

## Re-Experiencing Trajectories of Posttraumatic Stress Disorder Among Older Adults Exposed to an Exile

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### Abstract

One of the main symptoms in Posttraumatic Stress Disorder (PTSD) is re-experiencing the trauma (APA, American Psychiatric Association, DSM-5 Task Force, 2013), and studies have mentioned the effects of re-experiencing symptoms immediately after traumatic instances. Also, adverse psychological reactions of a traumatic event that occurred many years ago have not been extensively examined in the literature. In this respect, whether the content or frame of re-experiencing trauma symptom groups have differed from others during long years is questioned. The aim of this study is to determine the nature of the re-experiencing symptoms among individuals experienced by a shaky traumatic event many years ago. The interviews were conducted with 61 Ahıska Turkish older adults, who had the experience of deportation and forced migration. The participants' feelings, thoughts and experiences related to those events were recorded by a video. A total of 2204 re-experiencing memos were recorded by qualitative analysis of video recordings in MAXQDA<sup>12</sup> (VERBI, 2015). Principal codes of these memos were re-experiencing events directly by self or witnessing others pain, showing physical reactions (heath breathing, sweating) when re-experiencing, shaking emotionally, reporting flashbacks, recollections of nightmares, and having intrusive memories often. Findings demonstrated that re-experiencing the trauma even long-time after the event are not different from other immediate reactions. Re-experiencing symptoms are discussed in the frame of PTSD theories with clinical implications for deported and forced-migrated individuals. Results reveal that deportation/forced migration experiences during childhood and adolescence have life-long trajectories among older adults.

**Keywords:** Posttraumatic Stress Disorder (PTSD), re-experiencing the trauma, exile, deportation, long-term effects of trauma, older adults, Ahıska Turks

### Key Practitioners Message

- Professionals should concern adverse psychological reactions to deportation trauma.
- Deportation/forced migration experiences have life-long trajectories among individuals, especially for older adults.
- Clinically, when considering re-experiencing symptoms do not disappear in long years, it is crucial to help psychologically to sufferers of deportation.

There have been growing migrated or deported populations around the World. A lot of people are changing place of residence due to psycho-socio-economic and political reasons. While migration is defined as a temporary or permanent move

to another land with a willingness to change living place, deportation or exile is an involuntary movement to another land mostly permanently. An increasing number of individuals have been experiencing migration or deportation over the last

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decade (von Werthern et al., 2018). Considering this growing population, the psycho-social problems of immigrants are becoming more critical.

Psycho-social problems related to migration or deportation have been examined in several studies, and mostly negative experiences have reported. In a review of several studies conducted with migrated and deported individuals, higher levels of depression, anxiety, and posttraumatic stress disorder (PTSD) were found both during and after detention, and higher scores were reported among detained ones (von Werthern et al., 2018). Also, studies have given importance to long-term adverse results. In a longitudinal study with two years follow up, there were higher scores of social isolation and psychological symptomatology among immigrants (Stell et al., 2011). Similarly, higher PTSD symptoms are seen for four years beyond detained migration (Coffey, Kaplan, Sampson, Tocchi, 2010). Therefore, migration and deportation have a long-term impact on individuals. It can be said that those effects can be seen in a lifetime. Recent stressors such as living problems affected immigrants' mental health negatively after the migration (Laban, Gernaat, Komproe, van der Tweel, & De Jong, 2005). Similarly, it was reported that stressors were associated with PTSD symptoms, especially after the migration (Carswell, Blackburn, & Barker 2011).

When considering life-long stressors among deportees, professionals concern adverse psychological reactions of deportation trauma during time is crucial to describe their psychological needs associated with PTSD. Also, the adverse psychological effects of deportation in a lifetime has mentioned in the literature. For instance, after 50 years of the Nazi concentration experiences, delay onset of PTSD was prevalent among deportees that PTSD was seen 35% to 45% of them (Favaro, Rodella, Colombo, & Santonastaso, 1999). When examining the long-term effect of trauma among Holocaust survivors, women reported higher PTSD scores than men (Prot, 2009). Similarly, among deported Romanian survivors (Bichescu et al., 2005) and refugees in the United States (Rasmussen, Cramer, Baser, Chu, & Gany, 2012), they had higher scores of PTSD. In

a mixed-method study conducted with Australian refugees, higher PTSD, anxiety, and lower life quality were reported with difficulties in social relationships, disturbance in memory, and sensitivity in insecurity and injustice (Coffey et al., 2010). Therefore, considering those deportees' mental health studies connected with PTSD, understanding the frame of the disorder along time is essential.

