COPING INTERVENTIONS AND MANAGEMENT OF POST-TRAUMATIC STRESS DISORDER AMONG URBAN REFUGEES. A CASE OF SELECTED URBAN REFUGEE CENTERSIN MAKINDYE DIVISION

ATWIINE PRISCILLA

REG.NO:17MCPC0125

A RESEARCH DISSERTATION SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES IN PARTIAL FULFILLMENT OF THEREQUIREMENTS FOR THE AWARDOF MASTER OF SCIENCE INCLINICALAND PSYCHOLOGICAL COUNSELLING OF UGANDA MARTYRS UNIVERSITY

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DECLARATION

I **Atwiine Priscilla** hereby declare that this research dissertation on **Coping Interventions and Management of Post-Traumatic Stress Disorder Among Urban Refugees. A Case of Selected Urban Refugee Centers in Makindye Division Kampala Capital City Authority** is my original work and it has never been presented to any institution of learning for any academic award.

Signature …… Date …….

ATWIINE PRISCILLA

REG. 17MCPC0125

APPROVAL

We certify that this research dissertation entitled **Coping Interventions and Management of Post-Traumatic Stress Disorder Among Urban Refugees. A Case of Selected Urban Refugee Centers in Makindye Division Kampala Capital City Authority** was submitted with our approval as a University Supervisors.

DR. Fr. ANKWASIIZEEVARIST

Signature……..Date……

DR. GESA ANTHONY

Signature……Date……

DEDICATION

With gratitude to Dr.Fr. Simon Peter Kyambadde and entire community of St Augustine's institute of on-going information for priests Nsambya, Kampala Uganda.

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LIST OF ABBREVIATIONS

AIG Attachment to God inventory

CBT Cognitive behavioral therapy

EMDR Eye movement desensitization and reprocessing

PTSD Post-traumatic stress disorder

ABSTRACT

The study examined the coping interventions and management of post-traumatic stress disorder among urban refugee. It aimed at achieving three specific objectives of; to examine the role of spiritual interventions and management of post-traumatic stress disorder among urban refugees ,to analyze cognitive interventions and management of post- traumatic stress disorder among urban refugees, to assess eye movement desensitization and reprocessing interventions and management of post-traumatic stress disorder among urban refugees. A sample size of 108 respondents was from the total population of 105 was used. The cross sectional research design was adopted a using both qualitative and quantitative approaches. The data collection instruments used was questionnaires, focus group discussion and interview guide. Data was analyzed using descriptive statistics and content analysis.

The study established that 41.3% urban refugees developed avoidance of intimacy with God and 42. 5% anxiety over abandonment, 20 % experienced pain due to leaving home country, village and property,20% faced persecution because of political belief 29% could not continue with studies, 50 % had images of guns and heavy cars and 37.5% of rotting dead bodies,45% thought there is no one to trust in the world and 25% close people died in war. The 38.8% had fear and 29 % pain in the chest, 29% upsetting sounds of gunshots, 35 % feelings of hopelessness and helplessness and 32.5 % self-pity and worthless. The findings also showed the coping interventions for urban refugees with post-traumatic stress disorder such as 38% creating and imagining as attractive image, 60% and 75% come up with sharing and taking about experience and 29% agree that shifting thoughts to more pleasant things, 55% support from group and 62.5

% meditation. The study concluded that coping interventions of spiritual, cognitive behavioral therapy and eye movement desensitization and reprocessing have a role in managing post-traumatic stress disorder and recommended for further study on the self-administered eye movement desensitization and reprocessing.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

The study focused on coping interventions and management of post-traumatic stress disorder among urban refugees in selected centers in Makindye division Kampala capital city authority. The chapter presents the background of the study, historical perspective, theoretical perspective, conceptual perspective, contextual perspective, statement of the problem, purpose of the study, specific objectives of the study, research questions, research hypothesis and significance of the study and scope of the study, which includes content scope, geographical scope and time scope.

1.1 Background of the Study

There is evidence of increased prevalence of post-traumatic stress disorders and a need for management using different coping interventions (Yehuda, 2002). The mental health of refugees is often associated with the severity of post-traumatic stress disorder according to Graessner, Gurris&Pross, (2001) and the psychological wounds from war and long journeys continue to affect day-to-day living.

According to Yehuda(2002),the management of post- traumatic stress disorder is a necessity for both women who tend to internalize the traumatic events and become anxious, withdrawn and depressed whereas men tend to externalize and are more likely to be inattentive, impulsive and hyperactive. Studies show that refugees from war areas oftentimes continue to experience post-trauma stress disorder from persecution, imprisonment, torture and resettlement for a long

time(Feins, 2017) and Grey (2009) notes that it is important to understand post-traumatic and the necessity for coping interventions.

1.1.1 Historical perspective

Urban refugees like other refugees are victims of trauma and some develop post-traumatic Stress disorder, with features such as re-experiencing, avoidance, hyper vigilance and numbness (Grey,2009). They see the world differently because post-traumatic stress disorder distorts the normal perception. According to Wilson &So-kum Tang (2017), a big number of refugees in general experience post-traumatic stress disorder and symptoms may start within a month of a traumatic event, but sometimes symptoms may not appear until years after the event. These symptoms cause significant problems in thinking, social or work and in relationships. Several studies indicate high rates of post-traumatic stress disorder in refugees and late-onset of a phenomenon, which develop after early symptoms often times overlooked and pushes prevalence rates even higher (Falsetti & Resnick, 2013).

Over 65 million persons worldwide currently are displaced by war, armed conflict or persecution according to the United Nations Convention relating to the status of refugee report 2017 and the16.5 million are under the mandate of the United Nations High Commissioner for Refugees. More than 80% of refugees displaced internally or have fled across national border to neighboring countries, the majority being located and it is believed that some of these develop post -traumatic stress disorder.

Wilson &So-kum Tang (2017) cited the United Nations General Assembly Convention on the Elimination of All Forms of violence asserted that half of the world's refugees remain in protracted situations, unstable and insecure locations, most commonly in dense urban areas, but

also in refugee camps. For example, 314,000 persons remain displaced from Darfur in Eastern Chad, and more than a million Somalis live as displaced persons in Kenya, Ethiopia, Djibouti and Yemen. Bisson & Churchill R (2017), in 2016, Europe had the largest single inflow of refugees since the World War II, with over a million Syrians and others from the Middle East entering the region. Oscillations in public opinion and government policies resulted at times in chaotic responses in which authorities attempted to halt or divert the influx, indicating the lack of preparedness of even advanced nations to deal with this humanitarian crisis. To place the European situation in perspective, 13million Syrians displaced by war to the neighboring countries. Lebanon, a small country of 4.5 million people now accommodates as many Syrian refugees as the whole of Europe. The wars in the Middle East also tend to overshadow lesser-known refugee crises around the world. It further reported that in the world one person displaced forcefully every two seconds because of conflict or persecution. Large number is in Germany, France and other European countries contend with an unprecedented influx of refugees from Syria, Iraq and Afghanistan.

Bisson& Churchill R (2017) citedthe United Nations convention report of 2017 that developing countries, mostly in Africa, are taking in a disproportionate number of refugees and currently 80% of the world's refugee population and that 51 % refugeeof80% of refugees experience post-traumatic stress disorder and coping interventions is a remedy. According to Feins (2017)there are 1.3 million refugees in Uganda and are distributed between northern settlements; in Yumbe 25 percent, Adjumani 20 percent, Arua 9 percent and Moyo 7 percent. And southern, central and western sites Nakivale 12 percent, Kampala 8 percent, Rwamwanja 6 percent, Kiryandongo 5 percent, Kyangwali 4 percent, Kyaka II 2 percent, Oruchinga 1 percent) and Kisoro (0.02 percent) . The figures do not include the self-settled refugees who are

not under United Nations High Commissioner for refugee protection mandate. Feins (2017) quotes he Human Rights Watch report of 2016 that refugees are likely develop post-traumatic stress disorder and need to be helped to learn different coping interventions

In Kampala city, refugees are scattered among the city slums and tend to regroup according to their country of origin. Somalis mainly concentrate in the neighborhood of Kisenyi while the Congolese community gathers in Katwe, and a mixture of all refugees are in Nsambya central and Masajja the women's refugee commission reported quoted by Ssenyonga, Owens and Olema (2017). Ssenyonga, Owens &Olema (2017), indicates that refugees who live in Makindye division of Kampala city are mainly from South Sudan, Democratic Republic Congo, Rwanda, Burundi and Somalia and the most of these are women and children the study carried out the psychological screening that indicated 41 percent had Post-Traumatic Stress Disorder. To determine the extent of post -traumatic stress disorder among refugees Karl (2016) carried out a research in Kampala among the refugee (100 adult refugees and 56 refugee children).62%of the adults suffered post-traumatic stress disorder and 20% children symptoms of post -traumatic stress disorder and recommended further study on the way of coping.

1.1.2 Theoretical perspective

The study was guided by a theory of cognitive behavioral. Cognitive behavioral theory focuses on the relationship among thoughts, feelings, behaviors, and notes how a positive change in any one domain can improve functioning in the other domains (Tolin, 2016). For example, altering an individual's negative thinking can lead to healthier behaviors and improve emotional regulation. It explains the current problems and symptoms and focuses on changing patterns of behaviors, thoughts, and feelings that lead to difficulties in functioning. Application of the theory

of cognitive behavioral therefore would help change the thinking patterns about the world, places and people because the events that happened do not lead to changes it is rather how one interpreted. It is helpful for the refugees who have experienced post-traumatic stress disorder by concentrating on altering the thinking patterns, which affects feelings leading to certain actions.

Beck, (2011) suggested that individuals who experience traumatic events can develop associations among reminders of the events like news, stories, situations, people, and meaning for instance the world is dangerous and responses like fear and numbing of feelings. There for changing these associations that lead to unhealthy functioning is the core. Green berger & Padesky(2015) described cognitive behavioral theory as a form of psychological treatment that demonstrate to be effective for a range of symptoms of post-traumatic stress disorder and suggested that it leads to significant improvement in functioning and quality of life. Tolin, (2016) emphasized that advances in cognitive behavioral therapy bases on both research and clinical practice and indeed. Cognitive behavioral therapy is an approach for which there is ample scientific evidence that the methods developed actually produce change. It bases on several core principles, including psychological problems based, in part, on faulty or unhelpful ways of thinking, learned patterns of unhelpful behavior and learning better ways of coping.

Cognitive behavioral theory’s treatment involves efforts to change thinking patterns. These include; learning to recognize one's distortions in thinking that are creating problems, and then to reevaluate them in light of reality, learning to develop a greater sense of confidence is one's own abilities, facing one's fears instead of avoiding them and learning to calm one's mind and relax one's body (Beck, 2011).

1.1.3 Conceptual Perspective

Coping Interventions

According to Lazarus & Folkman (1984), coping interventions means to invest own conscious effort to solve personal and interpersonal problems in order to try to master, minimize or tolerate stress and conflict. On the other hand Skinner, Edge, Altman, & Sherwood (2003) defines it as the psychological coping mechanism commonly termed as coping strategies or coping skills. The term coping interventions there for refers to adaptive or constructive strategies, which reduce problems. Coping interventions are actions performed to bring about change in people according to Layous & Lyubomirsky (2012).Whereas Kolchak & Sandler (1996) defines coping intervention as an influencing power or act that occurs in order to adjust a given state of affairs.

This study defined coping interventions as the human behavioral process for dealing with demands, both internal and external, in situations perceived as threats. This can mean doing what is necessary at the time to deal with a situation in a safe way or easiest way. Coping interventions means becoming intentionally involved in a difficult situation in order to improve it or prevent it from getting worse (Cambridge Advanced Dictionary, 2015). They are direct or indirect solutions to a problem or challenge.

Management

Management is a problem solving method efficiently attaining a goal and it comprises activities that focus on abilities of a person (Wallace & cooper, 2015). Management involves

being active and ready to work on the problems using effective means to arrive at the desired goal.

