witnessed by her naked eye the saddest and most dreadful thing in her life.

“.....I have seen a little child who was suckling from his dead mother’s breast. Then what can shock you if not this? ”; you can only know those who died either a man or a woman by their face.” (Respondent 5)

“My brother was so injured and also I saw another person his head cut in to half and was bleeding.” (Respondent 3)

“.....It was hard to express. I was shocked. I did not even forget the feeling and fear until now. I did not recover from the trauma until now.” (Respondent 7)

The survivors who witnessed the shocking event were left with a trauma that hounds them for the rest of their life time. Many conceded that they had no choice other than bearing the hardships of life all alone on their own. Although a lot of them noticed the intensity of the shock they felt seemed to lessen in time, it didn’t cease. The sight many of the survivors caught couldn’t be erased easily. Among them were so disorientated that it took them years to get a grip of their normal life.

“.....Yes! I saw a little girl whose head was cut terribly and a woman died in front of me. Another woman was buried half of her body and her half head almost cut off and beside her was a girl crying who was her daughter. The woman was dead after a while but the

girl is working in Hawzen town. We couldn't ignite fire outside home, we couldn't wear anything white, and we did not have social life for a while.” (Respondent 2)

“.....Dead bodies were dispersed here and there for many years. If this is not shocking, then what is? Parts of their bodies were scattered and mixed with animals. We could not identify the human body from animals because it was smashed in pieces”. (Respondent 3)

.....“Yes! I don't think I could forget that incident forever. I am in terror all of the time until this day. Every now and then the people are terrified that something bad can happen. Any sound from the sky especially sound of an airplane triggers the feeling and gets me in terror and also makes me remember the chaos that day created.” (Respondent 20)

4.1.2 Social Problems of Hawzen air raid survivors

Restricted Social Interaction

The first social problem reported by the respondents was having poor social interaction. To recall their experience about the social problems participants were requested to explain their social life in detail. Most of the interviewees mentioned that before the air strike their social relationship was good and stable. They said that they were interested in being with others.

Some of the reasons for having restricted social interactions were;

“Walking in group was prohibited after the incident for safety purpose. Because the planes might come back again to attack, Wearing white or red cloths was not also allowed.” (Respondent 8)

The reason they were not allowed to wear white or red cloths was, because they were told by the elders that if they wear these cloths they would be easily identified or noticed by the war plans.

“.....I did not have that much social interaction, because I could think properly”

(Respondent 13)

This study showed that the survivors did not enjoy freedom in joining groups to carry on their usual life. This created a lesser interaction among the survivors and they could not easily communicate as they normally do. The people usually relish a tight-knit social life, but due to the aerial bombardment their relationship started to loosen.

“.....Yes, free movement and grouping of people were not allowed; talking with strangers was not safe, because there was distrust among the people for the fear of agents of government.” (Respondent 2)

Night Market

The most commonly mentioned social problem was difficulty of marketing; the participants reported that one of their problems after the air raid was the disrupted market which exposed them to different problems including changing the market to night.

“The market at the night made everything worse. Theft increased and we couldn’t even distinguish Tef from sand. Women were unable to go to shop”. (Respondent 6)

“It was very difficult to identify crops i.e. Tef was wrongly exchanged for rapeseed and forged bank note used. I did not encounter such a thing, but I saw many people get deceived. At worst case thieves can take away your money or what you bought from the market.”

(Respondent

11)

“.....Yes for a long time the people were trading at night. I was travelling to other places like Nebelet and Adigrat to trade at night time. This situation was common not only in Hawzen, but also in Tigray province as a whole.” (Respondent 10)

The main problem observed was that many found it difficult to get accustomed to night a market. The other problems that arose due to the shift from a day market to a night market were the introduction of trickery in the selling of market goods, particularly women and children could not go to the market.

“.....We were trading at night because we had no choice, but it was very challenging. When we wanted to buy crops, we were easily tricked. They might sell you rapeseed instead of Tef. I didn't encounter such a thing but I saw my friends got deceived.” (Respondent 18)

*“..... Until the Derge regime was eliminated in 1983 E. C the market was during the night .Because, the people were once terrified as the result of the air bombardment, no one dared to exchange the goods at the mid day. In the mid day, the people stayed far away from the town and came back during the night to buy and sell for a living. One of the problems we have suffered from was, in the night market there was a fake exchange; like they give you rapeseed instead of Dagusa. They sell you Dagusa mixed with rapeseed, it was night and you can't not indentify rightly. Sometimes in the night market intentionally a group of people were trying to induce fear on the marketers to make them run away; so that they could collect the goods. Some people also were involved in robbery and stealing goods”.
(Respondent 2)*

Funeral and Marriage:

The other social problem reported was difficulty of carrying out funeral and marriage ceremonies. Some participants expressed by saying;

“.....My brother was found dead and buried. Dugout from the rubble, but the funeral was being interrupted repeatedly when the planes came back to strike the survivors. We hid in the jungle until night and we came back home.” (Respondent 3)

“.....Fearing that the planes would attack us, we had to search for the body of a dead child the whole night; in order to bury him in the night.” (Respondent 19)

Among the social activities that were remarkably changed were marriage and funeral ceremony. People could not gather to celebrate social and religious events. Gathering of people was followed by air attacks. This traumatic event left a psychological scar on every individual.

