

Psychological problems associated with traumatic loss in Turkey



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Turkey is a country where many people are affected by traumatic loss. As well as the deaths of those involved directly or indirectly in armed conflict, there have been a considerable number of murders by unknown killers, 'disappearances'. This paper reports on research comparing the mental states and bereavement reactions of individuals who lost a first degree relative in one of these two traumatic ways with those whose relatives died of leukaemia.

According to a Turkish Parliamentary Investigation Committee's report¹, the number of people who disappeared in the decade 1984 – 1994 was 908. However, there are no reliable sources and insufficient data on these losses. On the other hand, records exist of many of the soldiers and civilians who were killed during the armed conflict in southeast Anatolia during the same period.

THE RESEARCH

Our research was carried out at Istanbul University, as part of the Istanbul-Psychosocial Trauma Program, with the help of 90 volunteers who had lost a first degree relative between one and five years ago. Further details are given in Olgun and Yüksel².

The bereaved relatives were divided into three groups:

Group I relatives of **soldiers lost in conflict**, recruited from the Istanbul Branch of the support organisation, Families of Soldiers Lost in Conflict.

Group II relatives of the **disappeared**,

members of the the Istanbul office of the Missing Persons' Bureau.

Group III Relatives of young people who had died of **leukaemia** at the University Hospital, Istanbul.

The bereaved relatives were evaluated using a semi-structured interview form, based on the Structured Diagnostic Interview for DSM-III³, the Inventory of Complicated Grief (ICG)⁴ and the Impact of Event Scale-Revised (IES-R)^{5,6}. This last is a measure of post-traumatic stress.

THE RESULTS

Sociodemographic features

Half of the bereaved relatives had lost siblings, one-quarter were mothers and one-eighth were fathers who had lost their children. The mean age of the participants was 39, and two-thirds were married. Two-thirds were also found to be primary or secondary school graduates and the same proportion were of low socioeconomic status. Women made up nearly two-thirds of the sample and one-third of these were housewives. Groups I and III were mainly Turkish (70% and 76% respectively) and

Sunni Muslim by faith (93% and 87%), whereas group II was mainly Kurdish (87%) and Alevi (63%). The Alevi are the second largest religious community in Turkey, part of the wider Shi'a Muslim movement.

As in many studies of bereaved people, the majority of the participants were women. This may reflect the need of women to express themselves and their ability to explain their vulnerability in a more open way⁷.

- Group I. The soliders mourned by this group had been in their 20s, younger than those who had died in the other two groups. Most of their relatives were housewives or had been unemployed before the loss. Half came from small settlements in Istanbul and almost all of them were living as part of a nuclear family. Half were of lower socioeconomic status though most had completed primary education.
- Group II. Almost all of those who had disappeared were men and most of them had been politically active. They and their

EDITOR'S NOTE

This latest contribution to our series of papers on bereavement following violent death comes from the Istanbul Psychosocial Trauma Program whose courageous researchers enable us to focus on the special problems associated with 'martyrdom'.

It is natural for family members to idealise the memory of a dead youngster but the status of martyr is very much more than this: it implies a sacred obligation on the survivors to keep alive, not only the memory of the dead people, but also of the way they died and the cause for which they died. Such causes are seldom pure or simple and may face the survivors with perplexing conflicts and ambivalence.

In this disturbing paper the authors reveal extraordinarily high rates of pathological grief, post-traumatic stress, depression and chronic anxiety in the surviving siblings and parents of martyrs, both soldiers and disappeared, from the conflicts in Turkey.

Although in their role as therapists, professionals and volunteers must remain impartial, neither they nor we can ignore the political and social context which creates martyrs, perpetuates the suffering of their families and maintains another cycle of violence. *CMP*

families had been aware of the dangers that this implied. Their bodies were seldom recovered and there had been few formal rituals of burial or remembrance. A majority (two thirds) of this group had had to migrate from their homes in eastern Anatolia within the last 20 years because of armed conflict in the region. Almost all were from hamlets, or small towns and 75% were on low incomes. Because of the economic and political problems they had survived together, people in this group were more close-knit and accustomed to sharing households; one third were from large families.

- Group III. Losses due to leukaemia were mainly of men, married, with children and their ages ranged between 17 and 52.

Risk factors and consequences of complicated grief:

Bereaved people with a previous history of affective/somatic disorders and chronic physical illness had significantly higher chronic grief (ICG) and traumatic stress (IES-R) scores than those without. Women, particularly mothers who had lost their children, those with low educational level, and the unemployed, all had higher scores of psychiatric illness and chronic grief.