Increased arousal, emotional numbness, avoidance, and re-experiencing the trauma are some main symptoms of PTSD (APA, 2013). On the other hand, the symptoms of PTSD can be diverse over a long time of any traumatic encounter. It is estimated that re-experiencing, arousal, and avoidance are mostly seen symptoms in case time since encountering a trauma increases (O'Donnell, Elliott, Lau, & Creamer, 2007). Those symptoms are observed in neural system activity even time after trauma increases and also increases the risk of revictimization (Risser, Hetzel-Riggin, Thomsen, & McCanne, 2006). Therefore, understanding the adverse psychological reactions of a traumatic event that occurred many years ago are essential. Also, it is recommended to examine PTSD symptoms among diverse trauma types (Risser et al., 2006). Further studies describing the long-term influence of immigration or deportation are suggested (von Werthern et al., 2018). Considering those studies about PTSD, it is critical to inquire whether the content and frame of symptoms among immigrants encountering migration long years ago are similar to the PTSD phenomenon (Galea, Tracy, Norris, & Coffey, 2008). The adverse psychological effects of a traumatic life that occurred many years ago would not disappear spontaneously over time despite the fact that researchers have not extensively studied the long-term effects of it. One of the most important trajectories of trauma is commonly appearing through re-experiencing of it. On the other hand, it is still unknown whether the content or frame of re-experiencing trauma changes during long years. Some researchers assume that symptoms are not different from each other when the time passes from the trauma (Olf, Sijbrandij, Opmeer, Carlier, & Gersons, 2009). In this context, the primary purpose of this research is to deter-

mine the nature of the re-experiencing symptoms among individuals experienced by a shaky traumatic event many years ago. It is aimed to create themes related to the re-experiencing trajectories of exile experience among decrypt the video recordings of individual face-to-face interviews with older adults.

## **Method**

### **Participants**

Ahıska Turkish older adults were selected for the present study since they had experienced two times of deportation within 40 years. The first deportation happened in 1944. People were forcibly removed from their homes one night and forced to a one-month journey in locked and debris wagons and sent to Central Asian countries indiscriminately in November 1944. Most of them settled in Uzbekistan. Fergana region was placed where Ahıska Turkish people was lived and worked in Uzbekistan. The second event, forced migration, happened in 1989 at Fergana. Due to incidents intensified for ethnic reasons, houses of Ahıska people were firstly marked and burned, many people were killed, and significant events erupted. They were forcedly to migrate from Uzbekistan for the second time because of the Fergana incidents (Beridze, Kobaidze, 2005). After these events, Azerbaijan, Kazakhstan, and Kyrgyzstan accepted the Ahıska Turks as immigrants. In addition, some of them settled in the south of Russia. In the following years, some of them were migrated to Turkey.

The sample of the study consists of Ahıskalı Turkish over 60 years of age who have exile and forced migration experience. Participants allowed video interviews to be recorded and agreed to participate voluntarily. Of the 61 people who participated in the qualitative research, 72.13% (N = 44) were male and 27.87% (N = 17) were female. The age range of the participants ranged between 74-94, and the mean age was 81.51 (S = 4.72). The average age during exile ranged from 2-22. (M = 9.51, S = 4.72).

### **Semi-Structured Interviews**

In order to evaluate the trajectories of exile trauma on a one-to-one basis, interviews were conducted with 61 older adult people from Ahıska, each lasting approximately 45-90 minutes. In the present study, a part of those interviews related to re-experiencing trauma was only included. In these interviews, their experiences were recorded through semi-structured questions on condition that the volunteer's consent and volunteerism were recorded. In the light of the experience in advanced age, trauma, exile/forced migration processes, and the literature, the questions determined by the authors and researchers were prepared to understand the content of traumatic experiences, the current nature of post-traumatic stress symptoms. For example, "Would you describe the place where you migrated? What kind of place was it?" "What did you experience during your journey? How do you deal?" "and "What would you like to bring back from your past life to this day?" are some questions asked participants to understand the past experiences.