“.....Wedding wouldn't take place, the people were in grief, and no one felt happy. How could you prepare any ceremony in such conditions? Though you held a ceremony no one would attend. It was so horrifying to remember.” (Respondent 6)

..... “All the people were in a serious agony and everyone felt hopeless. No one needed to be happy at that time. Ceremonies such as marriage, birthday, and other religious events which were the source of happiness and social interaction were quitted.” (Respondent 18)

Homelessness

Majority of the respondents stated that the burning of their home exposed them to various problems. The sudden or gradual loss of one's home can be a stressor of sufficient severity to produce symptoms of psychological trauma.

..... “My house was completely destroyed. I had stayed in the village for a while with generous people” (Respondent 6)

“.....We became homeless and we had stayed at the village with our families. We did not return to our home, because there was no shelter for us to live in. Our parents had left us no money, as a result my sisters got to school. They started learning three years later. We returned to our home and immediately our families and relatives rebuilt our house”. (Respondent 16)

This study revealed that the problem of homelessness did not only create the loss of shelter to live in, but also psychological dependence on others due to the loss of family bonds and relationships. The survivors could not find the place that they considered their home.

“.....Three of my children were living with different relatives and it was very difficult living in the village. So, I took all of my sons and returned to the town. But since all “our stuff was burned, we borrowed from neighbors all we needed to start a new life and our party (TPLF) gave us 40 birr for each, which had a good value by then.” (Respondent 2)

Two respondents of this study admitted feeling powerless, and helpless. The one who lost her right hand had not built her own house yet. She attaches a great meaning to owing a house. The other one managed to build a house at last but he suffered greatly.

“..... Having left with one hand makes me feel sad. And having only one hand impacts my confidence. I don't have my own house. I don't have a husband. The home I am living right now is not mine. It's my family's home and I don't know the time they move me out.” (Respondent 5)

“.....Since my family and other relatives have died; I survived my life begging from different homes and sleeping with friends. I used to eat a few days at one home and a few days in the other. Our house was destroyed; we did not have a shelter to settle in. We were living moving around and, looking for other places.”(Respondent 8)

One of the respondents was working as a shopkeeper for a living. Yet, after the raid he could not feed himself and this resulted in suffering for the rest of his life until he recovers.

“My shop was completely destroyed.” (Respondent 14)

4.1.3 Coping Mechanisms of Psychosocial Problem

In this study, coping mechanisms are methods of dealing with their psychological and social problems in a condition where they felt stressed. Coping strategies could be considered as skills or ways of thinking about things that can be used to help a person cope more effectively (Phyllis, 2011). From the generated data the researcher organized and categorized the different coping mechanisms as follows;

4.1.3.1 Emotion Based Coping Mechanisms

Emotion based coping strategies indicate ways of managing maladaptive emotions associated with the stressful conditions. The respondents reported that they used different mechanisms to cope with the stressful situations and their problems on a daily basis by implementing various emotion focused strategies.

Crying

Crying is a human expression of an extreme emotional state, usually sadness and distress. It can be cathartic, creating a release that enables a person to subsequently function more effectively. Crying is often a very visible call for help from others (Green, 1983).

Some respondents were using crying as coping mechanism to solve their problems.

“Although I was young, the responsibility of taking care of my sisters was on me. I was confused and clueless on how to get on with everything. I couldn’t handle all the adversity such as

providing food for my younger sisters whenever they get hungry. We were worried about our future, because our parents died and life was so difficult to bear. For this reason, I used to cry often.” (Respondent 16)

“.....How can I tell you how the stressful situation it was, all my families were dead, I was alone, and there was no one who can lend me a hand. The Derge’s deed was definitely evil practice, what can he get out of destroying his people, I was crying everyday remembering my mother, my father, and also other family members” (Respondent 8)

Following the death of many of their family members the survivors had crying as their last resort to calm themselves down. Few of the respondents mentioned at the time of interview. This indicates that they have intense and repressed feeling of that day’s horrify memory.

“.....All the people were in deep agony; crying the whole day; that was the option they had.” (Respondent 14)

Another participant was also sharing her experience how crying helped her to reduce her suffering as follows:

“.....What can we do? Just crying, no one can help us. That was the choice we had at that time. Our mother was the one who takes care of us. After her death, no one was beside us.” (Respondent 16)

Fighting against the government:

As the result of the massive air bombardment on the civilians some of them decided to contribute their share in overthrowing the regime. Many who participated in the fight against the Derge regime felt they made their damages balanced. This relived them from frequent questioning of their mind about doing nothing.