Post-traumatic stress disorder (PTSD)

Post-traumatic stress disorder is a psychiatric disorder that can occur in people who experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war or combat, rape or other violent personal assault (Basu, Malone Levendosky&Dubay2009).The features of post-traumatic stress disorder that the researcher considered are-re-experiencing which means reliving the event, the hyper vigilanceis restlessness, feeling high-strung, jumpy, keyed up, hyper vigilant, or uneasy and avoidance manifests in voiding situations, locations, and or people that remind the person the traumatic event.

A Refugee

A refugee is a person who leaves a home or country of origin to find safety owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion (Jinske 2017). A refugee is someone who has been forced to flee a home country because of persecution, war or violence.

1.1.4 Contextual perspective

Uganda bureau of statistics 2016 reported that Uganda is now a home to more than 1 million refugees and asylum seekers, and its treatment of them has seen the country widely hailed as a model for others to learn from. While there is no denying, that Uganda has been a leader among refugee host nations, there is still a demand to improve the lives of refugees.

Furthermore, Uganda Bureau of Statistics 2018 shows that refugee population in Uganda as a product of turbulent in neighborhood with civil war in South Sudan, the Democratic Republic of the Congo, and Somalia, conflict in Rwanda, Burundi and Eritrea forcing the flight of hundreds of thousands in recent years. Bernstein &Okello, (2017)said that 200,000 refugees who registered in 2016settledin slum areas of Kampala and 32 % live in Makindye division. Jinske Verhellen (2017) asserts that refugees in Makindye division of Kampala city come from neighboring countries where war and conflicts have persisted.

1.2 Statement of the problem

Post-traumatic stress disorder is one of the major problems among urban refugee as reported that globally, more than 65 million people are displacedby war or violenceand22.5 million are refugees and two-thirds live in urban areas. The rate of post-traumatic stress disorder (PTSD)is higher in comparison to the general population according to the International Federation of the Red Cross and Red Crescent Movement report of 2017 as quoted (Feins 2017).The Human Rights Watch interview with Ugandan government official of Uganda reported high prevalence rates of post-traumatic stress disorder among urban refugees 31% to 92% and affected by war 23.5 to 77%.15 %.

Ssenyonga, Owens &Olema (2017), indicates t that urban refugees who live in Makindye division are mainly from Democratic Republic of Congo, Somalia, Burundi, South Sudan, Rwanda, and most of these are women and children and further carried out the psychological screening that indicated 41 percent had post-Traumatic Stress Disorder.

Bernstein & Okello, (2017) says that some of the coping interventions used by refugees are, taking language courses, vocational training, community, and family social support. The existing

literature shows scarce evidence evaluating specific coping interventions that addresses the post - traumatic stress disorder among urban refugee in Makindye. It is on this background that the researcher investigated coping interventions and management of post-traumatic stress disorder among urban refugees in Makindye Division Kampala City Council Authority.

1.3 Purpose of the Study

The purpose of the study was to examinecoping interventions and management of post-traumatic stress disorder among urban refugees in Makindye Division Kampala City Council Authority.

1.4 Specific objectives of the study

1. To examine the role of spiritual interventions and management of post-traumatic stress disorder among urban refugees in Makindye division

2. To analyze cognitive behavioral therapy interventions and management of post- traumatic stress disorder among urban refugees in Makindye division

3. To assess eye movement desensitization and reprocessing interventions and management of post-traumatic stress disorder among urban refugees in Makindye division

1.5 Research Questions

1. What is the role of spiritual interventions and management of posttraumatic stress disorder among urban refugees in Makindye Division?

2. How is cognitive behavioral therapy interventions and the management of post-traumatic stress disorder among urban refugees in Makindye division?

3. How is eye movement desensitization and reprocessing and the management of post-traumatic stress disorder among urban refugees in Makindye division?

1.6 Research Hypothesis

1. H_o=There is no role played by spiritual interventions and the management of posttraumatic stress disorder among urban refugees in Makindye division.

1. H_1=There is a role played by spiritual interventions and management of posttraumatic stress disorder among urban refugees in Makindye division.

2. H_o= Cognitive behavioral therapy interventions change the management of post-traumatic stress disorder among urban refugees in Makindye division.

2. H_1= Cognitive behavioral therapy interventions do not change the management of post-traumatic stress disorder among urban refugees in Makindye division.

3. H_o=To what extent is eye movement desensitization and reprocessing do not management of post-traumatic stress among urban refugees in Makindye division.

3. H_1=To what extent is eye movement desensitization and reprocessing and management of post-traumatic stress disorder among urban refugees in Makindye division

1.7.0 Scope of the Study

This section presents the content scope, geographical scope, and time scope of study.

1.7.1 Content scope

The content of this study was limited to an assessment of coping interventions and management of post-traumatic stress disorder among urban refugees in Makindye Division Kampala City Council Authority. The independent variable was coping interventions, which included spiritual interventions, CBT interventions and EMDR interventions. The dependent variable was post- traumatic stress disorder reflected by re-experience, avoidance and hyper vigilance.

1.7.2 Geographical scope

The study was carried out in selected refugee centers in Makindye division. Makindye is a hill in Kampala, Uganda's city located approximately 5 kilometers southeast of the central of Kampala city along the road to Ggaba, a suburb of the city. It is also the seat of Makindye Division, one of the five administrative zones of the city of Kampala. The coordinates of Makindye are 0°17'57.0"N, 32°35'17.0 E, Latitude: 0.299167; and Latitude 32.588056.

In the east, Makindye boarders with Murchison Bay a part of Lake Victoria, Nakawa Division to the northeast and Wakiso District to the south and west. Demographically Makindye is divided into slum dwellers and middle or upper income group. The slums are concentrated in Kisugu, Namuwongo, Wabigalo, Kibuli, Kuba Mutwe, Kabalagala, Nsambya Central, Katwe, Kibuye and Ggaba. According to Uganda Bureau of Statistics 2016 (UBOS) Makindye Division has the

highest numbers estimated at about 473 000 (25.5%) The other four divisions make 1,382,500 (74.4%).

1.7.3 Time scope

The study centered on the period between 2015-2018 when there has been an increase in instances of war in the neighboring countries leading Uganda to host many refugees.

1.8 Significance of the Study

The results of this study will contribute to the understanding of various aspects:

The study will give law policy makers and government officials to see the urgency of coping interventions of refugees with post-traumatic stress disorder

Refugees will learn the significance of coping interventions in dealing with post-traumatic stress disorder.

The findings of this study will benefit counselors and psychologists to know that a person is a whole. Therefore, not only psychological therapy is needed but also the spiritual thus the eclectic therapy.

Religious leaders who use only spiritual therapy will learn to use the different coping interventions.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The chapter explored the literature related to the study within a range of 6 years (2013 - 2019) and analyzed in relation to the specific research objectives. It is analyzed thematically in line with the objectives, taking into consideration the relevant theory used in the study. The concepts and literature assessed in this chapter provide a theoretical basis for the conceptual framework.

2.1 Theoretical review

Literature was reviewed basing on multimodal therapy an approach to psychotherapy devised by psychologist Arnold Lazarus based on the idea that humans are biological beings that think, feel, act, sense, imagine, and interact and that psychological treatment is supposed to address each of these modalities (Courtney, Cindy &Steven, (2014). Multimodal assessment and treatment follows seven reciprocally influential dimensions of personality known by their acronym BASIC I.D;. B represents behavior, which can be manifested with inappropriate acts, habits, gestures, or the lack of appropriate behaviors and A stands for affect, which can be seen as the level of negative feelings or emotions one experiences. S is sensation, or the negative bodily sensations or physiological symptoms such as pain, tension, sweat, nausea, quick heartbeat. I stand for imagery, which is the existence of negative cognitive images or mental pictures. C represents cognition or the degree of negative thoughts, attitudes, or beliefs and The second I stand for interpersonal relationships and one's ability to form successful relationships

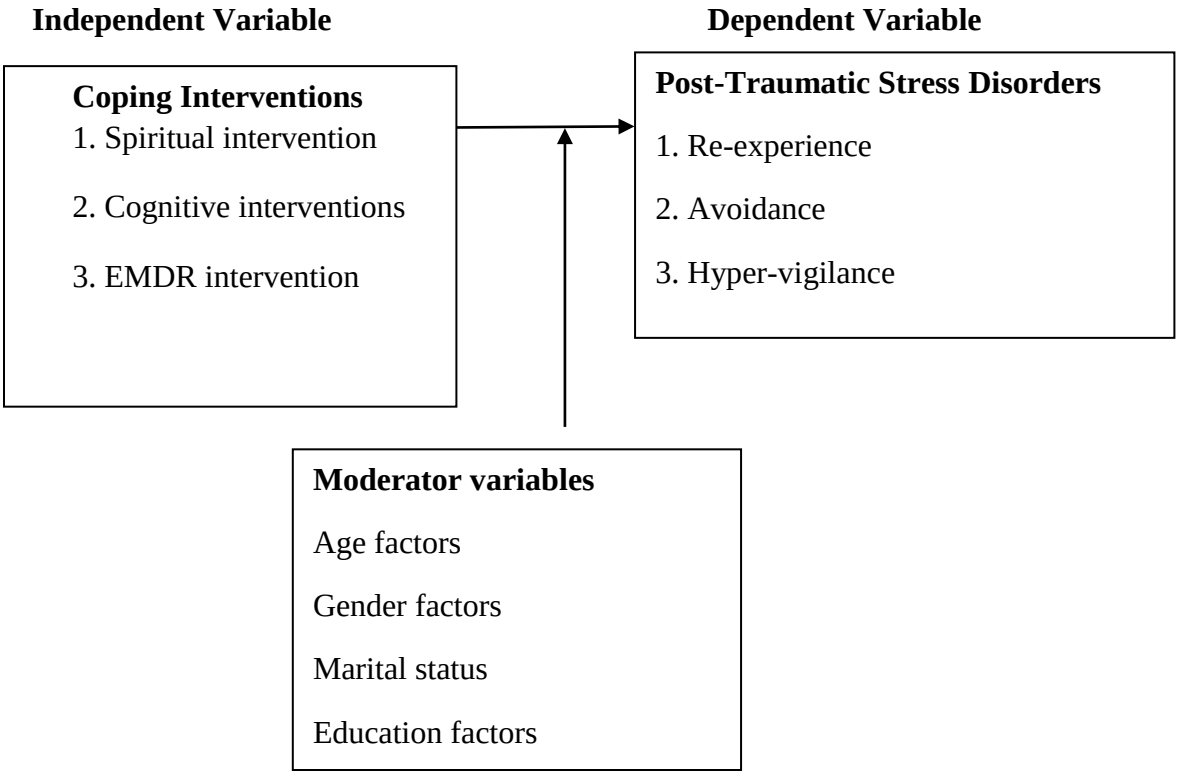
with others. D is for drugs and biological functions, and examines the individual's physical health, drug use, and other lifestyle choices.

Refugees with post-traumatic stress disorder, experience change in behavior, affect, sensation, imagery, and cognition, which interfere with interpersonal relationships and biological make up and can lead one to use drugs.Multimodal therapy considers that each individual is unique, affected in different ways and in different amounts by each dimension, and be treated accordingly for treatment to be successful. It sees individuals as products of interplay among genetic endowment, physical environment, and social learning. Courtney, et al (2014) asserts that creating a successful treatment for a specific individual requires consideration of each dimension, and the individual's deficits in each.

Lazarus, (2010) say that multimodal therapy addresses the fact that different people depend on or are more influenced by dimensions more than others do. Some people are prone to deal with problems cognitively, while others are more likely to draw support from others, and others yet are likely to use physical activities to deal with problems, such as exercise. From the researcher point of view, there for once, the source of the problem found then treatment can be used to focus on that specific dimension more than the other dimensions. In addition, the urban refugees with post-traumatic stress disorder require coping interventions to bring a change in any dimension that has deficit. More so, a change in one dimension is likely cause change in other dimensions.