### **Procedure**

Ethical approval of the study was obtained from the Human Research Ethics Committee of Bolu Abant İzzet Baysal University. Confidentiality and volunteerism principles were adhered to in all procedures in the qualitative data collection process. The participants of the study were reached through the World Union of Ahıska Turks (DATUB) Headquarters and local associations established by Ahıskalı Turks. Interviews were taken place into a home and social environment.

### **Qualitative Data Analysis**

Qualitative research allows us to access exploratory information on a subject with limited knowledge. In accordance with this purpose, semi-structured, face-to-face individual interviews will be conducted, video recordings of the interviews were obtained from the participants, and the interviews were decoded and analyzed in the light of the same approach. MAXQDA<sup>12</sup> (VERBI, 2015) Qualitative Data Analysis Program was used for

decoding and analyzing qualitative data since it allows systematic analysis of different types of data such as text, photo, audio, video, and allows advanced querying of relationships.

In the study, semi-structured interviews were conducted with Ahıska Turkish older adults. The purpose of these interviews used in qualitative analysis is to understand the nature of the traumatic experiences. In line with the phenomenological approach that is the basis of qualitative research, human experiences are separated, analyzed, and compared to define the truth (Merriam, 2002). It is also recommended to use a phenomenological approach to study active, emotional, and intense experiences (Merriam, 2002). In this approach, researchers review their own assumptions about the phenomenon and re-look at the phenomenon, which is the process of returning the reality of the experience, combining experiences around themes, and following reality from different perspectives (Merriam, 2002).

Interview protocols were analyzed qualitatively. The two researchers examined the interview videos independently and extracted the meaning units from the interview videos. As stated, the pieces of meaning can be the smallest structures in the interviews, words, cross-sections, or whole sentences (Jones, 1984). While the interview videos were examined, each researcher wrote his / her thoughts, and then the subcodes that could be related to the main themes and main themes were analyzed. During the determination of the dispute negotiation protocols, the process was followed up until an agreement was reached in the codes and subcodes, In the literature, it is recommended that researchers review at least 10 interviews in order to agree on coding and sub coding (Thomas & Chambers, 1989).

## Results

The data regarding the re-experiencing process that emerged in interviews were remarkable. Totally 2204 memo codes were counted from 61 interviews conducted with Ahıska Turkish older adults. Here there were some examples in Table-1.

**Table-1.** Interview examples

*“We didn’t get anything to cover us on the way inside the cattle wagon. I was a child. I had my favorite shoes. We couldn’t even get it from my home. I have seen dreams for years and even today” - 1944 Exile*

*“My mom put all my wooden toys in the bag and put it in the corner of the house, so she said to me, ‘when we get back, I’m gonna give it back to you.’ I wanted my toys, therefore, crying along the way. I finally figured I’d never see them again.” 1944 Exile*

*“People eat so little on the way that there’s something left for tomorrow.” 1944 Exile*

*“Some of the stations were getting off the train to bring wood, etc., but there were also those who didn’t catch the train.” 1944 Exile*

*“Two nations opposed each other, or we were good with the Uzbeks. I remember like someone is saying to me right now that ‘If you do not take the Turks away within 24 hours, the conflict will begin’ ” -Fergana after the events in 1990*

*“Our sinless people died; they burned houses. I am now looking at burned houses” -Fergana events*

*“They squeezed us there and persecuted us. Allah never let anyone live like this (crying)” - 1944 Exile*

*After Fergana’s events, Uzbeks ministry placed everyone on campus. They told the cooks is poisoning the food so that our society could die whenever eating food.- Fergana events*

*“It is still in my eyes, my grandfather came to cry, ‘we were driving’” -1944 Exile*

Unwanted Distressing Memories, Re-Experiencing Event - Witnessing Event, Shaking Emotionally When Remember the Event, Physical Reactions (heartbeat, sweating), and Stating Bad Dreams and Nightmares About the Event were subcodes associated with re-experiencing the event symptom cluster in PTSD. The number of memos reported, the number of participants reporting memos, and the average memo are shown in Table-2.