“.....finally I decided to fight against Derge regime, because I have realized that unless we struggle to eliminate Derge he would not stop killing the civilians, he would continue killing other people not only Hawzen people, so if I died it's ok I am going to die for the sake of saving others, if I win, the Derge regime will not exist and we will get peace and democracy. After I became a soldier we eradicated the Derge and I felt happy.” (Respondent 8)

The air raid made many of the respondents to grow stronger and be determined in their stance fighting the government.

“.....We did not have any choice but fighting to overthrow Derge.”(Respondent 13)

“.....Fighting against the Derge was the first solution we had considered; I was one of the fighters not only against to Derge also against Shabia in Ethio- Eritrea war” (Respondent 20)

Escaping

Almost all of the respondents said that during the time of the air bombardment their only survival means was hiding and running away. They unconsciously followed the way out of the air strike. No one anticipated knowing the right way out of the danger zone. They simply tried to save their life by any means. But the planes made the escape difficult for the people.

“.....When the strike began, I started running from the market. I hide in a house with other people thinking that we were safe. Suddenly the planes started bombing over the house we started running out of it; we lie on the ground when the planes were attacking and we run when the planes were away.” (Respondent 19)

“.....The shock due to the air raid was so intense that we did not feel the death of our mother, although we were escaping to a nearby village to bury her. We felt sorrow after we buried her.”(Respondent

16)

“.....When the air raid took place by helicopters of the Derge regime, I have been in my home. This house has been destroyed, in the house there were over fourteen family members including my mother and my father, all of whom were dead. The air bombardment started in the morning at 11 am to 6 pm; though some people tried to escape from the town the planes did not allow anyone by throwing bombs. Then including me all of the family members who were trapped under the ruined house were dug out by other people.” (Respondent 8)

Talking to each other:

Majority of the respondents told that talking with each other about the problems they have been through helped alleviate their traumatic experience. Whenever they got the opportunity to share their grief and distress with each other they relatively became felt internally peaceful and stable.

“..... When my relatives and friends come and play with me, I forget the feeling I had” (Respondent 5)

One of the respondents who lost whole his family reported that discussing the events with other survivors gives him relief. Most respondents discuss and share their feeling with their family or significant others or for those people who approached and helped them.

“.....We sometimes talk about the air bombardment at ‘Enda Sewa’ “local beer pub” they called me left over of the Derge. We always remember the inhuman practice of the Derge, and we will share them the history about the cruelty of Derge to our children, I will not forget the history.” (Respondent 8)

Indeed talking to each other's was the most commonly discussed source of support. While support from a parent or relative was considered important, this support was rarely focused discussed around emotional wellbeing.

“.....Yes we talk with the survivors often now and then, when we have such options to discuss our feelings so we forget distress for a moment (Respondent 18)

“.....Conferences were prepared to discuss on how to support the victims.” (Respondent 1)

Cognitive Distraction:

Some respondents used cognitive distraction which includes utilizing passive appraisal activities such as relying on luck or feeling hopeless about the situations, to restrict their concentration on stressful conditions and distract the mind from focusing on the occurring stressful events/minimizing reactivity.

Explained his sad experience;

“.....I had a serious grief, but I had no choice I had to accept their death knowing that the one who died will not be back” (Respondent 8)

The woman who lost her arm during the raid had a very tough time leading her marriage. Nonetheless she was able to give birth to two healthy children. Knowing that people around her died without having children gives her comfort. She stated the following in her words;

“.....though I have lost my right hand, I condole myself when I think of those who died because of the air bombardment without giving birth, but, I have hope on my two children, that they will have so many children and compensate my desire to have many children.” (Respondent 5)

4.1.3.2 Situation Based Coping Strategies

Most of the interviewees reported that praying and going to church and mosques as coping mechanisms to reduce their pain and stress regarding to the stressful events they experienced as

the result of air strike. Now that, the condition is stable and peaceful. The survivors socialize and celebrate different religious activities, and ceremonies including marriage, so that they will feel better.

Praying and attending Church/Mosque

Most of the respondents stated that they prayed to God for such an awful and inhuman act not to be repeated. They also were praying to God to protect them from evil and dangers. The participants reported that religious support was an essential way of lessening their suffering. The connection they had with God brought emotional relief, unconditional love, hope, and forgiveness. Their connection with omnipotent God/Allah gives them the sense of wellbeing. Whenever they felt sad and hopeless they go to church/mosque and express their problem openly so that God will give them relief.

Whenever a plane crosses over Hawzen town the survivors pray for their safety.

“When an airplane flies past us we pray that it is the good one, we are farmers we do not know who is going to attack us at any time. We know there is peace now, but even back then no one told us it was coming so we cannot be sure it is not happening again.”
(Respondent 9)

“I thank God that things are now peaceful. It is not only for me but also for all human beings I pray for peace.” (Respondent 12)

“If it was not for Allah’s mercy, today’s peace, prosperity and democracy would be unimaginable”

A few of the respondents learned to look for the bright side of their life and begun to be thankful and appreciate the value of peace rather than blaming and resenting for what they lost.