2.2 Conceptual framework

Figure 2.1: Conceptual framework for coping interventions and management of post-traumatic stress disorder among refugees



Source: Constructed by the Researcher

Marilla(2010) says that a conceptual framework is an interconnected set of ideas about how a particular phenomenon functions or is related to its parts. It serves as the basis for understanding the causal or correlational patterns of interconnections of concepts, knowledge and interpretations. The conceptual framework in figure1.1 above, the independent variable is coping interventions measured by parameters such as spiritual interventions, cognitive behavioral therapy interventions and eye movement desensitization and reprocessing interventions related to the dependent variable of posttraumatic stress disorder, being reflected

by re-experience, hyper vigilance and avoidanc**e.** However, some moderator variables affected the relationship between coping interventions and management of post-traumatic stress disorder and they include age factors, gender factors, marital Status factors and education factors.

2.3Spiritual interventions and management of posttraumatic stress disorder among urban refugees

Post-traumatic stress disorder is a debilitating disorder, and current treatments leave the majority of patients with unresolved symptoms of spiritual dimensions. It is known today that post-traumatic stress disorder cause different levels of spiritual dysfunctional and capacity to resolve life issues becomes difficulties (Richards et al ((2015). However, there is a wide accepted attitude that holistic approach in process of seeking healing for post-traumatic stress disorder it is vital to include spiritual interventions. Hasanovic (2015) say that religious backgrounds of majority of refugees who have post-traumatic stress disorder have spiritual needs and handling such spiritual issues in therapy quickens healing. Wilson (2017) agrees with Hasanovic (2015) that spiritual interventions are beneficial to the healing of dysfunctions that people Nwith posttraumatic stress disorder have. The researcher agrees with the above statement because spiritual interventions like mediation have power to change the state of cognition and positive change in cognition facilitates a change in emotions and behaviors.

Adeeb & Bahari(2017) spirituality is an important phenomenon that is considered in the understanding and treatment of post- traumatic disorder among refugees. It has the potential to be positive and protective resources for coping and showing promise for reducing symptoms. These resources include meditation that lead to building Spiritual Strengths. However, this was done at raising the concern to incorporate spiritual intervention in the coping interventions there

for the researcher saw a necessity to do a research on it. Brown, Ryan, & Creswell, (2016) said that spiritual interventions like meditation that originated in Asia, dating back to 6th century and also known as self-reflected thought, first began as a central component of various religious practices and is the oldest known technique for bringing calmness in a person's life. The purpose of meditation is to regulate one's internal processes through conscious attention and awareness. Despite the various methods and focus that vary depending on meditation type, the end goal is always the cleansing of the mind, leading to the feeling of inner peace. Since refugees with post-traumatic stress disorder need peace of mind to gain insights and resolve issues, the researcher there for concur with Brown, Ryan, & Creswell (2016).

A peaceful mind leads to positive emotions, sensations and actions. Brown & Ryan (2014) explained that meditation a spiritual intervention has two aspects the open monitoring or focused attention also known as mindfulness meditation, involve focusing attention on the present moment, observing any thought, feeling or sensation without any specific focus. The mind is essentially free to accept all thoughts, free from judgment or emotion, a process known as detached observation. The ultimate goal is to essentially step outside of one's self, and simply be a passive observer of thoughts. An accurate analogy would be to think of the mind as a movie screen, with thoughts projected onto the screen as images observed non-judgmentally. Some individuals who suffer from post-traumatic stress disorder because they dwell on the past and neglect the present. The way the past events interpreted perpetuates the symptoms. Spiritual intervention would help urban refugees with post-traumatic focus on the present focus on the present.

Brown, et al (2016) agrees with Brown & Ryan (2014) that spiritual interventions retrains the mind, which allows the individual to better cope with stressors in everyday life. In other words, the state of mind attained can be thought of in conjunction with better approach to functioning. Individuals that maintain an enduring sense of purpose do not view the self as a rigid and unchangeable entity. Brown, & Ryan (2014) gives the second aspect, known as focused attention meditation, involves an individual focusing on a particular mantra, image, thought or idea. This fixation with a specific construct may act as a device used to wipe out all other thoughts or feelings from consciousness. This type of meditation is often practiced with the eyes closed to block out all potential distracters from the visual field. Individuals engaging in a focused attention meditation session may focus on positive feelings, a specific spiritual passage, or calming images such as an image of a mountain or lake. From the researcher point of view is that this kind of intervention as suitable for urban refugees with post-traumatic.

Fredrickson, Cohn, Coffey, Pek, &Finkel, (2016) reports that one form of focused attention meditation is loving kindness meditation that seeks to increase the frequency of positive emotions by directing one's attention on warm tender feelings. From the researcher point of view is spiritual intervention is intervention is helpful to f urban refugees with post-traumatic to increase positive emotions. The rationale behind this practice is that the experience of positive affect has the capacity to increase the person's way of looking at the world that step by step reform who they are, aiding to create esteemed and resources. According to Baer, Smith, Hopkins, Krietemeyer, & Toney (2013) spiritual intervention, which brings hope has been linked to improved amounts of contentment. Brown, et al (2016) concurs with Baer, et al (2013) that an increase in the level optimism, inturn lead to increased levels happiness. Fredrickson, et al, (2016) found out that meditation is a popular spiritual intervention dealing with spiritual

psychological and emotional problems Brown et al (2016) concurs with Fredrickson, et al, (2016) that extensive research has demonstrated the efficacy of meditation prayer for enhancing the lives. The researcher however, was finding out if spiritual would help the urban refugee to manage post-traumatic stress disorder. Biswas & Diener (2013) says that the exercise of using spiritual interventions helps to awaken the joys of the current moment in the lives of individuals. The essential aim is not exclusion from the world, but somewhat awareness of the splendor of a given moment. The profound sense of inner peace found leads to a high level of joy and spiritual coping interventions demonstrate greater physical and emotional well-being

2.4.Cognitive behavioral therapy interventions and management of post-traumatic stress disorder among urban refugees

Cognitive behavioral therapy interventions focus on individual perception. A Hinton (2014) state that the underlying postulation of this method of intervention is that the personal experience is more closely tied to a person's view than it is tied to any given event itself. This means that focusing on the persons view and addressing the way someone reasons helps manage symptoms of post-traumatic stress disorder .Cognitive behavioral therapy interventions are very goal-oriented form of treatment. Interventions are intended to help persons conceptualize experiences and process events in a way that helps improve and know own perceptions and control over personal perceptions (Mollica et al 2015). Rauch & Foa, (2016) Posttraumatic stress disorder is a type of anxiety disorder that can occur after a deeply threatening or scary event directly involved or indirectly, the shock of what happened can be so great and interfere living a normal life because the individual fails to control thoughts and feeling.

Falsetti & Resnick (2013) cognitive behavioral therapy interventions assist individuals with problems of insomnia, flashbacks, and many painful or unpleasant emotions, which are the symptoms of post-traumatic stress disorder. Posttraumatic stress disorder in urban refugees alters thinking leading to negative felling that triggers unhealthy actions. The researchers attempt was to use cognitive behavioral therapy interventions to focuses on the relationship among thoughts, feelings, and behaviors and see how variations in any one are can increase functioning in the other domains. For example, altering a person's unhealthy thinking can lead to healthier behaviors and improved emotion regulation.

Mollica et al (2015) asserts that the goal of cognitive behavioral therapy interventions the persons play change in thinking patterns and behaviors, thereby improving quality of life not by changing the circumstances in which the person lives, but by helping the person take control of his or her own perception of the events. This is generally achieved through a series of strategies, including worksheets, thought experiments, and challenges to existing patterns of thoughts and behavior. This focuses generally people not urban refugees therefore researcher looked at cognitive behavioral therapy interventions and management of post-traumatic stress disorder among urban refugees(Grey2009). The techniques help individuals to reduce symptoms and improve functioning of life to encourage patients to examine thought patterns and assumptions in order to identify unhelpful patterns often called distortions to thoughts for instance thinking and imagining bad results.

Foa et al (2016)"cognitive behavioral therapy interventions includes a number of diverse but related techniques such as exposure therapy, stress inoculation training, cognitive processing therapy, relaxation training, and dialectical behavior therapy. Mollica et al (2015) exposures to

the trauma narrative, as well as reminders of the trauma or emotions associated with the trauma, are often used to help the patient reduce avoidance and maladaptive associations with the trauma. This exposure is done in a controlled way, and designed by the provider and clients so that a client makes a choice. The objective is to return a sense of control, self-confidence to the client who is having post-traumatic stress disorder, and decrease escape and avoidance behaviors. Managing trigger of post-traumatic stress disorder and planning for possible crises is also a significant component of cognitive behavioral therapy interventions. Falsetti &, Resnick (2013) asserts that cognitive behavioral therapy interventions are the most studied intervention in the general population, and current recommend for post-traumatic stress disorder. The researcher's view is that cognitive behavioral therapy interventions forms can help urban refugees with posttraumatic stress disorder. Like , if the traumatic memory is not held in working memory to be emotionally processed then it stays in a more sensory form, different from everyday auto biographical memory, and is effortlessly triggered outside of intended control.

Monson &Shnaider (2014) the focus of the specific interventions of cognitive behavioral therapy are important in lessening indictors of post-traumatic stress disorder and teach skills to manage with it and restore self-confidence. Interventions of cognitive behavioral therapy reduces a sense of continuing serious risks when the memories are elicited and strengthened through certain appraisals for instance thinking and believing that bad things are likely to occur. He additionally the range of negative appraisals and dysfunctional coping strategies adopted precipitate symptoms. They stop modification in the nature of the trauma memory or appraisals and hence maintain the sense of threat. Therefore, the researcher's interest was to find cognitive behavioral therapy intervention on post-traumatic stress disorder among urban refugee in Makindye division of Kampala capital city authority.

2.5Eye movement desensitization and reprocessing and management of post-traumatic stress disorder among urban refugees

Eye movement desensitization and reprocessing is an eight-phase treatment. Eye movements or other bilateral stimulation are used during one part of the session. Chen & Hung, (2014) .Post-traumatic stress disorder (PTSD) is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event. Not everyone with PTSD has been through a dangerous event. Some experiences, like the sudden, unexpected death of a loved one, can also cause PTSD. However, this paper focuses on the urban refugees. Symptoms usually begin early, within 3 months of the traumatic incident, but sometimes they begin years afterward. American Psychiatric Association (2013) symptoms must last more than a month and interfere with relationships or work to consider it PTSD. The course of the illness varies. Some people recover within 6 months, while others have symptoms that last much longer. In some people, the condition becomes chronic.

However, newer therapy approaches, including eye movement desensitization for post-traumatic stress disorder have already helped many people to recover. It is always important to confront the effects of trauma, versus avoiding it. Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapeutic approach developed in the late 80's by Francine Shapiro (Shapiro, 2001). The aim of EMDR is to treat traumatic memories and their associated stress symptoms. EMDR therapy consists of a standard protocol that includes eight phases and bilateral stimulation usually horizontal saccadic eye movements to desensitize the discomfort caused by traumatic memories and the aim of the therapy is to achieve their reprocessing and integration within the patient's standard biographical memories (Chen& Hung, 2014). In

addition, Bisson, et al (2016) says that the effectiveness of EMDR therapy in treating post-traumatic stress disorder (PTSD) has undergone the scrutiny of several meta-analyses. This led to the final recognition by the World Health Organization (2013) as psychotherapy of choice in the treatment of PTSD.

The application of EMDR therapy is not restricted to the treatment of people with PTSD as Elofsson Von, Theorell, &. Sondergaard (2015) its use is currently expanding to the treatment of other conditions and comorbid disorders to PTSD. In this context, it is important to note that traumatic events belong to the etiological underpinnings of many psychiatric disorders. Refugees exposed to multiple traumatic experiences and on-going stress. They are forced to leave their home countries to escape persecution and war. Most of them have suffered several traumatic events, such as the murder of family and friends, severe injury, and/or threat of death and torture, prior to their fight. The likelihood of developing Post-Traumatic Stress Disorder (PTSD) grows with exposure to a number of traumatic events, with the accumulation of dysfunctional stored memories.

Eye movement desensitization and reprocessing has eight phases of treatment methods. Chen et al. (2014) asserts that the first phase is history taking that helps to identify the client's willingness for treatment, the symptoms and appropriate treatment. The second phase is preparation so that both the client and therapist build a rapport and set goals. The third phase is assessment for the therapist and client to identify the traumatic memory to work on in the session. Therapist helps the client to stimulate negative views related to the trauma and positive ones are initiated.