At first, “Unwanted Distressing Memories” were the most frequently reported subcodes among re-experiencing symptoms (the number of memo = 1058, the number of participants reporting memos = 61, the average memo = 17.34). One example of unwanted distressing memories “A group of people died in Siberia because the wagon doors remained open. Nobody knows about it at night.”. Another one was, “During ex-

**Table-2.** The number of memos reported, the number of participants reporting memos, and average memo

	Number of Memo Reported	Number of Participants Reporting Memos (out of 61)	Average Memo
<b>RE-EXPERIENCING AHISKA EXILE (Total)</b>	<b>2204</b>	<b>61/61</b>	<b>36.13</b>
<b>Unwanted Distressing Memories</b>	<b>1058</b>	<b>61/61</b>	<b>17.34</b>
Recalling memories about low confidence	11	11/61	1.00
Recalling memories about desperation	331	49/61	6.76
Recalling memories told by other people	164	48/61	3.42
Recalling memories of distressing	552	61/61	9.05
<b>Re-Experiencing Event - Witnessing Event</b>	<b>908</b>	<b>46/61</b>	<b>19.74</b>
<b>Emotionally Shaking When Remember the Event</b>	<b>136</b>	<b>44/61</b>	<b>3.09</b>
<b>Physical Reactions (heartbeat, sweating)</b>	<b>78</b>	<b>30/61</b>	<b>2.60</b>
<b>Stating Bad Dreams and Nightmares About the Event</b>	<b>24</b>	<b>16/61</b>	<b>1.50</b>

ile, I was about 20 years old, I was wounded from war but went exile with my family. When the wagon stopped, we were close to the Caspian Sea. I hugged a big tree and shoved it through the wagon. We chopped him all the way and used him in the stove."

The second subcode was a re-experiencing event/witnessing event that was highly prevalent among participants (the number of memo = 908, the number of participants reporting memos = 46, the average memo = 19.74). The two examples of re-experiencing event/ witnessing event were below:

"My mother said to my grandmother, let's open up the animals and leave them a few days later, so animals will not perish from the pain. There were car noises on the street. The worst was the screaming of the animals. The voices covered the entire village. Now I am like hearing the voices of animals...".

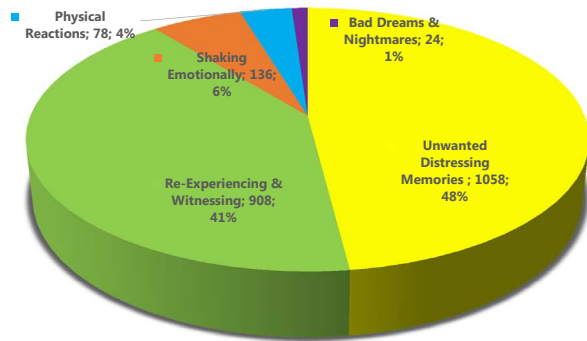
"Grandpa started packing us up. We slaughtered the sheep in 2 hours, and we collected the wheat into sacks. I went to the dog at the door, his mouth resting on my shoes and lay on. I held the lamp

in my hand; I saw the dog cry. Those eyes never disappear in my mind."

The third subcode was Shaking Emotionally (the number of memo = 136, the number of participants reporting memos = 44, the average memo = 3.09). In this subcode, shed tears and crying were some of the reactions coded by researchers.

The fourth subcode was Physical Reactions (the number of memo = 78, the number of participants reporting memos = 30, the average memo = 2.60). While they were sharing past experiences, half of them showed heath breathing, sweating, and breath-holding.

The last subcode was Stating Bad Dreams and Nightmares about the Event (the number of memo = 24, the number of participants reporting memos = 16, the average memo = 1.5). One of the reactions was, "In my dream, I am often in the homeland of Ahiska. I see myself playing in the cornfields of the village". The number and percentages of memo reported for five subcodes are shown in [Figure-1](#), and the average number of memos for five sub-codes are shown in [Figure-2](#).