“.....Now I am alright. I thanked God for saving my wife rather than complaining about the child I lost”. (Respondent 20)

“What did I feel?! I felt terrified and I prayed to God for this not to happen again. We always talk about it. We are telling our children that now are good times and they should be thankful.” (Respondent 10)

“.....Well, it was hard. I will not ever forget those moments. When we came to help we found more dead human and animal bodies in the street. You simply cannot forget it. We prayed not to see or hear this again, for all of human kind. It was atrocious. Civil people need to teach, hear and govern. It is shameful to kill, burn, and to impose suffering on human beings”. (Respondent 1)

People turned to religion as a way of coping, when they faced problems beyond their reach, it helped them to reduce the challenges they were suffering. Majority of the respondents described that the belief in God was the ultimate hope and it made them to stay optimistic.

“We were praying to almighty God and consistently thanking him for his power to relieve us of our pain” (Respondent 17)

“When I was stressed, I went to church to pray and read the holy Bible. I would ask God for his support by crying, all of this definitely helped calm my spirit.” (Respondent 6)

Supporting Each other:

Most of the respondents developed the habit of helping each other when they faced problems. They reported that supporting each other was one of the ways they were using to address their suffering.

“.....Yes, I did! We gathered together for different events because we could not afford to be alone. We participated in social events whether it was a wedding or funeral, both in bad and good times. It was difficult to be alone and isolated from the community. (Respondent 5)

Since the air raid the survivors were supporting to each other financially and emotionally. This helps them to reduce their distress, hopelessness and encourages building up new relationships.

“Yes sometimes we discussed with Haleka A.N and Ato H.W who lost ten of his family members including his father and mother as well as the Muslim girl whose arm was amputated. I tried to help them as much as I could. In Hawzen I am supporting ten girls who lost their parents.” (Respondent 3)

Some of the victims of the aerial raid coped with the problem of losing a close family member by being there for each other during the worst times. Loss of family members had a great impact on the survivors, in spite of that it helped them to strengthen their relationships with each other. They reassured each other.

“It was difficult to raise two Children without a mother, but thankfully I had the support of my mother. With the encouragement of my family I married my second wife after three years.”

(Respondent 4)

CHAPTER FIVE

Discussion

The discussion section attempts to relate results of analyses with research questions planned at the beginning; psychosocial problems of Hawzen aerial raid survivors and their coping mechanisms in relation to previously conducted research findings. The result showed all respondents involved in the study have reported that they experienced psychological and social problems, and they have been applying various coping strategies to minimize the stressful situations.

5. 1 Psychosocial Problem of Hawzen Air strike Survivors

In this study one of the psychological problems reported was anger. The anger was turned inward and causes distress among the survivors. Contrary to this finding, an American study found that anger is usually a central feature of a survivor's response to trauma, possibly because it is a core component of the survival response in humans. Anger helps people cope with life's adversities by providing us with increased energy to persist in the face of obstacles (National Center for PTSD, USA, 2011).

One of the respondents of the study expressed that the air raid affected her physically and psychologically. The woman who had her arm amputated, as a result of injuries sustained in the Aerial bombardment, stated that,

“Before I lost my right hand we had an appointment with my friends for Ashenda and I had a nice moment with them. But, after the air bombardment, which resulted in the loss of my right hand, I could not play Ashenda” (Respondent 5). She again explained that

“.....And having only one hand impacts my confidence. When I had two hands I was not dependent on others as I am today. I don’t have my own house, I don’t have a husband. The home I am living in right now is not mine.” (Respondent 5)

Consistent with the above finding it has been shown that a traumatic event might be perceived to be or indeed be physically painful or injurious, emotionally painful or cause death (Cralson & Dalenberg, 2000).

Furthermore study shows that emotionally overwhelming events send shock waves through every aspect of our lives. They damage our psychological stability and take away our sense of wellbeing. Uncontrollable, devastating experiences usually generate feelings of being unsafe, powerless and vulnerable (Beckham, & Beckham, 1992). Similar to this finding, this study found that the majority of the respondents are not yet stable emotionally.

“I am always scared when I come to the market place. I am scared a plane may come to strike once again. Simple fighting between children arouses that terrible feeling buried inside everyone”. (Respondent 6)

Trauma victims consciously try not to think about the event or anything connected with the event (Cralson & Dalenberg, 2000). This study also revealed most of the participants’ experienced discomfort to talk, watching documentary of that day, and participate in anniversaries of the event. In addition to this the study depicted that the respondents were worried, felt sad and distressed whenever the air bombardment was broadcast on television.

“When a film about Hawzen was broadcast on television I told my sister to switch off. I have never watched the documentary of Hawzen aerial bombardment, because I can’t stand to watch such a film. I don’t even like to hear the Derge’s name. I hate being interviewed, because it reminds me of my grief. I cry whenever I am invited to attend the anniversary memorial of the aerial raid

On the other hand, the present study also showed that there were social problems encountered since the aerial strike. The most commonly reported social problem was the night market. The market was shifted to the night and brought so many difficulties; no sales were made or bought honestly, because there was improper exchange of goods and forged currency. Women were unable to go to market. Despite the fact they reported the current government is helpful, supportive, bringing peace, stability and development it is evident that they have not received adequate psychological care and financial support.