Relationship between death type and psychiatric disorder and grief

All participants were diagnosed with at least one mental problem: most of them met the DSM criteria for major depressive disorders and some of them had multiple diagnoses. The severity of the psychiatric illness and grief tended to decrease over time but this change did not reach statistical significance.

Those in both groups I and II who had lost relatives through human violence, had higher chronic grief (ICG) and traumatic stress (IES-R) scores than those of the people in group III whose relatives had died of leukaemia. Generalised anxiety disorder was diagnosed mainly in group II, among the relatives of those who had disappeared.

Immediately after the losses the frequency of major depression was not significantly different in any of the groups. At a later evaluation, after between one and five years, the families of those who had died of leukaemia gradually improved while the other two groups remained depressed and suffered more complicated traumatic stress and more psychiatric disorder. However, the severity of the psychiatric illness of the people in group I, whose relatives had died in military service, was significantly greater than that found in either of the other two groups.

DISCUSSION

Group I: relatives of ex-soldiers

This group saw their sons as good, tender people who had never used a gun before joining the army. Knowing the difficult conditions under which soldiers live during military service increased the sorrow of their relatives. Some of the soldiers had written poems expressing their loneliness, love and longing for their families and loved ones.

The feelings of soldiers' families are complicated by their helplessness: they cannot influence the events which cause so many deaths. These families carry the most intense conflicting and ambivalent feelings. They often felt anger and were overwhelmed with guilt for being alive. The extreme violence of a brutal death left them feeling impotent and outraged. They blamed themselves for sending their healthy young son or brother to the army.

The severity of the psychiatric illness of the people whose relatives had died in military service was significantly greater than that found in either of the other two groups

The army, and nation in general, define death during military service as martyrdom – a secularised religious concept. The title of martyr brings with it a special religious and social status together with certain privileges. However, this new role, the awards and so on do not diminish the grief of martyred soldiers' families. On the contrary, they block the expression of complex feelings, particularly anger, caused by the traumatic loss. Thus channels for directing the anger are obstructed and the grief process is not completed. These considerations explain the intensity of anxiety, depression and the more complex grief experienced by these relatives.

Research has shown that normal grief reactions such as anger, helplessness, and guilt are experienced more intensely following traumatic losses and continue for a long time. Bereaved people may direct their anger to the people responsible for the death or, at times, themselves. Where severe inner anger cannot be expressed, the grief process may become even more complex^{8,9}.

Group II: relatives of the disappeared

Most of the disappeared had been politically active and they and their families had been aware of the dangers that this implied. To the Turkish authorities they

were terrorists, but in the eyes of their families many were seen as martyrs. Their mothers have formed themselves into an organisation, Saturday Mothers, which is similar to Las Madres de la Plaza (Mothers of the City Square), started in Argentina in 1990. Di Marco¹⁰ describes how this movement arose from the disappearances of young men there in the 1980s: during the 90s their mothers began regularly parading in the squares dressed in black and bearing banners which demanded that they be told what had happened to their sons.

Las Madres de la Plaza is paradigmatic of political activity stemming from individual sorrow, in open rebellion against the military government as well as against the politics of the parties which followed one another into power during that decade. They represent an expression of social motherhood – private parental concerns becoming a public cause – where each woman decides to look for her own child and thus for all the children who have disappeared. Ten years after the restoration of democracy, the Madres are one of the clearest voices defending human rights with their slogan, 'we want our children back alive' and through their criticism of all forms of oppression, of unemployment, and of policies which divide society. They have come to see themselves also as inheritors of the ideas of their children, responsible for carrying forward their work as well as justifying the importance of the struggle for human rights.

Saturday Mothers have campaigned in Turkey to find out what happened to their children, but without political undertones. In the course of this struggle, they have chosen to stand vigil, go on hunger strikes and squat. They have now become a well-known movement against violations of human rights. Sencer, who interviewed the Kurdish mothers of the disappeared, found similarities between them and the Las Madres de la Plaza in terms of mother and child relations and the relationship between the war and their children¹¹.

Comparing groups I and II

The Kurdish mothers' opinions differed from those of the mothers of Turkish soldiers in that they saw their child's death as meaningful. Their loss was not an isolated event, it was part of a wider context which gave their child a new identity. In contrast, the mothers of soldiers did not understand why their sons had to die. This said, after a while most of the soldiers' mothers developed new life strategies and a new status as mothers of martyrs. Martyrdom is considered sacred,

not only in the religious sense but also in a secular and socially prestigious way. The soldiers' mothers elevated their children to the level of a saint; by so doing they replaced their lost child and at the same time acquired a new position in society.