Shapiro (2001) more so, validity of cognition scale and subjective units of disturbing scale are evaluated to know the positive cognition and how disturbing is the kept memory. For example, to know how a specific statement is considered and how feelings and body sensations areconnected. Chen et al. (2014) the fourth phase is desensitization, which involves assessing the trauma related event that stresses the client and modify what is associated with sensations. The fifth phase is installation phase that consist of increasing the strength of positive to replace negative cognitions. The body scan is the sixth phase that helps to know whether the somatic reactions linked to the traumatic event remaining and the seventh phase is self-control techniques learned in reprocessing are used to return the client in the equilibrium state. The last phase is reevaluation that reviews the effect of the treatment and further issues for other sessions. Researcher's point of view is that healing is a process and going through the eight phases, the client gains insights and trauma related memories are reconstructed to positive memories

2.6 Emerging gaps

There is not much on spiritual interventions in the management of post-traumatic stress disorder among urban refugees. Also information on is self-administered of eye movement desensitization and reprocessing is little. There is scanty of literature on urban refugees in Nsambya Makindye division, Kampala Capital City Authority.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter described and justified the area of the study, research design and the sample and sampling techniques. This was followed by a description and a justification of the tools used to collect data and the data quality control measures. Lastly, the chapter gave a description on the methodological limitations and the research ethical consideration.

3.1 Research Design

In the study, the researcher was specifically adopted a cross sectional survey design. According to Amin (2005) a cross sectional design is appropriate for studies of this nature; since it provides a quantitative or numeric description of attitudes and opinions of the population by studying a sample or cross section of the population as well as collecting data from a sample from varied sources at one point in time. Such a design can produce data, which permit the establishment of causal relationships (Creswell 2003, Gay 1996 & Ajzen 1997).

This design allowed getting views from different respondent in relation to coping interventions and management of post-traumatic stress disorder among urban refugees.

3.2 Area of the study

The study was carried out in Makindye division of Kampala capital city Authority According to Uganda Bureau of Statistics 2016 (UBOS) Makindye is Demographically divided into parishes that include bukasa, buziga, kabalagala, kansanga, muyenga, Kisugu, salaam,

Wabigalo, Kibuli, Kuba Mutwe, Nsambya Central, Katwe, Kibuye and Ggaba. Lukuli, luwafu and Nsambya railway. Nsambya central parish and Katwe were selected for the researcher using simple random sampling.

3.3 Study population

The study population was the group of interest to the researcher (Kakooza, 2002). More so, the target population was chosen because post-traumatic stress disorder among urban refugees necessitates coping interventions. The target population was150, comprising urban refugees, caretakers of selected refugee centers and spiritual leaders.

3.4 Sample Size

The study sample is a representative of the population. This study sample was drawn following the recommendations from Morgan & Kriejcie as cited by (Gesa, 2016). A sample of 108respondents was drawn from the total population of 150.A researcher got the sample size using this formula;

$$\frac{NP\ (P)\ (1-P)}{(NP-1)\ (B/C)^2 + P(1-P)}$$

Where

NP is the Population,

S is sample size

P is population proportion magnitude yielding the maximum possible sample size which is 0.5. B is sampling error at 5%= 0.05

C is the of level of confidence =1.960

Sample size =$\frac{(150)(0.5)\ (1-0.5)}{199X\ 0.0006507751 + 0.25}$ = 108.

Table 3.1: Sampling frame

Categories	**Population**	**Sample**	**Sampling technique**
Refugees	111	80	Simple random
Caretakers of refugee centers	28	20	Purposive
Spiritual leaders	11	8	Purposive
Total	150	108	

Source: Primary Data (2019)

The above samples were obtained through the process shown bellow

$\frac{\text{Total population of sample sized of a given category}}{\text{Overall total of sample size of all categories}}$ **X** Sample

Category of urban refugees= $\frac{111}{150}$ X 108 =80

Category of caretakers of refugee centers = $\frac{28}{150}$ X 108 =

Spiritual leaders = $\frac{11}{10}$ X 108 = 8

Table 3.2 Population and sampling selection

RESPONDENTS						
Selected centers of urban refugees	**Urban refugees**		**Caretakers of refugee centers**		**Spiritual leaders**	
	Population	sample	Population	Sample	Population	Sample
Nsambya central parish	110	49	29	13	7	6
Katwe Parish	93	31	9	7	2	2
		80		**20**		**8**

Source: Primary data, (2019)

3.5 Sampling Techniques

Simple random sampling technique was used to select the urban refugees, which gave equal chance for every refugee to participate in the study (Katebire 2007). Purposive sampling was used to select caretakers of selected refugee centers and spiritual leaders. According to Gay (1996) purposive sampling technique offers a faster, cheap and less complicated approach to sampling. In addition, it saves time, ensures ease of administration and a high participation rate while allowing generalization to similar subjects.

3.5.0 Data Collection Methods

The researcher used two data collection namely the primary and secondary data sources. Primary data was collected using the standardized questionnaires, interview guide and focus group discussion. The researcher used these methods to collected data with a research assistant.

3.5.1 Questionnaires Survey

Choice of questionnaires were based on the fact that they give standard questions, uniform answers, easy to distribute, can be filled at ease, are time saving, eliminate interview bias and create greater anonymity (Fraenkel & Wallen, 2003)

3.5.2 Interviewing

According to Karoro (2001) explain that interviews can provide in-depth data not possible with a questionnaire. The researcher opted for interview guide because of a high response rate, first hand data can be obtained from persons of interest, more than one view of the matter can be got, quick information is collected, flexibility is high and clarifications can be made on spot. Information gathered using the interview guide was then corroborated by that collected using questionnaires to ensure reliability (Kakooza 2002

3.5.3 Focus group discussion

Focus group involves gathering people of related background or experiences to discuss a specific topic. They obtain detailed information compared to individual interview. Provide a broader range of information and the researcher can get the verbal information (Karoro,2001)

3.6.0 Data Collection Instruments

Kakooza (2002) recommends that the researcher can collect data using a variety of instruments that include questionnaires and interview guide. The researcher used standardized questionnaires and interview guide.

3.6.1 Questionnaires

Standardized questionnaires were used to collect data from 80 respondents comprising of urban refugees. The short screening for posttraumatic stress disorder was administered to the respondents by answering yes or no and four yes and above means that the respondent had post-traumatic stress disorder. It was developed by Breslau, Peterson, Kessler &Schultz (1999) basing on criteria in diagnostic statistical manual of mental disorders fourth.

Attachment to God inventory (AGI) developed by Beck and Mackdona (2004). The respondents located on a scale of 1-7, where 1 is the lowest score and 7 is the highest. The scores were added and divided by14 as the instructions of the tool and total score was measured on scale for 20-34 A little bit, 35-49Moderate,50-64 quite a bit and 65 -79 Extreme.

Attachment to God inventory has two parts, avoidance of intimacy with God and anxiety over abandonment and each respondent did both parts. It was used to get data for objective one to examine the role of spiritual interventions and management of post-traumatic stress disorder among urban refugees in Makindye division.

3.6.2 Interview guide

The researcher used interview guide to get data from care takers and spiritual leaders of urban refugees in selected centers. Katebire (2007) states that interview provide in depth data, which is not possible to get using questions and the beauty about it is that interviews can take advantage of the interactive situation to get further information or clarification on responses given thereby enriching the findings. This method allowed an in-depth assessment and critical analysis.

3.6.3 Focus group discussion

The urban refugees from Nsambya central put into three groups that comprised of 14, 18, 17respondents and those from Katwe were in two groups of 15 and 16 respondents

3.7.0 Data Quality Control

The researcher ensured that the data collection instruments possess certain qualities, standards to make them and the data they collect acceptable, appropriate, and authentic (Katebire 2007). Validity and reliability was used to determine this.

3.7.1 Validity

The validity of the content of the study and the tools to collect the data was thoroughly evaluated and reviewed by the researcher and the supervisors. In the study, validity of the instruments was b determined by using content validity (Perry 2001, Fraenkel & Wallen 2003).

The contented validity index was computed as follows;

(a) Contented validity index for Short screening for post-traumatic stress disorder questionnaires

Thus, CVI= Number of valid items X 100

Total number of items

6X 100 =

7

Contented validity index = 0.9

(b) Contented validity index for Attachment to God inventory questionnaires for objective one

CVI= Number of valid items X 100

Total number of items

20 x 100

28

Contented validity index = 0.7

3.7.2Reliability

Reliability ensured accuracy, precision and clarity of the content. The reliability of the instrument was established by calculating the Chronbach's alpha using statistical package for social sciences

(a) Short screening for post-traumatic stress disorder

Reliability statistic for short screening for post-traumatic stress disorder		
Cronbach'sAlpha[a]	Cronbach's Alpha Based on Standardized Items[a]	N of Items
456	.442	7

Spiritual interventions and management of posttraumatic stress disorder among urban refugees

Reliability for attachment to God inventory		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.653	.653	2

3.8.0 Data Analysis

Both qualitative and quantitative data was collected and analyzed

3.8.1Qualitative data analysis

This involved making sense out of an enormous amount of narrative data through looking for categories, patterns and common themes to facilitate a coherent synthesis of the data (Amin,2005).Content analysis was used to categorize, get themes and implications.

3.8.2 Quantitative data analysis

Quantitative data from questionnaires were coded and imputed into the statistical package for social sciences. Descriptive statistics principally used frequencies and percentages for further analysis of questionnaire data

3.9 Research Ethical Considerations

The major ethical considerations were on fairness, honesty, openness of intent and disclosure of methods. In addition, the researcher ensured confidentiality, informed consent and encouraged voluntary participation (Karoro 2001). In the study it was the researcher's responsibility to make a careful evaluation of ethical acceptability to the extent of weighing of scientific and human values suggest a compromise of any principle.

3. 10 Limitation of the study

Some respondents were hesitant to participate in the study and researcher solved this limitation by giving thorough explanation of the purpose of the study.

The language of the questionnaires was in in English, some did not understand English very well, and researcher's solution was the help of an interpreter.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter presents the findings of data collected from respondents of demographic characteristics and presentation of data according to the study objectives. The findings are presented in a tabulated form and explained using descriptive and content analysis.

4.1Demographic characteristics of respondents

The characteristics of the respondents are analyzed in frequency tabulations in the categories of gender, age, marital status education level and religious affiliation attained as shown below:

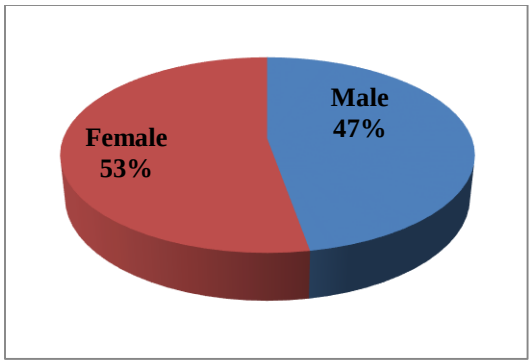
4.1.1 Gender of the respondent

Gender is an important variable in most refugee centers in Makindye. Therefore, the variable was investigated for this study. The findings from respondents are presented in the 4.1

Table 4.1: Distribution of Respondents by gender

		Frequency	Percent	Cumulative Percent
Valid	Male	51	47.2	47.2
	Female	57	52.8	**100.0**
	Total	**108**	**100.0**	

Source: Primary data, (2019)



The results in the table 4.1 show that the majority of the respondents are female represented 52% and 47.2 % males. This could be attributed to the fact that females were more affected by post-traumatic stress disorder. The events witnessed caused more trauma in their lives. In addition, the difference could be attributed to the way they react to events. According to Yehuda, (2002) women tend to internalize the traumatic events and become anxious, withdrawn and depressed whereas men tend to externalize and are more likely to be inattentive, impulsive and hyperactive.