Trauma can affect one's belief about the future via loss of hope, limited expectations about life, fear that life will end abruptly or early, or anticipation that normal life events won't occur (e.g., access to education, ability to have a significant and committed relationship, good opportunity for work) (Rockville, 2014) Similarly this study revealed that following the traumatic event majority of the respondents have experienced so many challenges.

".....I used to cry every day, because I was the one who takes care of my sisters and couldn't handle all the adversity like providing food whenever they get hungry. We worried about our future, because our parents died and life was so difficult." (Respondent 16)

".....How can I describe that?" It was not just a feeling. We lost the will to live. The meaning of life was null." (Respondent 13)

This research stated that in spite of all the psychological and social problems present out of twenty respondents' only one respondent suffered a serious psychological problem. This respondent complained that since the air bombardment, for the last 30 years, she felt chest pain, recurrent distressing memories, headaches and burning sensations in her legs and head. She also

felt hopelessness; she could not attend funeral ceremonies because it reminds her of her child's death. In addition she stopped going to market, marriages, and other social ceremonies.

Epidemiological studies suggest that the majority of individuals involved in traumatic events will not develop a problematic psychological response (Galea, et al, 2003). The so called normal response is highly variable. Some individuals will develop a marked initial reaction that resolves over a few weeks, while others will have little or no initial reaction and will not develop any difficulties (Bonanno & Loss, 2004). However, a minority will develop mental health difficulties that require psychological or pharmacological intervention

Regarding the annual anniversary of the aerial bombardment, some of the respondents reported that celebrating such kind of events every year flashback memories of the traumatic experience. This is contrary to other respondents views that the anniversary is a way to remember the martyrs. Without the sacrifices made by their martyrs they would not have peace, development and democracy. The annual Memorial Day is held to commemorate martyrs who died both because of the aerial raid and those who lost their lives while fighting against the Derge regime.

5.2 Coping Mechanisms of Hawzen Air Raid Survivors

The study found that the respondents were striving to cope with their problems in their day to day activities. They were using different coping strategies when they were suffering with psychological problems; stress, fear, and shock, dependence and hopelessness. Regarding to this, scholars (Pearlin and Schooler, 1978) found that coping as any response to external life strains that serves to prevent, avoid, or control emotional distress. In favor of the above finding Lazarus and Foslkman (1984) view that even though depression is inevitable; it is the coping that makes the difference in adaption outcomes.

This study revealed that emotion focused coping mechanisms were employed among respondents as a way of solving their problems, particularly sharing their feelings, crying, escaping, escaping and cognitive distraction.

The respondents reported that they frequently went to church and mosque when they felt hopeless and faced other difficult situations. They had firm faith and hope for God's help, and that supported to build a solid connection with God; they prayed, listened to preaching or religious songs. They were comfortable and felt good when they were in holy places. Consistent with the above finding Rammohan, et al., (2002) stated that the use of spirituality is seen as a positive emotion focused coping strategy. Spirituality may mean different things to different individuals, but has been seen to increase level of wellbeing and decrease the level of stress in one's life.

On the other hand, coping strategies have been illustrated as the cognitive and behavioral efforts one makes to try to endure, escape or minimize the effects of stress (Lazarus, 1966, Lazarus and Folkman, 1984; Dumont and Provost, 1999). In this study, despite lack of formal and professional support structures to enhance resilience against psychosocial problems, the survivors used various techniques to deal with the stressors such as loss of their parents and changes in their life.

“.....Yes we talk with the survivors every now and then, when we have such opportunities we discuss our feelings so we can forget distress for a moment (Respondent 18)

“.....though I have lost my right hand, I console myself when I think of those who died because of the air bombardment without having the chance to have children. I have hopes for my two children, that they will have so many children and thus compensate my desire to have many children.”

(Respondent 5)

Moreover the participants developed the habit of supporting each other. This was the other coping mechanisms helping them to reduce psychosocial problems. Similar to this finding the theoretical viewpoint of McCubbin et al, as cited in Broome et al, (2004) suggested that the coping strategies one uses are based on the resources available to them in their circumstance.

CHAPTER SIX

Conclusion and Recommendations

6.1 Conclusion

This study showed that though the aerial raid took place thirty years ago, survivors are re-living the trauma of that day till now. This study also found that since the air raid the majority of the respondents suffered psychologically and socially. To manage the trauma, they were using different coping mechanisms; such as emotion focused and situation focused coping strategies. These assisted them to sustain a sense of wellbeing, but this did not help them to fully recover.

The intervention made by concerned bodies to manage the psychosocial problems of the victims was poor. This lack of treatment from a trained mental health professionals resulted in the perpetuation of psychological problems and poor recovery among the survivors. Emotional and psychosocial problems need to be investigated and recognized as a critical impact of the air raid. The victims should receive appropriate psychological treatment.