**Figure-1.** The number and percentages of memo reported for five sub-codes

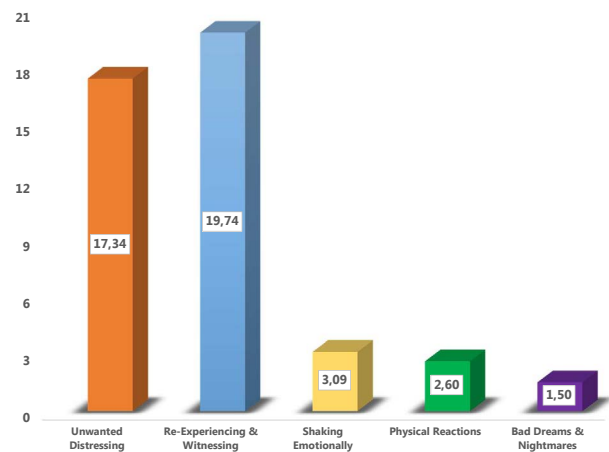
## Discussion

Concerning the growing population of immigrants around the World, several psychosocial problems have been considered as important by professionals. Also, experiences before and after migration have been mentioned to be as important (von Werthern et al., 2018). Older adults are affected by deportation and migration extremely since their difficulty in adjusting a new environment (Bhugra et al., 2014). The study is aimed to explore content and frame of one of the PTSD symptoms, re-experiencing symptoms among Ahıska Turkish older adults having experience of deportation twice within 40 years.

Re-experiencing symptoms in PTSD is described as repetitive memories about trauma, dreams and nightmares, re-experiencing the trauma, physical reactions such as feeling emotionally sad, sweating, rapid breathing, and heartbeat when re-experiencing (Foa et al., 2016). Based on the embedded theory, the re-experiencing symptoms of PTSD were highly seen among older adults when concerning the higher number of memos (2204 memos) obtained from interviews with 61 older adults. By means of using open coding and theory coding process (Foa et al., 2016), researchers turn into experiences of re-experiencing symptoms of PTSD specific to deportation among older adults. Likewise seen in other studies conducted with other trauma types (O'Donnell et al., 2007; Risser et al., 2006), the present study demonstrates the presence of re-experiencing the trauma of deportation.

Results revealed that Unwanted Distressing Memories, Re-Experiencing Event - Witnessing Event,

Shaking Emotionally When Remember the Event, Physical Reactions (heartbeat, sweating), and Stating Bad Dreams and Nightmares About the Event were subcodes associated with re-experiencing the event symptom cluster in PTSD. Among average memos, re-experiencing event/witnessing and unwanted distressing memories were the two subcodes mostly seen among older adults. The difference between re-experiencing event/witnessing, and unwanted distressing memories were the latter include sharing memories while the former included "feel like going past." In addition to those two, older adults reported re-experiencing subcodes of Emotionally Shaking When Remember the Event, Stating Bad Dreams, and Nightmares about the Event. Memos and average memos appearing on those subcodes demonstrated that older adults have still influenced by deportation/forced migration trauma. Those physical and emotional reactions were apparent reactions that most older adults cried during the interview and showed sweating like physical reactions.



**Figure-2.** The average number of memos for five sub-codes

The results are essential for providing an understanding of the re-experiencing nature of trauma in case deportation and migration had happened long-years ago. As proposed by different studies (Galea et al., 2008), this study adds re-experiencing the nature of deportation. Clinically, when considering re-experiencing symptoms do not disappear in long years, it is crucial to help psychologically to sufferers of deportation. During the interviews, it was observed that there was intense re-experiencing of both exile and forced migration processes.

Therefore, deportation/forced migration experiences during childhood and adolescence have life-long trajectories among older adults. During interviews, re-experiencing is observed like something happened not long-years ago, but recent. Therefore, the implementation of psycho-social intervention programs is necessary among the immigrant population, which is growing around the world (von Werthern et al., 2018). Those programs, specifically for older adults, will exactly be useful. Also, other trajectories of PTSD symptoms are suggested to examine in future studies.