Kurdish mothers differed from the others in that they were familiar with and had gone on living in 'war conditions'. They had a common past in having had to abandon their homes and villages and had similar political experiences to share with other Kurdish mothers. Like the mothers of soldiers, they described their children as perfect but they did not tell childhood stories and their houses were not turned into museums. They wanted the revenge killings to stop, found war unfair and meaningless, and demanded peace.

Relatives of martyred soldiers have also formed organisations. However, the common purpose of these has been to provide support and to help each other in solving problems rather than to struggle to stop the fighting and the deaths. The reasons why these organisations limit themselves only to these purposes deserve both sociological and political investigation.

All the bereaved mothers interviewed by Sencer¹¹ had very strong patriotic feelings and a sense of belonging to their ethnic communities. Unfortunately, most of the Turkish and Kurdish mothers do not have any opportunity to try to live together as one community.

Group III: relatives bereaved by leukaemia

The significantly lower level of grief and psychiatric disorder of the relatives of leukaemia patients may be because:

- they had been able to be with their loved one during the long illness and at the death
- they felt relief that the pain and suffering had finally ended
- they had had the opportunity to prepare themselves for the loss
- it was easier to mourn those who had died of a 'natural' and 'incurable' illness, rather than a possibly avoidable act of war or terrorism
- they had been able to take an active part in caring for their patient, and so could feel they had done everything possible to keep them alive and alleviate their suffering; this increased their sense of control and helped to keep up their morale
- the interventions and caring attitudes of medical staff allowed the families and doctors to build sensitive relationships with one another, strengthening the

families' belief in the importance of the lives of their loved ones and themselves, and in the goodwill of all people.

CONCLUSION AND SUGGESTIONS

Our findings indicated that the death of a young person is intensely painful no matter how they die. However, the environment and care provided by members of the health care professions for those with leukaemia goes some way to reducing the risk of lasting difficulties, and is much appreciated.

The grief experienced by the relatives of soldiers was the most prolonged and debilitating. They had not expected to lose their sons before they were sent on military service and they found themselves in a situation they were not able to control at all. This finding supports claims that psychiatric problems can result from circumstances that are seen as unpredictable and uncontrollable.

Many people in the world suffer traumatic loss, leaving bereaved people at risk of serious mental and medical consequences. Even mental health professionals can collude in the 'conspiracy of silence'. We found grave scars in people's collective memories as a result of the many deaths of young people murdered by an unknown hand or killed in military conflict.

Our aim was to explore the thoughts, feelings, and emotional difficulties of the affected relatives and find ways to support them. As a result of the study, we learnt much from the grieving relatives about their emotional state and about potential ways of helping them. However, we were also forced to recognise that in the case of traumatic loss there are other undeniably important social, legal and political

dimensions that operate alongside the mental health issues. **BC**

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CONFERENCES AND COURSES IN 2004

Cruse Bereavement Care Annual Conference. 16-18 September. Leicester, UK. Speakers include Dorothy Rowe, Marilyn Relf, Glenys Howarth, Colin Murray Parkes, Ian Hussain, Peter White. Apply to Cruse ☎ 020 8939 9530; info@crusebereavementcare.org.uk

Time to Care. 11th international Manchester Area Bereavement Forum conference. 9 September. Manchester, UK. Keynote speaker: Phyllis Silverman. Apply to Angela Trinder ☎ 0161 371 8860; grief@mabf.org.uk

Meaning-making in bereavement. Workshop with Robert Neimeyer. 13, 14 October. Waterlooville, Portsmouth, UK. **Is it all worth it? Meaning making at the end of life and in bereavement.** Conference. 15 October. Portsmouth, UK. Keynote

speakers: Robert Neimeyer, John Morgan. Contact Cathy Pittick ☎ 02392 250001; cathy.pittick@rowanshospice.co.uk

Alone and Different. Child Bereavement Network Conference. 28 April. London. Enquires to NCB Conferences and Training ☎ 020 7843 6042/6411; conferences@ncb.org.uk

A Child's Grief. Tees Valley Cruse Conference. 14 May. Darlington, Yorks, UK. Keynote speakers: Jenni Thomas, Virginia Ryan. Further information from Brenda ☎ 01325 252777; tvbc@alo.com

Working with Bereaved Families. 6, 7 May. **Gender, Grief and Loss.** 4 June. **Crossing the River – A Spiritual Approach in Bereavement and Loss.** Workshops 1, 2 July. Details from Irish Hospice Foundation ☎ +(01) 353 679 3188; iris@hospice-foundation.ie