This study concluded that all respondents had the same psychological problems since the aerial bombardment took place. Different events flash back memories and feelings of distress experienced on that traumatic day, when commercial helicopters flying to and fro Gheralta lodge hover over the town, celebrating Memorial Day of the event, watching documentaries of that day or similar traumatic happenings. Painful past memories make the healing process impossible using different coping strategies.

6.2 Recommendation

This qualitative study was conducted on limited number of survivors with limited resource. It's hoped that the study serves as an eye opener to further large qualitative and quantitative studies. Though the aerial bombardment took place about thirty years ago, the survivors of the day and the generation after are still experiencing the past; the psychosocial trauma needs to be worked out accordingly and hence there is still dire need for delivering proper psychosocial intervention plans. It would be helpful to open a trauma clinic in the town that offers psychological service. The survivors require psycho education and training in the nature of trauma and its effect. Group therapy whereby people gather to share concerns with each other would also be beneficial.

In this study recall bias was one of the limitations in coming up with adequate, reliable and fresh data about the aerial bombardment. Similar studies should have been conducted a long time ago.

Further study can take up these findings as a starting point and can investigate widely the effects of the air raid on one's wellbeing and the risk of the bombardment on mental health.

In delivering psychological intervention for the survivors the coping strategies which were being applied by them would better be incorporated with psychological treatments.

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Appendixes

Appendix I

Data Collection Form

This Questionnaire/Interview guide is designed to study a long term adverse psychosocial experience of survivors of Hawzen air bombardment; in partial fulfillment of the requirement for the degree of Master of Science in clinical psychology. It would be of a great help to me if you would be willing to be interviewed. If you consent to this, please sign below, provide the date and complete your full name and age. The following question asks about your psychological, social, and coping mechanism experience since the air bombardment; I would like to inform you that, this study will be used only for academic purpose and your response remains confidential. Finally, I would like to thank for your cooperation.

Part One

Signature: _____

Date: _____

Sex: Male _____ Female _____

Age _____

Occupation _____

Marital Status _____

Educational Level _____

Topic Guide

Appendix II

Topic guide for Participants: Psychosocial experience of air bombardment

1. Were you present in the market when the air bombardment took place and how do you describe the event?
2. Who told you first about the air bombardment and what do you remember about that (this questions applies to those who lost their beloved ones but were not present in town when the bombardment took place)?
3. What do you remember about that painful day of the bombardment?
4. What did you do immediately after the bombardment?
5. What did you feel at the time of the air bombardment?
6. What was your immediate response during the air raid on the Hawzen Market?
7. Did you see shocking things in the market during the air bombardment?
8. What are the challenges you have been facing following the air bombardment?
9. Has your social interaction been impaired since the air bombardment?
10. Have you lost a family member because of the air bombardment?
11. Do you discuss with other survivors about the air bombardment? (If the respondent says, yes) what do you feel during discussion?
12. Are you still visiting/ going to the (Hawzen) market? If yes? What do you feel? If no, why?
13. What is left in your memory about the air raid?

14. Has the air bombardment made any impact on your social activities? If yes; what are they?
15. Are you suffering as the result of the air bombardment? If yes; in what context?
16. Have you had any health problem because of the air bombardment? If yes, what kind of health problem? Physical or psychological?
17. How is your relationship within the society; like in marriage, funeral ceremony, holidays and other activities?
18. What do you feel now when air plane flies across the town?
19. What do you feel about yourself now?
20. Do you have a family member who has mental health problem and or physical problem, (disabled) because of the air bombardment; and what do you think or feel about that?
21. What do you feel or /think now about the bombardment?
22. What do you feel about the air bombardment when you watch TV, listen to a radio program remembering the event periodically/anniversary?
23. Do you think the air bombardment has affected your life? If yes, how?
24. What coping mechanisms do you use to minimize the problem you face, because of the air bombardment?