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## References

- APA** (American Psychiatric Association, DSM-5 Task Force) (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5™)*. American Psychiatric Publishing, Inc. [Crossref](#)
- Beridze, M.** & Kobaidze, M. (2005). An attempt to create an ethnic group: Identity change dynamics of Muslimized Meskhetians. Paper presented at the Language, History, and Cultural Identities in The Caucasus, Malmo University.
- Bhugra, D., Gupta, S., Schouler-Ocak, M., Graeff-Caliess, I., Deakin, N. A., Qureshi, A., ... & Till, A.** (2014). EPA guidance mental health care of migrants. *European Psychiatry, 29*(2), 107-115. [Crossref](#)
- Bichescu, D., Schauer, M., Saleptsi, E., Neculau, A., Elbert, T., & Neuner, F.** (2005). Long-term consequences of traumatic experiences: An assessment of former political detainees in Romania. *Clinical Practice and Epidemiology in Mental Health, 1*(1), 17.
- Carswell, K., Blackburn, P., & Barker, C.** (2011). The relationship between trauma, post-migration problems and the psychological well-being of refugees and asylum seekers. *International Journal of Social Psychiatry, 57*, 107-119. [Crossref](#)
- Coffey, G. J., Kaplan, I., Sampson, R. C., & Tucci, M. M.** (2010). The meaning and mental health consequences of long-term immigration detention for people seeking asylum. *Social Science & Medicine, 70*(12), 2070-2079. [Crossref](#)
- Favaro, A., Rodella, F. C., Colombo, G., & Santonastaso, P.** (1999). Post-traumatic stress disorder and major depression among Italian Nazi concentration camp survivors: A controlled study 50 years later. *Psychological Medicine, 29*(1), 87-95. [Crossref](#)
- Foa, E. B., McLean, C. P., Zang, Y., Zhong, J., Powers, M. B., Kauffman, B. Y., Rauch, S., Porter, K., & Knowles, K.** (2016). Psychometric properties of the Posttraumatic Diagnostic Scale for DSM-5 (PDS-5). *Psychological Assessment, 28*(10), 1166-1171. [Crossref](#)
- Galea, S., Tracy, M., Norris, F., & Coffey, S. F.** (2008). Financial and social circumstances and the incidence and course of PTSD in Mississippi during the first two years after Hurricane Katrina. *Journal of Traumatic Stress, 21*(4), 357-368. [Crossref](#)
- Jones, C. S.** (1984). *Training Manual for Thematizing Interview Protocols Psychologically* (Tech. Rep. No. 1). Knoxville: University of Tennessee, Phenomenological Psychology Group.
- Laban, C. J., Gernaat, H. B. P. E., Komproe, I. H., van der Tweel, I., & De Jong, J. T. V. M.** (2005). Postmigration living problems and common psychiatric disorders in Iraqi asylum seekers in the Netherlands. *The Journal of Nervous and Mental Disease, 193*(12), 825-832. [Crossref](#)
- Merriam, S. B.** (2002). *Introduction to Qualitative Research*. In S. B. Merriam (Ed.), *Qualitative Research in Practice: Examples for Discussion and Analysis* (pp. 3-17). San Francisco, CA: Jossey-Bass.
- O'Donnell, M. L., Elliott, P., Lau, W., & Creamer, M.** (2007). PTSD symptom trajectories: From early to chronic response. *Behaviour Research and Therapy, 45*(3), 601-606.
- Prot, K.** (2009). Late effects of trauma: PTSD in Holocaust survivors. *Journal of Loss and Trauma, 15*(1), 28-42. [Crossref](#)
- Olf, M., Sijbrandij, M., Opmeer, B. C., Carlier, I. V., & Gersons, B. P.** (2009). The structure of acute post-traumatic stress symptoms: "Reexperiencing", "active avoidance", "dysphoria", and "hyperarousal". *Journal of Anxiety Disorders, 23*(5), 656-659. [Crossref](#)
- Rasmussen, A., Crager, M., Baser, R. E., Chu, T., & Gany, F.** (2012). Onset of posttraumatic stress disorder and major depression among refugees and voluntary migrants to the United States. *Journal of Traumatic Stress, 25*(6), 705-712. [Crossref](#)

- Risser**, H. J., Hetzel-Riggin, M. D., Thomsen, C. J., & McCanne, T. R. (2006). PTSD as a mediator of sexual revictimization: The role of reexperiencing, avoidance, and arousal symptoms. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, 19(5), 687-698. [Crossref](#)
- Steel**, Z., Momartin, S., Silove, D., Coello, M., Aroche, J., & Tay, K. W. (2011). Two year psychosocial and mental health outcomes for refugees subjected to restrictive or supportive immigration policies. *Social Science and Medicine*, 72(7), 1149-1156. [Crossref](#)

- Thomas**, L. E., & Chambers, K. O. (1989). Phenomenology of life satisfaction among elderly men: Quantitative and qualitative views. *Psychology and Aging*, 4(3), 284-289. [Crossref](#)
- VERBI** (2015). *MAXQDA<sup>12</sup>: The Art of Data Analysis (Version 12.3.6.)*. GmbH Berlin, Germany: VERBI Software.
- von Werthern**, M., Robjant, K., Chui, Z., Schon, R., Otisova, L., Mason, C., & Katona, C. (2018). The impact of immigration detention on mental health: A systematic review. *BMC Psychiatry*, 18(1), 382. [Crossref](#)