

THE PSYCHOLOGICAL PROFILES OF EX-PRISONER TORTURE  
SURVIVORS WHO SERVED IN DIYARBAKIR PRISON BETWEEN  
THE YEARS OF 1980-1984

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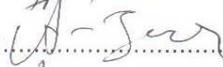
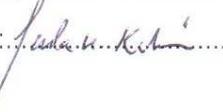
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The psychological profiles of ex-prisoner torture survivors who served in  
Diyarbakır Prison between the years of 1980-1984

1980-1984 yılları arasında Diyarbakır Cezaevi'nde bulunmuş eski  
mahkum işkence mağdurlarının psikolojik profilleri

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Anahtar Kelimeler (Türkçe)

- 1) İşkence
- 2) Diyarbakır Hapishanesi
- 3) Travma Sonrası Stress Bozukluğu
- 4) 1980 Darbesi
- 5) Kürt Sorunu

Anahtar Kelimeler (İngilizce)

- 1) Torture
- 2) Diyarbakır Prison
- 3) Post-traumatic Stress Disorder
- 4) 1980 Military Coup
- 5) Kurdish Problem

## **Abstract**

This study aims to reveal the psychological profiles of torture survivors who served in Diyarbakır Prison between the years of 1980 and 1984. For this purpose, 30 interviews that have been done by the members of the Truth and Justice Commission for Diyarbakır Prison (1980-1984) were analyzed through the method of content analysis. As well as post traumatic symptoms, all psychological problems that were depicted by participants were categorized and revealed. Even in the absence of a systematic symptom interrogation it was observed that the majority of torture survivors suffer from post traumatic stress disorder (PTSD) symptoms although it has been 30 years since they were released from prison where they were severely exposed to torture. It was also found that participants could be diagnosed with subthreshold PTSD. In addition, participants also reported somatic symptoms on highest degree. Psychological and relational problems that occurred upon release, psychological problems that have been experienced through the course of imprisonment, current negative mood, and memory problems represent other psychological complaints that were reported by participants. On the other hand, it was observed that the majority of participants avoided from using first-person singular pronoun and preferred to use first or second person plural forms as they depicted their traumatic experiences. The results of this study are discussed through trauma literature.

## Özet

Bu çalışma 1980-1984 yılları arasında Diyarbakır Cezaevi'nde bulunmuş eski mahkum işkence mağdurlarının psikolojik profillerini incelemeyi amaçlamaktadır. Bu amaçla Diyarbakır Cezaevi Gerçekleri Araştırma ve Adalet Komisyonu tarafından gerçekleştirilmiş 30 mülakat, içerik analizi yöntemi kullanılarak incelenmiştir. Travma sonrası stres bozukluğu semptomlarının tek tek incelenmesinin yanı sıra katılımcılar tarafından belirtilen tüm psikolojik sorunlar kategoriler altında toplanmıştır. Buna göre önemli bir çoğunluğun, yoğun işkencelere maruz kaldıkları bu dönemin üzerinden yaklaşık 30 yıl geçmiş olmasına ve sistematik bir semptom sorgulaması yapılmamış olmasına rağmen, bir çok travma sonrası stres bozukluğu (TSSB) semptomlarını gösterdiği görülmüştür. Katılımcıların bir kısmının eşik-altı düzeyde TSSB tanısı alabileceği de bulunmuştur. Bununla beraber katılımcılar yüksek oranda somatik şikayet de belirtmiştir. Hapishaneden çıktıktan sonra yaşanan psikolojik ve ilişkisel problemler, hapishanedeyken yaşanan psikolojik problemler, içinde buldukları olumsuz duygu durum, ve hafıza problemleri katılımcılar tarafından belirtilen diğer psikolojik yakınmaları oluşturmaktadır. Bir çok katılımcınının yaşadıkları travmatik deneyimleri anlatırken birinci tekil şahıs kullanmaktan kaçındığı, bunun yerine birinci ya da ikinci çoğul şahsı tercih ettiği gözlenmiştir. Çalışmanın sonuçları, travma literatürü bağlamında tartışılmaktadır.

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## **1. Introduction**

Although torture is one of the subject matters of psychology with its outcomes, its roots come from politics. It is a reflection of the relationship between the strong and the weak, the oppressor and the oppressed, the dominant and the dominated. It tells a lot about the nature of the politics and the dark side of the human being. Thus to study torture became indispensable as the world history is bloody. In order to do that, we should listen to what the victim wants us to hear as Herman (1997) stated;