የኒቮርሲቲ ኦዲስ ኦቦባ

ኮሌጅ ጥዕና ሳይንስ

ክፍሊትምህርቲ ሳይክዎትሪ

መደብ ማስተርስ ብ ክሊኒካል ሳይኮሎጂ

Tigrigna Translated Appendixes

ሓባሪ/መራሒ/ቃለመሕተት

እዚ ሓባሪ/መራሒ/ ቃለመሕተት እዚ ቀንዲ ዕላምኡ ንናይ ማስተርስ መደብት ምህርቲ ክሊኒካል ሳይኮሎጂ መማልኢ ዝግበር መፅናዕቲ እንትኮን፤ እቲ መፅናዕቲ ከዓ ካብ ደብዳብ ኣየር ሓውዜን ብህይወት ኣብ ዝተረፉ ነበርቲ እዩ ኸካየድ። ትሕዝቶ እቲ መፅናዕቲ ውን ከምዚ ዝስዕብ ይኸውን። “ናይ ነዊሕ ግዜ ተሞክሮ ወይ ድማ ተጓንፎ ስነልቦናውን ማሕበራውን ፀገም”። ቃለመሕተት ንክግብረልኩም ፍቓደኛታት ምስእትኩኑ ድማ ንዓይዓብይሓዝእዩ። ስለዚ እንድሕር ተስማዕሚያም ባይዘኣም ኣብ ታሕቲ ቀሪቡ ዘሎ ዝምላእ ክፍቲ ቦት ከምኒ ፊርማ፣ ዕለት፣ ሸም፣ ዕድመን ካልኣት ነገራትን ብጥንቃቄ ይምልኡዎ። ስዒብም ዝቀረቡ ሕቶታት ካብቲ ናይ ኣየር ደብዳብ ጀሚሩ ዝነበሮም ስነልቦናውን ማሕበራውን ተሞክሮታት ወይ ውን ተጓንፎታትን ንቶም ዘጋጠምዎም ተጓንፎታት ንምፍታሕ ክጥቀምሎም ዝፀንሑ ሜላታት ዝምልከት ዝቀረቡ ሕቶታት እዮም። እዚ መፅናዕቲ ዕላምኡ ንትምህርቲ ጥራሕ ምዃኑ ኣቀዲመ ኸገልፅ ይፈቱ። ከምኡ ውን ኣብ ከይዲ መፅናዕቲ እትህብዎ መልሲ ምስጠራውንቱ ዝተሓለወ እዩ። ስለዚ ናታትኩም ትክክለኛ መልሲ ኣዝዩ ኣድላይ ንኣገዳስን ስለዝኮነ ብተገዳስነት ኸትምልሱለይ እላቦ። ኣብ መወዳእታ ንእትገብሩለይ ሓዝክ ኣቀዲመ ከመስግን እፈቱ።

ቀዳማይኽፋል

ፊርማ: _____

ዕለት: _____

የታ : ተባዕታይ _____ ኣንስተይቲ/ታይ _____

ስራሕ: _____

ኸነታትሓዳር: _____

ደረጃትምህርቲ: _____

ካልኦይቸፋል

መራሒ ቃለመጠኑት፡ ን ካብ ደብዳብ ኣየር ሓወዜን ብህይወት ዝተረፉ ነበርቲ ከተማ ሓውዜን

1. እቲ ደብዳብ ኣየር እንተካየድ ከሎ ኣብቲ ዕዳጋ ዲኻ ነይርካ?
2. መጀመርያ ብዛዕባ እቲ ደብዳብ ኣየር መን እዩ ነገርካ ከምኡውን እንታይ ትዝክር ኣለካ?
3. ብዛዕባ እቲ መስካሕኪሒ ኣየር ደብዳብ ዝነበረ ኩነታትት እንታይ ትዝክር/ሪ?
4. ብቐጥታ ድሕሪ እቲ ናይ ኣየር ደብዳብ እንታይ ገይርካ/ኪ?
5. እቲ ኣየር ደብዳብ እናተኸየደ ኣብ ዝነበረሉ እዋን እንታይ ተሰሚዕካ?
6. እታ ኣየር እብ ልዕሊ እቲ ንፁህ ህዝቢ ቁምቡላታት/ቡምባታት ከተፍሰስ ከላ ቐጥታ ዝነበርካ/ኪ መልሲ እንታይ እዩ ነይሩ?
7. እቲ ደብዳብ ኣብቲ ዕዳጋ እናተኸየደ ከሎ መደንገቂ ኩነታት ዶ ርኢካ/ኪ ነይርካ/ኪ?
8. ድሕሪ እቲ ኣየር ደብዳብ ዘጋጠሙኻ/ኺ ፀገማት እንታይ እዮም?
9. ብምክንያት እቲ ኣየር ደብዳብ ዝስኣንካዮ ቤተሰብ (ሓው፣ ሓፍቲ፣ ኣደ፣ ኣቦ ወዘተ)?
10. ካብቲ ናይ ደብዳብ ጀሚሩ ማሕበራዊ ህይወትካ ተበላሹ ድዩ?
11. ካብቲ ኣየር ደብዳብ ብህይወት ምስ ዝተረፉ ሰባት ብዛዕባ እቲ ደብዳብ ኣየር ዶ ትመያየጡ? እወ እንተኢሉ/ላ እንታይ ይስመዐካ/ኪ ኣይፋል እንተይላ/ሉ ንምንታይ?
12. እስካብ ሓዚ ናብ ዕዳጋ ትከድ/ኪ ዶ እወ እንተይሉ/ላ እንታይ ይስመዐካ ኣይፋል እንተኢሉ/ሉ ንምንታይ?
13. እቲ ናይ ኣየር ደብዳብ ኣብ ኣእምሮካ እንታይ ገዲፉልካ?
14. እቲ ናይ ኣየር ደብዳብ ኣብ ማሕበራዊ ህይወትካ/ኪ ፅልዋ የሕዲርልካ ዶ እንድሕር እወ ኢሉ/ላ እንታይ ዓይነት ኣካላዊ ወይ ስነልቦናዊ ኣይፋል እንተኢሉ/ላ ንምንታይ?
15. ብምክንያት እቲ ኣየር ደብዳብ እስካብ ሓዚ ብስነልቦናውን ማሕበራውን ትሸገር ኣለካ/ኪ ዲካ/ካ?
16. ብምክንያት እቲ ኣየር ደብዳብ ዘጋጠመካ ናይ ጥዕና ፀገም ኣሎ ድዩ እወ እንተኢሉ/ላ እንታይ ዓይነት ኣካላዊ ድዩ ወይስ ስነልቦናዊ ኣይፋል እንተኢሉ/ላ ንምንታይ?
17. ምስ ማሕበረሰብ ዘለካ ርክብ እንታይ ይመስል (መርዓ፣ ሓዘን፣ ካልኦትሃይማኖታዊባላትን)?
18. ኣብዚ ሓዚ ግዜ ኣየር ብሓውዜን ከተማ ገይራ እንትትኸይድ ከላ እንታይ ይስመዐካ?
19. ሓዚ ብዛዕባ ባዕልካ እንታይ ይስመዐካ?
20. ብምክንያት እቲ ናይ ኣየር ደብዳብ ናይ ኣእምሮ ፀገም፣ ኣካላዊ ፀገም ዘጋጠሞ ናይ ቤተሰብ ኣባል ኣሎ ድዩ እወ እንተኢሉ እንታይ ይስመዐካ፣ እንታይ ትሓስብ?
21. ብዛዕባ እቲ ናይ ኣየር ደብዳብ እንታይ ተሰሚዕካ/ትሓስብ?
22. ብዛዕባ ደብዳብ ኣየር ሓውዜን ብቴሌቪዥን ክትርኢ ኸለካ፣ ብብዓመቱ ዝክሪ ዓመት እንትኸበር፣ ሰባት ክዛረቡ ክትሰምዕ ኸለካ እንታይ ይስመዐካ?
23. እቲ ደብዳብ ኣየር ኣብ ህይወትካ ፀገም ፈጢሩላይ እዩ ኢልካ ዶ ትሓስብ ብኸመይ?
24. ንዘጓነፈካ/ኪ ፀገም ንምቅላል እንታይ ዓይነት ሜላ ተጠቂምካ/ትጥቀምኪ/ኪ?