4.1.2 Age of respondents

The data collected under the age of the respondents was based on three age groups and the results obtained are indicated in Table 4.2

Table 4.2 Distribution of Respondents by Age

		Frequency	Percent	Cumulative Percent
Valid	20-35 Years	51	47.2	47.2
	35-50 Years	47	43.5	90.7
	51 Years and above	10	9.3	**100.0**
	Total	**108**	**100.0**	

Source: Primary data, (2019)

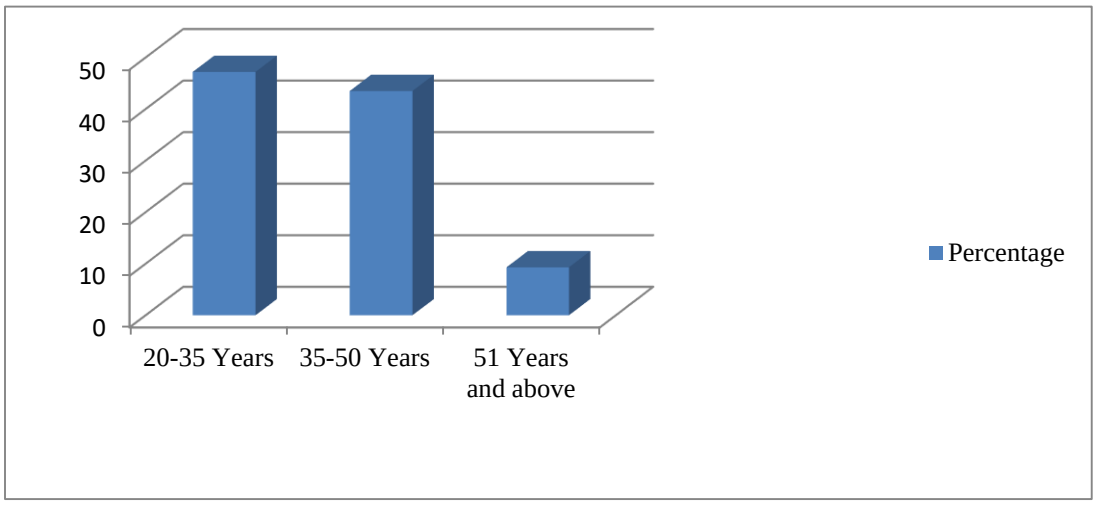


Table 4.2 shows that 47.2% fell in the age group of 20-35 years followed by 43.5% that fell in the age group 31-40 years. 9.5% of the respondents are 51 years and above. The researcher here notes that the three respondents who were 50 years and above were actually in the early old ages. The majority number of the respondents too implies that the greater number of the respondents witnessed most of the events in the war. This implied that they had more reliable information, which pertained the study.

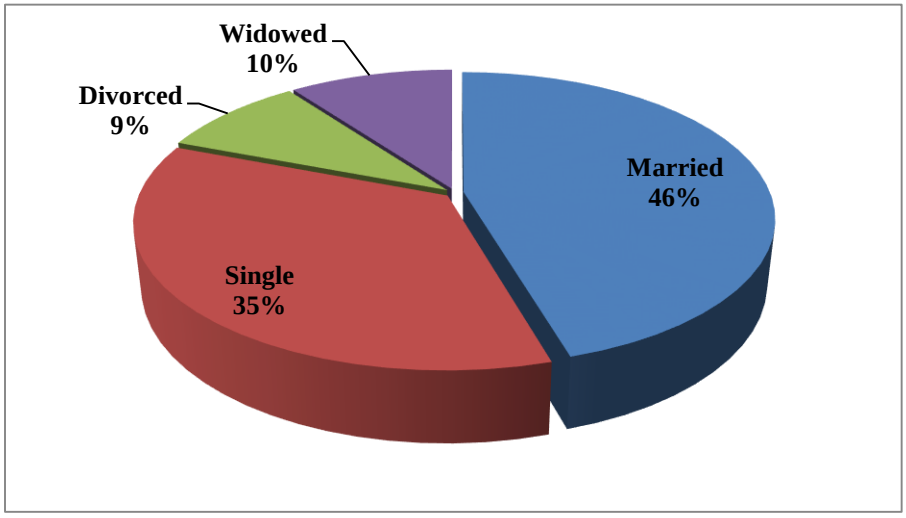
4.1.3 Marital status of respondents

The data collected under marital status of the respondents was based on married, single, divorced and widowed and the results obtained are indicated in Table 4.3 bellow

Table 4.3 Distribution of respondents by marital status

		Frequency	Percent	Cumulative Percent
Valid	Married	49	45.4	45.4
	Single	38	35.2	80.6
	Divorced	10	9.3	89.8
	Widowed	11	10.2	**100.0**
	Total	**108**	**100.0**	

Source: Primary data,(2019)



In the table4.3, 45.4%are married, 35.2% single, 9.3% divorced and 10.2% widowed. This implies that there 45.5 % with a highest are married refugees in Makindye who participated in the study.

4.1.4 Religion affiliation of respondents

Table 4.4: Distribution of Respondents by Religion Affiliation

		Frequency	Percent	Cumulative Percent
Valid	Catholic	34	31.5	31.5
	Anglican	30	27.8	59.3
	Born Again	24	22.2	81.5
	Muslims	11	10.2	91.7
	SDA	9	8.3	**100.0**
	Total	**108**	**100.0**	

Source: Primary data (2019)

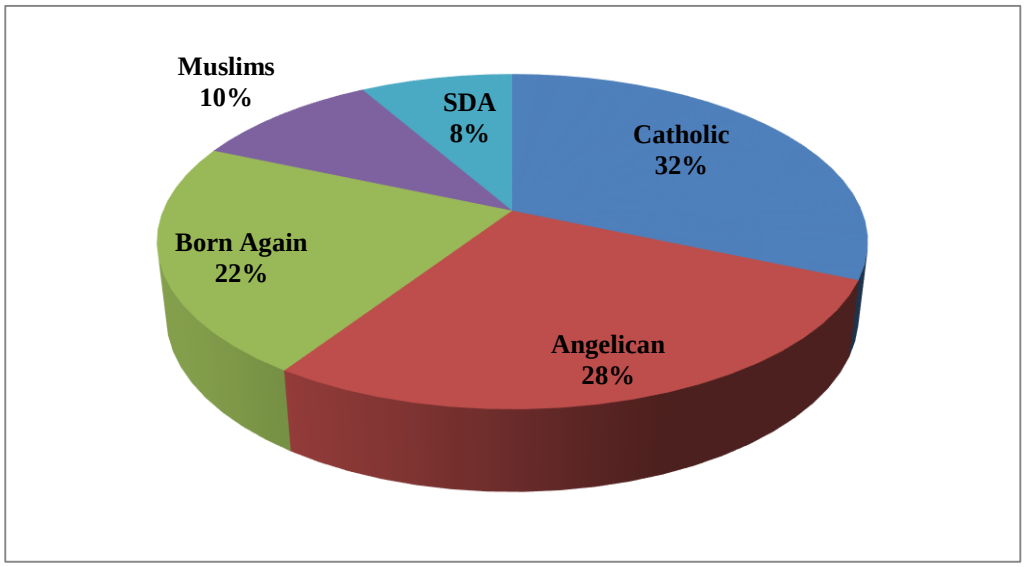


Table 4.4showsthe respondents were fairly distributed in different religious affiliations whereby, 31.5% were Catholics, 27.8% were Anglicans, 22.2% were Born Again , Muslims were 10.2%

and 8.3% were Seventh Day Adventists. These findings revealed that most respondents were Catholics and Anglicans. This implies that, these refuges in the Makindye division belong to different religions. This is an indicator that the whole information from each refugee about coping interventions and post-traumatic disorder occurrences were captured. Therefore, the findings of this study were not biased to religion.

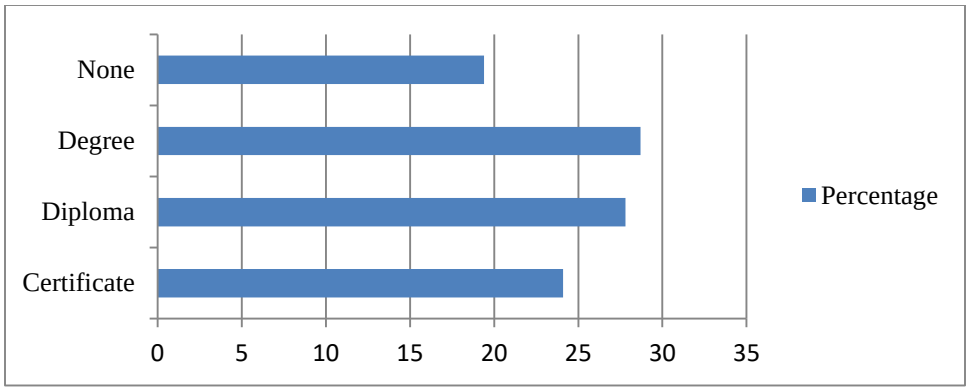
4.1.5 Education level of respondents

Education level was considered as an important aspect and results are presented in the table 4,5 below.

Table 4.5: Distribution of Respondents by education level

		Frequency	Percent	Cumulative Percent
Valid	Certificate	26	24.1	24.1
	Diploma	30	27.8	51.9
	Degree	31	28.7	80.6
	None	21	19.4	**100.0**
	Total	**108**	**100.0**	

Source: Primary data, 2019



As a shown in the table 4.5 majority of the respondents had obtained a certificate in a particular profession, 28.7.% obtained a degree, 27.8 % a diploma, 24.1% had obtained a Certificate and lastly 19.4% had no professional; which implied that most people were literate. These findings reveal that the respondent could be relied upon for their responses pertaining the questions asked of them.

Presentation the objective one findings

4.2.The role of spiritual interventions and management of post-traumatic stress disorder among urban refugees

To achieve the first objective the attachment to God inventory questionnaires used for the urban refugees and interview guide for caretakers and spiritual leaders. The attachment to God inventory questionnaires has two parts. Part one of avoidance of intimacy with God (table 4.7) and part 2 anxiety over abandonment (Table 4.7)) presented below

Table 4.7: Responses from urban refugees on attachment to God inventory part 1 (avoidance of intimacy with God) (n=80)

Scale Range		Frequency	Percent	Cumulative Percent
Valid	20-34	12	15.0	15.0
	35-49	33	41.3	56.3
	50-64	29	36.3	92.5
	65-79	6	7.5	**100.0**
	Total	**80**	**100.0**	

Source: Primary data,(2019)

Table 4.7 of the results of respondents who experienced avoidance of intimacy with God, 12(15%) respondents were in a range of 20-34 a little bit of avoidance of intimacy with God, , 33(41.3%) in a rage 35-49 Moderate avoidance of intimacy with God. And29(36.3) in a range of 50-64 quite a bit avoidance of intimacy with Godand67.5 in a range of 65 -79 Extreme avoidance of intimacy with God. This implies that the highest 41.3% had moderate avoidance of intimacy with God.

Table 4.8 Responses from urban refugees on Attachment to God inventory part 1 (anxiety over abandonment)(n=80)

Scale range	Frequency	Percent	Cumulative Percent
20-34	9	11.3	11.3
35-49	34	42.5	53.8
50-64	27	33.8	87.5
65-79	10	12.5	**100.0**
Total	**80**	**100.0**	

Source: Primary data, (2019)

In the table 4.8 above respondents results show 9(11.3%) little bit of anxiety over abandonment, 34(42.5%) moderate anxiety over abandonment, 27(34.8) quite a bit of anxiety over abandonment and 10(12.5) extreme anxiety over abandonment.

Interviews for caretakers and spiritual leaders

Caretakers and spiritual leaders were interviewed and results are presented in the tables 4.9, table4.10, and table 4.11

Table 4.9: Responses from care takers on the theme of experiences among urban refugees (n=20)

RESPONSES	FREQUENCY	PERCENTAGE
Imprisonment	2	10
Rape and defilement	7	35
Physical torture	11	55
Total	**20**	**100**

Source: Primary data, (2019)

The caretakers revealed that urban refugees encountered physical torture with 55 % and 35% rape and defilement 35%. The highest is physical torture (55%) During the interview, a care taker said:

"….Refugees faced tough situations. Some share with us how they were beaten and raped. They need to learn to overcome and control the pain. Some refugees still talk about what they went through and you can sense pain when they are sharing…"

This indicates that urban refugees encountered painful experiences for example 55% physical torture. This means that half of the urban refugees who participated in the study were physically torture.