To study psychological trauma is to come face to face both with human vulnerability in the natural world and with the capacity for evil in human nature. To study psychological trauma means bearing witness to horrible events. When the traumatic events are of human design, those who bear witness are caught in the conflict between victim and perpetrator. It is morally impossible to remain neutral in this conflict. It is very tempting to take the side of the perpetrator. All the perpetrator asks is that the bystander do nothing. He appeals to the universal desire to see, hear, and speak no evil. The victim, on the contrary, asks the bystander to share the burden of the pain. The victim demands action, engagement, and remembering. After every atrocity one can expect to hear the same predictable apologies: it never happened; the victim lies; the victim exaggerates; the victim brought it on herself; and in any case it is time to forget the past and move on. The more powerful the perpetrator, the greater is his prerogative to name and define reality, and the more completely his arguments prevail. In the absence of strong political movements for human rights, the active process of bearing witness inevitably gives way to the active process of forgetting. Repression, dissociation and denial are phenomena of a social as well as individual consciousness. (p.7)

This study aims to reveal the extent of psychological consequences of torture that has been executed in Diyarbakır Prison between the years of 1980 and 1984. For this purpose, interviews that have been done by the members of the Truth and Justice Commission for Diyarbakır Prison (1980-1984) were used. These interviews include narratives of ex-convicts who

served in Diyarbakır Prison in those years. Ex-convict participants of this study shared their memories related to their detention and imprisonment period. They also told about their lives before prison and after release. In this study their psychological states were investigated based on these narratives.

The war between Turkey and PKK continues to inflict deep wounds in both of them. An elaborated investigation about its roots is necessary to solve it. Diyarbakır Prison and the military coup are considered to have significant roles in the current form of this war. Thus it is very important to process their impacts. What is aimed in this study is to take a step in this way.

### **1.1. Definition of Torture**

All definitions of torture are controversial and have some shortcomings. In general and simple terms torture is an act that aimed to give physical and psychological pain and misery to the victim. However due to its political aspects it is difficult to make a universal definition of torture. Diversity in culture, religion and history generates a difficulty in distinction between torture and hostile behavior. An act that is considered as torture in one country would be seen as a legal punishment in another country.

In Turkish Law Dictionary torture “is an act of applying physical calvary to someone with any aim, or hurt, torment suspects in order to make them confess their crimes” (Önok, 2006). Önok (2006) listed 3 qualities of torture;

1. It should cause in severe pain or suffering in body or psyche.

2. Perpetrator should be someone who has an official position, or the one who has this position should use another person and perform indirectly (in other words, the existence of an authority relationship).

3. The acts that give pain or grief should be done with a specific aim such as getting confession, yielding information about evidences, discovering accomplices, or punishment.

Many international associations attempt to define torture; one of them is made by the 1986 United Nations Declaration of Human Rights (United Nations, 1987):

Torture, the most readily recognized of the human rights violations described here as traumatic human rights abuses, has occurred for millennia. Legally torture is defined as: [A] any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.

Torture is a human made trauma that is one of the major reasons for many psychiatric illnesses, especially for post traumatic stress disorder (PTSD). However majority of torture victims survive without developing any psychiatric disorder. Many variables interfere in the development of post-traumatic stress. Premorbid personality traits, environmental factors in childhood, and the presence of past trauma history are some of them. To understand its outcomes the stressful aspects of torture should be revealed

first. Melamed, Melamed, & Bouhoutsos (1990) classify 3 factors that made torture stressful for its survivors:

1. Conditions of Torture:

*Intensity of Torture:*

Torture could be induced both physically and psychologically. Its duration, form, and intensity notify its late effects.

*Unpredictability:*

When animals asked to make a decision between predictable and unpredictable stressful stimulus they are tend to choose predictable ones, and so do the people. It gives a sense of control if the victim knows how and when the torturing will come out. Otherwise victims take a passive role that reduces their self esteem in turn.

*Lack of Control:*

In the presence of prolonged and repeated trauma one can lose his/her sense of control over his/her body and destiny. The belief system of the victim might be damaged and filled with unacceptable information. Burgess and Holstrom (1979) stated that victims who take the responsibility of the traumatic event show a better prognosis through the agency of internal locus of control. Hendin and Haas (1984) also found the adaptive role of intellectual control on mental health functioning among torture survivors. Başoğlu, Mineka, Paker, Aker, Livanou, & Goek (1997) demonstrated the role of psychological preparedness for torture in coping the posttraumatic effects of trauma. Tortured non-activists survivors showed

a higher degree of psychological problems compared to tortured political activists despite of being exposed a lesser degree of torture.

*Guilt:*

Losing control and failing to resist against the perpetrator's will may lead to sense of guilt among victims. This feeling might be considered as an attempt to regain the sense of control, so the victim might think about the chance of control that s/he could not use.

*Relationship between Perpetrators and Victims:*

In the course of captivity the captor became very important in the victim's life by establishing control over his/her body and life. S/he became the only one with whom the victim can get in touch. In some cases pathological attachment might develop and a possibility of identification with the aggressor might occur as well.

2. Moreover individuals' susceptibility depends on their:

*Age:*

Being too young and too old is a risk factor in developing psychopathology. Younger victims might not have enough coping mechanisms and older victims might have difficulty in dealing with the physical aspects of torture. It might also be difficult to adapt new experiences into existing schemas for elderly victims.