Appendix III

This study aims to investigate long term adverse psychosocial experience of air bombardment on Hawzen survivors. It has nothing to do other thing than this. The study will be totally for academic purpose only and remains confidential. Perhaps, conducting this study makes you to recall the experience you have had since the air bombardment, yet, if there is someone who is suffering as a result of the air bombardment (Psychological or psychiatric problem) he/she can get the service from nearby hospitals and from other as well. If you consent to this, please sign below, provide the date and complete your full name, sex, occupation marital status, educational level and age.

Thank you

Participants' form

Signature: _____

Date: _____

Sex: Male _____ Female _____

Age _____

Occupation _____

Marital Status _____

Educational Level _____

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Tigrigna Translated Informed Consent

ዕላማ እዚ መፅናዕቲ “ናይነዊሕ ግዜ ተሞክሮ ወይ ድማ ተጓጓዪ ስነልቦናውን ማሕበራውን ፀገም” ካብ ደብዳብ ኦሮሞ ሓውዜን ብህይወት ካብ ዝተረፉ ነበርቲ እንታይ ይመስል ዝብል እዩ። ብተወሳኪ ውን እዚ መፅናዕቲ ዕላምኡ ንትምህርቲ ጥራሕ ምጥባብ ኣቀዲመ ክገልፅ ይፈቱ። ከምኡ ውን ካብ ከይዲ መፅናዕቲ እትህብዎ መልሲ ምስጢራውነቱ ዝተሓለወ እዩ። ምናልባት ካብ ከይዲ መፅናዕቲ እቲ ዘሕለፍኩምዎ ኣሰቃቂ ኹነታት ከዘኻክረኩም ይክእል እዩ ። ካውኡ ሓሊፉ ውን ሕማቅ ስምዒት ክፈጥረልኩም ይክእል እዩ። ይኹን ደኣምበር ብምክንያት እቲ ደብዳብ ንዘጋጥም ስነ ኣእምሮአዊ ፀገም ካብ ጥቀስም ካብ ዝርከብ ወይ ድማ ካብ ካሊኡ ማእኸል ሕክምና ኣእምሮ ብምኻድ ኣድላይ ግልጋሎት ክወስዱ ይክእሉ እዮም።

ናይ ተሳተፍቲ መምልኪ ቅጥዒ

ፊርማ: _____

ዕለት: _____
ፆታ : ተባዕታይ _____ ኣንስተይቲ/ታይ _____

ስራሕ: _____

ኸነታት ሓዳር: _____

ደረጃትምህርቲ: _____

ዳንኤል ገብረህይወት

ዩኒቨርስቲ ኣዲስአበባ፣ ኮሌጅ ጥዕና ሳይንስ፣ ክፍሊትምህርቲ ሳይኪዮትሪ

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