Table 4.10: Responses from caretakers on the theme of coping interventions for refugees (n=20)

RESPONSE	FREQUENCY	PERCENTAGE
Joining support groups	5	25
Prayer	6	30
meditation	9	45
Total	**20**	**100**

Source: Primary data,(2019)

In the table 4.10 above, spiritual leaders revealed that 45 % meditation as coping intervention for refugees and 25% revealed that prayer is coping intervention as on spiritual leader said:

…Refugees who engage in meditation and prayers here in this center find some consolation and healing. For example, they have prayer meetings twice a week were they share their challenges and encourage one another. And But we discovered that prayers need to be coupled with and mediation…"

This implies that urban refugees benefit from coping interventions of prayer and meditation to overcome the symptoms and pain of post-traumatic stress disorder. Spiritual interventions have a role to play in the management of post-traumatic stress disorder.

Table 4.11: Responses from spiritual leaders refugee on Theme of coping interventions for urban refugees (n=8)

RESPONSE	FREQUENCY	PERCENTAGE
Prayer	3	37.5
Meditation	1	12.5
Spiritual counselling	4	50
Total	**8**	**100**

Source: Primary data, (2019)

The results obtained from the spiritual leaders shows that 50% spiritual counselling and prayer 37.3% coping interventions are necessary for urban refugees as one spiritual leaders said:

"….Refugees to learn to cope and work on the pain they get due to the experiences they faced. Spiritual counselling is a method that helps them to connect with themselves, others and God. Some of the urban refugees lose hope but spiritual counselling gives them power to hope again and trust.."

In addition

"….spiritual counselling has helped many in this center. There are many ways that help refugees go through the pain they have….prayer and spiritual counselling works effectively. For example engaging them in prayer helps them pick encourage and move on. Some of the refugees here cry a lot during prayer or spiritual counselling and after they report feeling better because they release the pains…"

This implies that there is role played by spiritual coping interventions in managing post-traumatic stress disorder among the urban refuge. The pain they have can be resolved using spiritual interventions like spiritual counselling and prayer

Presentation of findings of the objective two

4.3. Cognitive behavioral therapy interventions and management of post- trauma stress disorder among urban refugees

To achieve this objective the researcher used the focus group interview to get the responses from urban refugees and the results are presented below;

Table 4.12: Responses from urban refugees on the theme of events and the influence (n=80)

Responses	Frequency	Percentage
Witnessed people being killed	11	16
Chaos like running in different directions	4	5
Persecution because of political belief	16	20
Rape	3	4
Days without food	9	11
Saw dead bodies and pool of blood	10	13
Death of children and old due to hanger	13	14
Encountered animals which killed and some of our colleagues	5	6
Sleeping in the open for many days	9	11
(b)Influence;		
Fear of going back to country of origin.	21	26
Living in fear that Uganda will have war or conflict	13	16
Longing to died and meet my children	3	4
Avoiding things that are connected to war	11	14
Lost a leg	1	1
Could not continue with studies	23	29
Self – blame	8	10
Total	**80**	**100**

Source: primary data, (2019)

In focus group discussion, the highest 20% faced persecution because of political belief and 16 % witnessed people being killed as revealed in the responses given by some respondents said

"...Life is very hard because of what happened to us. Many of us run away. we were forced to leave our homes, property and relatives in our countries of origin because of war. It is heartbreaking. We saw our dear ones die and don not know those left behind whether they are still alive…"

In addition, another said:

"...Life is difficult, every time I sleep I dream about people running after me and when I wake up I do not get to sleep again. It is hard to forget... "

Looking at all the above statements and responses it shows that urban refuges go through painful experiences that lead to post-traumatic stress disorder and cognitive behavioral therapy would lead to management.

Table 4.13:Responsesfrom urban refuges on the theme of images and attached meaning(n=80)

Responses	**Frequency**	**Percentage**
Dead bodies	20	25
People running	6	7.5
Guns and heavy cars	40	50
In dreams seeing self-drowning in water	4	5
Fire burning houses	10	12.5
Total	**80**	**100**

Source: Primary data, (2019)

While discussing on the theme of images and attached meaning it come out that urban refugees get images in the mind related to the traumatic events and they attach meaning as reveled in what a refugee said:

"...even in the crowd I get images of my late father who was shot dead while I watched. I could not help him instead I ran away and hide I was helpless. I get these images of my father crying for help. It disturbs me a lot…"

In addition, another person said:

"…even as I talk now pictures of soldiers with big guns are in my mind. This makes me feel sad. What happened one year ago is still in my head…"

There for, the above statements combined show that urban refugees re-experience the traumatic events in the mind as shown in the responses. The majority50%urban refugees get images of guns and heavy cars while 25 percent get images of dead bodies. They continue to suffer the symptoms of post-traumatic stress disorder. This means that the painful and shocking events the refugees experienced led to post-traumatic stress disorder.

4.14: Responses from urban refugees on the theme of thinking about the event and the meaning (n=80)

Responses	**Frequency**	**Percentage**
No one to trust in the world	36	45
Think about what happened makes the heart to beat fast		2.5
Thinking about the dead people meaning that death can- not be escaped	18	22.5
How evil and dangerous people are	24	30
Total	**80**	**100**

Source: Primary data, (2019)

As revealed in the table 4:14 the results from the focus group discussion on the theme of thinking about the event and the meaning, the highest number was 45% who said that they often think that no one in the world is to be trusted and the second is 30%people are dangerous. As one remarked:

"…. imagine killing innocent people. My child was killed she was 6 years old. I cannot trust anyone. People are dangerous. They have the power to kill fellow beings….."

The above statements show that the urban refugees who participated in this study think a lot about the events experienced. The thinking was altered by post-traumatic stress disorder. Therefore they generalize that all people are dangerous and there is no one to trust.

Table 4.15: Responses from urban refugees on the theme of experienced feelings (n=80)

Responses	**Frequency**	**Percentage**
Fear	31	38.75
Anger	20	25
Sadness	13	16
Anxiety	10	12.5
Helplessness	6	7.5
Total	**80**	**100**

Source: Primary data, (2019)

In the responses received, the majority of urban refugees pointed out experienced feelings of fear (38.75%) and anger (20%). Important to not here that urban refugee who have post -traumatic stress disorder experience negative feelings about the event happened. For example, one respondent said:

"...it is hard to get over fear. I fear that bad people may flow me here in Uganda and kill me…..I am living in fear. What happened to me and my family makes me tremble….."

Additionally another said:

"…I know those who wanted to kill me are still following me. This makes me afraid and angry. It is very challenging because I cannot trust people around me…"

This implies that urban refugees develop fear and mistrust because of the traumatic events they experienced. Therefore, interventions are helpful to work on the fears and mistrust.

Table 4.16: Responses from urban refugees on the theme of reaction in the body (n=80)

Responses	Frequency	Percentage
Shaking of the body especially hands and head	2	2.5
Feat feeling cold	13	16
Heart racing	2	2.5
Pain in the chest	23	29
Sweating	21	26
Body aches	4	5
Pain in legs and neck	15	19
Total	**80**	**100**

Source: Primary data, (2019)

When urban refugees were asked to talk about reactions in the body they get that necessitate cognitive behavioral therapy intervention the majority, 29% mentioned pain in the chest and 20

% said sweating. Looking at this, one can say that urban refugees who participated get reactions in the body as person said:

"…. I get chest pain and it all started when I left my home country. I left because the fighting intensified and reached in my village. I had to leave. Oftentimes when I think about what I went through I get chest pain and start sweating..."

The statements above show that bodily reactions are common among urban refugee. The Thinking is result of bodily reactions because thinking effects feelings and bodily sensations leading to certain actions.

Theme of Managing the situation

Table 4.17:Responses from urban refugees on the theme of managing the situation (n=80)

Response	**Frequency**	**Percentage**
Relaxation exercises	19	24
Shifting thoughts to more pleasant things	23	29
Imagining positive things	7	9
Relaxation exercises	2	2
Changing the meaning of what happened	2	2
Doing something to distract the thoughts	11	14
Thought record	4	5
Meditation	8	10
Recording what to do daily	4	5
Total	**80**	**100**

Source: Primary data, (2019)

In the focus group discussion,29% revealed that shifting thoughts to more pleasant things is a way of managing the situation while 24% preferred relaxation exercises as one said:

"*....Every morning when we come here we begin with mindful breathing. After doing it we feel some change. It has become our culture...*"

Another one said:

".....when I came here and joined my fellow refugees I was taught that thinking about something good helps and I have been practicing. When sad thoughts come I try to think about something good like for example I think about God answering my prayers or eating the best food…"

The above results and statements show that urban refugees benefit from cognitive behavioral therapy interventions of shifting thoughts to more pleasant things and relaxation exercises to manage post-traumatic stress disorder.

Theme of painful and threatening events and ways of coping

Table 4.18: Responses from caretakers on the theme of painful and threatening events and ways of coping (n=20)

Response	**Frequency**	**Percentage**
Thinking and doing positive things	3	15
Support from group members	11	55
Seeking counselling help	6	30
Total	**20**	**100**

Source: Primary data, (2019)

In the table4.18above,caretakers of urban refugee centers revealed 55% support from group members is the highest response rate and 30% seeking counselling are ways of coping and managing painful and threatening experiences. Some caretakers said:

"…refugees who have support from fellow refugees are fairly developing mechanisms to handle challenges. Those who came first help others to adapt to the environment. They teach them ways of managing the pain they experienced before they flew from home country. This kind of support gives them hope…"

This implies that support from group members is vital. They share experiences with one another and find out that others managed therefore they can also mange.

Theme of painful and threatening events and ways of coping

Table 4.19: Responses from spiritual leaders on the theme of painful and threatening events and ways of coping (n=8)

Response	**Frequency**	**Percentage**
Meditation	5	62.5
Forgiveness	1	12.5
Joining church groups	3	37.5
Total	**8**	**100**

Source: Primary data, (2019)

In the table above 62.5 %,the majority revealed that meditation and 12.5 % the second forgiveness as key in coping and working on painful and threatening. As one said:

"….sitting down, reflecting, and meditating gives inner peace. At least it takes away the feelings of anger and sadness …refugees can profit from meditation.

This shows that meditation is cognitive behavioral therapy intervention in the management of post-traumatic. Meditation facilitates positive thinking leading to positive feeling, bodily sensations and actions

Presentation of findings of the objective two

4.4Eye movement desensitization and reprocessing interventions and management of post-traumatic stress disorder among urban refugees

Table 4.20: Responses from urban refugees on the theme of on Painful experiences (n=80)

Responses	**Frequency**	**Percentage**
Learning a new language (luganda)	10	12.5
Leaving home country , village , property, friends and relatives	16	20
Death of loved ones	10	12.5
Moving at night	2	2.5
Process of resettlement in Uganda	7	8.75
Days without food	12	15
Saw dead bodies in pool of blood	6	7.5
Imprisonment	2	2.5
Separated from parents	6	7.5
war in the country	9	11.25
Total	**80**	**100**

Source: Primary data, (2019)

In the focus group discussion, 20% for leaving home country, village, property, friends and relatives was the most painful experience as some respondents revealed:

"…I left my beautiful home and all my property. That is the painful thing. when the fighting started neighboring family told us to join them and run to Uganda but I and my family members hesitated and planned to leave within few days but the following day the bomb killed some of family members and other people we were with at the school hiding. I lost my leg but survived. That experience is still stuck in my mind. I don't know how I survived just thinking about it makes me wonder…"

Seeing the above statements and results, is important to note that the effects of painful and shocking experiences lead to post-traumatic stress disorder among the refugees and coping interventions to manage it is important.

Theme of disturbing images or pictures in the mind

4. 21: Response from urban refugees on the theme of disturbing images or pictures in the mind (n=80)

Responses	**Frequency**	**Percentage**
flashbacks	18	22.5
Rotting dead bodies	**30**	**37.5**
Soldiers running after people	**16**	**7.5**
Life in prison	**6**	**20**
A big number of people moving	**10**	**12.5**
Total	**80**	**100**

Source: Primary data, (2019)

In the table4.21above it is revealed that urban refugees get disturbing images or pictures. Some refugees who witnessed genocide said this they still get pictures of rotting dead bodies with 37.5%and flashbacks with another highest number 22.5%

During the focus group discussion, respond entre marked:

"*…I get flashback of what happened to us. The picture of rotting dead bodies pop in my mind and it is hard to remove them from the mind…"*

In addition, another said:

"….i experience images of fire. They get in my mind and I do not invite them….they just bring themselves. And they make me feel sad…."

This indicates that experience some urban refugees get disturbing images or pictures in their mind. This is a symptom of the post-traumatic stress disorder.

Theme of experiencing upsetting sounds

Table 4.22: Responses from urban refugees on the theme of experiencing upsetting sounds (n=80)

Responses	**Frequency**	**Percentage**
People screaming	20	25
Children crying	16	20
Gunshot sounds	23	29
Blasts of bombs	21	26
Total	**80**	**100**

Source: Primary data, (2019)

As shown in the table 4.22 above, the findings revealed that 29%highestand26%second highest hear upsetting sounds of gunshot sounds and blasts of bombs respectively.

During the sharing in the focused group discussion, some respondents said:

"…..*We ran away from our country because of war. However, my oldest son and I hear sounds of gunshots and bombs yet the event happened in 2017. We hear blasts of bombs and people crying for help. We hate them. We used to get very scared but I learnt to ignore them. Still they come ….*"

All these show that urban refugees in Makindye division who participated in the study get upsetting sounds of gunshots and blats of bombs.

Theme of thoughts and distress about the events

Table 4.23: responses from urban refugees on the theme of thoughts and distress about the events(n=80)

Responses	**Frequency**	**Percentage**
Death is here to take me	14	17.5
No one to trust in the world	8	10
People are dangerous	6	7.5
Think about how life changed	17	21.25
Think about close people died in war	20	25
God abandoned us	15	18.75
Total	**80**	**100**

Source: Primary data, (2019)

Eighty urban refugees from Nsambya central and Katwe Parishes participated in the study and while discussing distressing thoughts about the events 6 responses come out. The two highest responses were thinking about close people who die in the war (25%) and think about how life change (21.25%) showed that urban refugees get distressing thoughts, which are symptoms of post -traumatic stress disorder as some said:

".....thinking about my dear father who died trying to save our last born and I was already here in Uganda. He had stayed behind with my sibling. I did not bury him. They called and informed me after a year and some months that he died. They did not know where I was. I lost contact with them. When they narrated how he died, it was stuck in my head and think about it often…"

Another said:

.....We were walking coming to Uganda and we passed through a forest, two animals come and killed three people. I felt so sad and shocked thoughts still come…."

Looking, at the responses and quoted statements above urban refugees get distressing thoughts and these thoughts affect the way they feel and behave.

Theme of uncomfortable feelings and body sensations

Table4. 24 : Reponses from urban refugee on the theme of uncomfortable feelings and body sensations (n=80)

Responses	**Frequency**	**Percentage**
Hopelessness and helplessness	28	35
Confusion	13	16
Fear	14	18
Anger	17	21
Sadness	8	10
Total	**80**	**100**

Source: Primary data, (2019)

In the table 4.24 above it was discovered that urban refuges get uncomfortable feelings, as the highest response is 35% of hopelessness and helplessness and 21 % anger as one said:

"....I get angry with people who caused war. I do not know who they are but I am angry. It is because of them that I left my country. I was studying to become a lawyer but here I am. My future was destroyed, as I am no longer studying. I am here in Uganda trying to survive ..."

The findings in the table 4.24 and statement above show that refugees experience uncomfortable feelings and the feelings are connected to the thoughts.

Theme of disapproving feelings of self-pity and worthless

Table 4.25 :Responses from urban refuges on the theme of disapproving feelings of self-pity and worthless(n=80)

Responses	**Frequency**	**Percentage**
Feel sorry for self.	10	12.5
Why me among all the people	26	32.5
God is unfair	15	18.75
Life will never become interesting again	10	12.5
Discouraged to trust life again	19	23.75
Total	**80**	**100**

Source: Primary data, (2019)

Considering the 32.5 % why me among all people as the highest and 23.7% discouraged to trust life again were results that during focus group discussion come up as respondent said :

"…. I do not know why this happened in our country. Where was God, he is unfair. Sometimes get no energy to trust my life again. I do not know what will happen tomorrow. Sometimes I blame myself because I did not stay back home to help my parents..."

This implies that urban refugees have disapproving feelings and thoughts about themselves.

Table 4.26: Responses from urban refugees on the theme of management approaches(n=80)

Responses	**Frequency**	**Percentage**
Positive self-talk	2	4
Optimistic thinking	25	31
Sharing experience	22	28
Creating and imagining an attractive image	31	38
Total	**80**	**100**

Source: primary data, (2019)

In the table 4.26 above, respondents revealed that creating and imagining an attractive image (38%) and optimistic thinking (31%) are management approaches of painful and shocking experiences as some respondents said:

"… *imagining something good helps the mind to calm down. This kind of imagination produces peace. Refugees need to learn that thinking about bad things takes away happiness…*"

This means that eye movement desensitization and reprocessing interventions of creating and imagining an attractive image and optimistic thinking help in the management of that painful and shocking experiences that lead to post-traumatic stress disorder

Interview guide for caretakers and spiritual leaders

Table 4.27: Responses from caretakers on the theme of management approaches for refugees (n=20)

Responses	**Frequency**	**Percentage**
Listening to relaxing music	2	10
Sharing experiences	6	30
Thinking about helpful and nice things	12	60
Total	**20**	**100**

Source: Primary data, (2019)

Sharing experiences (60%) and thinking about helpful and nice things(30%)were discovered as the management approaches for urban refugees to use. During the interview, one caretaker said:

"…teaching urban refugees to share and talk about their experiences is useful. It helps to bring out pain of anger and sadness in their hearts. Because we know sharing is important we have created cell groups where they can share their problems…"

This implies that sharing and positive thinking are coping interventions of eye movement desensitization and reprocessing that refugees would use to lessen the pain or symptoms of post-traumatic stress disorder.

Table 4.28: Responses from spiritual leaders on the theme of management approaches for urban refugees (n=8

RESPONSE	FREQUENCY	PERCENTAGE
Talking about personal experience	6	75
Meditation	2	25
Total	**8**	**100**

Source: Primary data, (2019)

The results from the spiritual leaders show that talking about personal experience (75 %) and meditation (25%) are management approaches for urban refugees. A pastor said:

"…Refugees need to learn to cope and work on the pain they get due to the experiences they encounter. Managing pain is necessary for example, we have been encouraging them to share and we taught them how to do meditation to help handle their pains. Some of them report that after sharing they feel better…"

This means that urban refugees can benefit from coping interventions of meditation and sharing or talking about what happened, what they feel, and think to them

Presentation of the findings of short screening for post-traumatic stress disorder

The Findings were derived from descriptive analysis

To achieve all the three objectives the tool of short Screening for Post-Traumatic Disorder developed by Breslau et al (1999) basing on criteria in diagnostic statistical manual of mental

disorders fourth edition was used. The tool has seven statements, which required respondents to rate with yes or no. Those that scored four yes and above are considered to have post-traumatic stress disorder. The results are presented in table below;

Table 4.29: Responses from urban refugees on short screening for Post-traumatic stress disorder (n=80)

Item	Yes	No
Did you avoid being reminded of the experience by staying away from certain place, people or activities?	61(76.3%)	19(23.8%)
Did you lose interest in activities that were once important or enjoyable?	46(57.5%)	34(42.5%)
Did you begin to feel more isolated or distant from other people?	54(67.5%)	26(32.5%)
Did you find it hard to have love or affection for other people?	42(52.5%)	38(47.5%)
Did you begin to feel that there was no point in planning for the future?	57(71.3%)	23(28.8%)
After this experience, were you having more trouble than usual falling asleep or staying a sleep?	53(66.3%)	27(33.8%)
Did you become jumpy of get easily startled by ordinary noises or movements?	47(58.8%)	33(41.3%)

Source: Primary data, (2019)

Table 4.29 shows that when respondents were asked whether they avoid to be remained of the experience by staying away from certain place, people or activities majority of them said yes to the statement (Yes=76.3%;) and no (No. =23.8%). And 23.8% of the respondents were not much affected. When the respondents were asked whether they lost an interest in activities which were important or enjoyable almost half of the majority agreed (Yes=57.5%) with the statement and 42.5% and no (No=42.5%) . The people that were affected had no interest of enjoying what

they had always enjoyed because they were deeply traumatized. Nevertheless, refugees who were not much affected still recall about their good lives they are missing irrespective of the traumatic experience they hear about and partly experience.

When they were asked whether to feel more isolated or distant from other people (Yes =67.5%) with the statement and 32.5 % (NO). This was attributed by being far away from the fighting grounds and war traumatic occurrences. Therefore, when they remember horrible events that occurred during the wars; they feel scared more worried. However for the people that said (32.5%) with the statement still feel connected to people.

According to the researchers findings of most of the refugees were hopeless, when they asked whether there was no point of planning; the majority of the respondents agreed (Yes=71.3%) and 28.8% (NO) disagreed.

According to the findings majority of the urban refugees after the experience, they had more trouble than usual falling asleep or staying a sleep and the majority of respondents said yes (Yes=66.3%) and the 33.8% (NO). This was attributed by the horrible experiences like blood shade, death of relative friends, witnessed relative gunshot. This makes people who experienced and witnessed the events to have sleepless. However, some refugees are not troubled and get their sleep very well (33.8%).

When the majority of the refugees where asked whether they were jumpy and startled by the ordinary noises, half of the majority of the respondents agreed with the statement (Yes=58.8%) and 48.8% disagreed (NO). These findings shows that most of the people are still have post-traumatic stress disorder.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the findings, discussion and recommendations of the study.

5.1 discussion of findings

5.1.2The role of spiritual interventions and management of post-traumatic stress disorder among urban refugees

The study found respondents that had highest 41.3% of avoidance of intimacy with God (table 4.7)and42.5% anxiety over abandonment(table 4.8), 55 % and physical torture (table 4.9)However, 45 % meditation (table 4.10) 37.5 % prayer (table 50 %) were pointed out as the spiritual coping interventions in the management of post-traumatic stress disorder. This indicates that the role of spiritual interventions is essential in the management in the posttraumatic stress disorder among urban refugees. This harmonizes with Hasanovic (2015) who says that religious backgrounds of majority of refugees who have post-traumatic stress disorder have spiritual needs and handling such spiritual issues in therapy quickens healing of post-traumatic stress disorder. In addition, Adeeb & Bahari (2017) also agrees that spirituality is an important phenomenon that needs to be considered in the understanding and treatment of post- traumatic stress disorder among refugees. It has the potential to be a positive and protective resource for coping and show promise for reducing symptoms.

5.1.2 Cognitive behavioral therapy interventions and management of post-traumatic stress disorder among urban refugees

The study established that urban refugees faced20% persecution because of political belief,29%could not continue with studies (Table 4.12), 50 % get images of guns and heavy cars (table 4.13).And45% think that no one to trust in the world (table 4.14), 38.8% experience feelings of fear (table 4.15), 29 % have pain in the chest (table 4.16), and 29 agree that shifting thoughts to more pleasant things helps. Similarly, the findings show that caretakers suggest that urban refugees need55%support from group members (Table 4.18) and 62.5 % spiritual leader revealed that meditation (table 4.19) a key in coping and working on painful and threatening.

This concurs with Hinton (2014) who asserts that state underlying postulation of cognitive and behavioral therapy intervention is that the personal experience is more closely tied to a person's view than it is to any given event itself.

5.1.3Eye movement desensitization and reprocessing interventions and management of post-traumatic stress disorder among urban refugee

The study found out that 20 % painful experience of leaving home country, village and property (table 4.20), 37.5% images of rotting dead bodies (table 4.21), 29% upsetting sounds of gunshots (table 4.22). Furthermore, 25% think about close people who died in war(table 4.23), 35 % uncomfortable feeling of hopelessness and helplessness (table 4.25), 32.5 % disapproving feelings of self-pity and worthless (table 4.25). The management approaches are 38% creating and imagining attractive image(table 4. 26), 60%(table 4.27) and 75% (table 4.28) come up with sharing and taking about experience. The results here are in agreement with Shapiro, (2001) states that it is always important to confront the effects of trauma, versus avoiding and the aim of

eye movement reprocessing is to treat traumatic memories and their associated stress symptoms. This shows that urban refugees have symptoms of post-traumatic stress disorder and creating and imagining attractive image and sharing or talking about experience are coping interventions in the management of post-traumatic stress disorder among urban refugees. (2013) that an increase in the level optimism, in turn lead to increased levels happiness.

5.1.4 Short screening for post-traumatic stress disorder.

The study evaluated post-traumatic stress disorder and the results confirmed that some urban refugees have post -traumatic stress disorder as seen in the scored 71.3%. The findings correspond with Yehuda, (2002) who said that there is increased prevalence of post-traumatic stress disorders in refugees. In addition, the results agree with Karl (2016) who did a study and found out that 62% percent of the adults suffered post-traumatic stress disorder and 20% children symptoms of post -traumatic stress disorder and recommended further study on the way of coping. This implies that most urban refugees witnessed or experienced shocking events, which lead to post-traumatic stress disorder

5.2 Conclusion

Spiritual interventions and management of posttraumatic stress disorder among urban refugees

In examining the role of spiritual interventions and management of post-traumatic stress disorder among urban refugees the findings of spiritual interventions were 54% meditation and 50 % spiritual counselling in the management of post-traumatic stress disorder, 41.3% avoidance of intimacy with God ,42.5% anxiety over abandonment and 55% physical torture. Hasanovic

(2015) say that religious backgrounds of majority of refugees who have post-traumatic stress disorder have spiritual needs and handling such spiritual issues in therapy quickens healing. Wilson (2017) agrees with Hasanovic (2015) that spiritual interventions are beneficial to the healing of dysfunctions that people with posttraumatic stress disorder have. Brown et al (2016) that extensive research has demonstrated the efficacy of meditation prayer for enhancing the lives. This implies that spiritual interventions have a role in the management of post-traumatic stress disorder.

Cognitive behavioral therapy interventions and management of post- traumatic stress disorder among urban refugees

In analyzing cognitive behavioral therapy interventions and management of post-traumatic stress disorder among urban refugees the study concluded cognitive behavioral therapy interventions of 29 %shifting thoughts to more pleasant things helps, 55% support from groupmember,s62.5 % meditation a key in coping with 20% persecution because of political belief. Also 29% pain of not being able to continue with studies,50 % images of guns and heavy cars, and 45% think that no one to trust in the world 38.8% experience feelings of fear , 29 % have pain in the chest. This is in agreement with Basu et al (2009) asserted that people with post-traumatic stress disorder have intense, disturbing thoughts and feelings related to experience that last long after the traumatic event has ended. They may relive the event through flashbacks or nightmares; they may feel sad, have fear or anger; and they may feel detached or estranged from other people. This means that study findings and the literature agree that cognitive behavioral therapy interventions are vital in the management of post-traumatic stress disorder.

Eye movement desensitization and reprocessing interventions and management of post-traumatic stress disorder among urban refugees

Assessing eye movement desensitization and reprocessing interventions and management of post-traumatic stress disorder among urban refugee the finding are 38% creating and imagining attractive image 60% thinking about helpful and nice things and 75 % talking about personal experience traumatic memories and their associated stress symptoms. Theseinterventions help in the management of 20 % painful experience of leaving home country, village and property, 37.5% images of rotting dead bodies, 29% upsetting sounds of gunshots, 25% thinking about close people who died in war, 35 % uncomfortable feeling of hopelessness and helplessness , 32.5 % disapproving feelings of self-pity and worthless. This harmonizes with multimodal therapy that is based on the idea that humans are biological beings that think, feel, act, sense, imagine, and interact and that psychological treatment should address each of the these modalities (Courtney, Cindy &Steven, (2014). The study findings and literature implies that eye movement desensitization and reprocessing interventions are help in the management of post-traumatic stress disorder of urban refugees.

In looking at the findings of the three objectives and literature, some urban refugees in Makindye division have post-traumatic stress disorder with the symptoms of re-experiencing, avoidance and hyper-vigilance and coping interventions of spiritual, cognitive behavioral therapy and eye movement desensitization and reprocessing facilitate the management.

5.3 Recommendations

As it was found out that spiritual interventions are vital in the management of post-traumatic stress disorder among urban refugees, caretakers and spiritual leaders of urban refugee centers should incorporate spiritual interventions in helping urban refugees overcome post-traumatic stress disorder.

Since cognitive behavioral therapy interventions in management of post-traumatic stress disorder among urban refugees are important, the urban refugees need to learn the interventions to use them on their own in managing PTSD symptoms.

Eye movement desensitization and reprocessing interventions in the management of post-traumatic stress disorder among urban refugee was found to be fundamental therefore the stake holders of the urban refugee centers should employ eye movement desensitization and reprocessing to help urban refugees work on the post-traumatic stress disorder.

Policy makers should implement better ways of helping urban refugees to manage post-traumatic stress disorder. For example, urban refugee centers should have clinical psychologists who have enough knowledge of coping interventions of spiritual, cognitive behavioral therapy and eye movement desensitization and reprocessing and post-traumatic stress disorder.

5:4 Suggestions for further research

Since the study used both qualitative and quantitative a similar study should be done using separate methods to examine coping interventions and management of post-traumatic stress disorders among urban refugees. In addition, a study on the spiritual interventions and management of post-traumatic stress disorder since is not widely used. Further study on self-administered eye movement desensitization and reprocessing should be done.

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APPENDICES

APPENDIX 1: Questionnaires for urban refugees

Dear Respondent,

I, **Atwiine Priscilla** a student of the University of Kisubi offering Master of Science in Clinical and Psychological Counseling. I am conducting a study on **coping interventions and management of post-traumatic stress disorder among urban refugees**

I kindly request you to tick or answer questions below; the information given will remain confidential and purely academic. Your participation is voluntary and you will not be forced in any way if you decide not to participate.

Thank you for your cooperation.

Section A: Bio data[Tick the box which applies to you]

1. Gender: Male ☐ Female ☐

2. Age bracket:

a) 20-35years ☐

b) 35 –50 years ☐

c) 51 years and above ☐

3. Marital status: Married ☐ Single ☐ Divorced ☐ Widowed ☐

4. Religion: Catholic ☐ Anglican ☐ SDA ☐ Born Again ☐ Muslims ☐

5. Education level: Certificate ☐ Diploma ☐ Degree ☐

APPENDIX 11: Short Screening for Post-Traumatic Disorder

According to how you feel and think, tick Yes or No

No	Questionnaire	Yes	No
1	Did you avoid being reminded of this experience by staying away from certain places, people or activities?		
2	Did you lose interest in activities that were once important or enjoyable?		
3	Did you begin to feel more isolated or distant from other people?		
4	Did you find it hard to have love or affection for other people?		
5	Did you begin to feel that there was no point in planning for the future?		
6	After this experience, were you having more trouble than usual falling asleep or staying asleep?		
7	Did you become jumpy or get easily startled by ordinary noises or movements?		

SECTION C: The role of spiritual interventions and management of post-traumatic stress disorder among urban refugees in Makindye division

APPENDIX 111: Attachment To God Inventory Part I Avoidance Of Intimacy With God

Locate yourself on a scale of 1-7, where 1 is the lowest score and 7 is the highest part i

Question	**Avoidance Of Intimacy With God**
I just do not feel a deep need to be close to God.	
I am totally dependent upon God for everything in my life.	
It is uncommon for me to cry when sharing with God.	
My experiences with God are very intimate and emotional**.**	
I prefer not to depend too much on God.	
I am uncomfortable being emotional in my communication with God.	
My prayers to God are often matter-of-fact and not very personal.	
I am uncomfortable with emotional displays of affection to God.	
Without God I couldn't function at all.	
I believe people should not depend on God for things they should do for themselves.	
Daily I discuss all of my problems and concerns with God**.**	
I am uncomfortable allowing God to control every aspect of my life.	
My prayers to God are very emotional.	
I let God make most of the decisions in my life.	

Attachment to God inventoryPart2Anxiety Over Abandonment

Question	**Anxiety over abandonment**
I worry a lot about my relationship with God	
If I cannot see God working in my life, I get upset or angry.	
I am jealous at how God seems to care more for others than for me. .	
Sometimes I feel that God loves others more than me.	
I am jealous at how close some people are to God. .	
I often worry about whether God is pleased with me.	
Even if I fail, I never question that God is pleased with me.	
Almost daily, I feel that my relationship with God goes back and forth from “hot” to “cold.”	
I fear God does not accept me when I do wrong.	
I often feel angry with God for not responding to me when I want	
I crave reassurance from God that God loves me.	
I am jealous when others feel God’s presence when I cannot	
I worry a lot about damaging my relationship with God.	
I get upset when I feel God helps others but forgets about me.	

Thank you so much

SECTION D Focus group discussion themes for urban refugees

APPENDIX 1V:The role of cognitive behavioral therapy interventions and management of post- traumatic stress disorder among urban refugees

1. What are the events you encountered and the influence they had on you?

2. What are the images and attached meaning?

3. Do you sometimes think about the events that happened and the meaning attached

4. What are the feelings experienced about the event?

5. Talk about the reaction in your body

6.How do you management the situation

APPENDIX V: The role of eye movement desensitization and reprocessing and management of post-traumatic stress disorder

1.What are the painful experiences that you went through

2. What are disturbing images or pictures in your mind

3.Is there times that you hear disturbing sounds

4.What are the distressing thoughts about the events? Talk about it

5. Have ever had uncomfortable feelings and body sensations?

6. What are some of disapproving feelings of self-pity and worthless that you often get?

7. What are the management approaches would you use?

APPENDIX V1: Interview guide for caretakers and spiritual leaders

What are the painful experiences that urban refugees go through?

What are the coping ways that would help urban refugees?

APPENDIXV11: Budget Frame

Particular	**Cost**
Transport	140,000/=
Stationary	200,000/=
Food	100,000/=
Communication	20,000
Typing, Printing and binding	500,000/=
Miscellaneous	25000
Total	**960,000**

APPENDIX V111: Determining sample size from a given population

Morgan & Kriejcie Table: Determining sample size (S*) from a given population (N*)

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	**150**	**108**	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	56	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	750000	382
95	76	270	159	750	254	2600	335	100000	384

APPENDIX IX: THE MAP OF MAKINDYE DIVISION

UNIVERSITY OF KISUBI

(Formerly known as Kisubi Brothers University College)

In Virtue We Educate

24th June, 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: INTRODUCING ATWIINE PRISCILLA

I wish to introduce to you **Atwiine Priscilla (17MCPC0125)**. She is our student on the **Master of Science in Clinical and Psychological Counseling (MCPC) of Uganda Martyrs University** programme that is being offered at the **University of Kisubi.**

She is carrying out a study on the topic: **"Post -Traumatic Stress Disorder of Urban Refugees and Coping Interventions: A Case of Refugee Sources in Makindye Division"**

APPENDIX X: INTRODUCTORY LETTER

The purpose of this letter is to kindly request you to accord her such assistance as may be necessary to enable her access and obtain the data she might need for her study.

It is my hope that her findings will not only be useful for academic purposes but will also be of much benefit to the general public.

Thank you in advance.

Yours faithfully,

UNIVERSITY OF KISUBI
24 JUN 2019
P.O. Box 182
Entebbe
School of Graduate Studies and Research

for Dr. Arikwasheze G. Evarist

Ag. Director, School of Graduate Studies and Research

P. O. Box 182, Entebbe Uganda, Tel: +256 312 225 400, Mobile: +256 752 499980, +256 780 624 444
E-mail: registrar@unik.ac.ug, Facebook: University of Kisubi, Website: www.unik.ac.ug