*Premorbid Psychological Adjustment:*

Preexisting psychopathology is a significant risk factor that results in a higher degree of stress in torture survivors. Antecedent problems about

one's psychological state constitute a risk factor for subsequent torture-related stress.

*Biological Hyperarousability:*

There is a debate on this issue; some researchers presume that hyperactivity in the adrenal system is responsible susceptibility to PTSD whereas others put their emphasis on the dominance of parasympathetic nervous system.

3. Family and Environmental Supports:

*Cohesion and Social Support:*

Having close relationship with other victims is a protective factor in stressful situations such as war, torture in prisons. Helping others and receiving support from group diminish the devastating events of the torture. Moreover in the post-torture period the acceptance and support given by the family is also a healing factor.

*Emigration:*

Especially forced emigration increases the vulnerability for subsequent psychological traumatization. Losing secure environment results in an augmented suffering.

*Period of Separation:*

What was experienced by the victim in the period of separation is as important as the duration of torture.

*Societal Reaction:*

Societal reaction is critical in the prognosis; getting social support is a recuperative factor in post traumatic period. Being blamed for the

traumatic event makes victim feel guilty that reduces self-esteem afterwards.

## **1.2. History of Torture**

Torture has a very old history. As Önok (2006) categorized there is 3 time period that torture has passed away; untrammelled torture, prohibited torture, and punished torture.

Torture has been widely used in Hittite and Assyria as a punishment method and interrogation system. They believed that if these people are innocent then God will help them in this and they will survive and prove their innocence at the end. In Ancient Greek and Rome slaves and foreigners were subject to torture lawfully. Only freemen and citizens were exempt from torture. The rationale of this treatment was the reasoning capacity which was thought to be lacking in slaves. This privilege faded away with time and free citizens were also faced with torture if the crime was committed against the state such as treason (Evans, Malcom, & Morgan, 1998). Many western countries that are under the impact of Rome Law system started applying torture in the following decades. Thus torture became a widespread method of extracting confession from suspects. Confession was known as the queen of the proofs so it was a significant resource for crime clarification in those times. This was the main reason that rationalizes using torture in order to reach it. Moreover it was believed that souls feel relieved with confession.

Torture conserved its existence in criminal justice until the age of Enlightenment. In the 18<sup>th</sup> century many intellectual excoriated practicing

torture in criminal justice. The movement for the prohibition of torture got results and its usage in the legal practice decreased over time. In the subsequent decades it was proscribed and finally abolished in the middle of the 19<sup>th</sup> century. Since then perpetrating torture became a crime itself that is imposed a punishment (Önok, 2006).

### **1.3. The Practice of Torture in Turkey**

The practice of torture has been widespread in Turkey not only in the time of Ottoman Empire but also of Turkish Republic. Despite the illegality of torture during interrogation according to Islamic law, it was used as a punishment method for various crimes. Though it was restricted theoretically its frequent implementation is well known. Today, as before, there is a huge discrepancy between theory and practice. It is not executed on public sphere but used as a technique of interrogation and punishment. Torture incidents that have been detected between 1989 and 1995 by Human Rights Foundation of Turkey were shown in Table 1. Moreover it was propounded that one million people were subjected to torture since 1980 up until now (TIHV, 2008).

**Table 1: Torture Cases between 1989 and 1995**

	Torture victims	Medical Reports	Women	Rape-Abuse	Children
1989-90	329	213	44	8	7
1991	552	218	53	9	15
1992	594	188	93	24	11
1993	827	160	126	22	29
1994	1,128	476	261	36	24
1995	851	199	163	12	60
<b>TOTAL</b>	<b>4,281</b>	<b>1,454</b>	<b>740</b>	<b>111</b>	<b>146</b>

File of torture: Deaths in Detention places or prisons

The prevalence of human rights violation in Turkey between the years of 1999 and 2010 can be seen in Table 2 as well (HRA, 2011).

**Table 2: Human Rights Violation Rates between the years of 1999 and 2010 based on the applications to the Human Rights Association of Turkey**

Year	Doubtful deaths/deaths in custody because of extra judicial execution/ torture paid by village guards	Torture and ill-treatment
1999	205	594
2000	173	594
2001	55	862
2002	40	876
2003	44	1202
2004	47	1040
2005	89	825
2006	130	708
2007	66	687
2008	65	1546
2009	108	1835
2010	100	1349
Total number	1122	12118

By the Documentation Unit of IHD Headquarters

#### **1.4. Targets of Torture**

Especially in state-induced torture the main target is to make victims prototype. The torturer could not tolerate any different ideas, ethnicity, identity or political dissident. The existence of the other represents danger for his/her subsistence. What was the torturer ask from the victim is to behave, think and live like his/herself. Any discrepancy between their point of views is perceived inadmissible by the torturer.

Kordon, Edelman, Lagos, Nicoletti, Kersner, Groshaus (1992) stated that the main goal of the torture is to break the victim's resistance in order to yield information, get confession, and dissolve the victim's political position.

Sherman (2006) referred the classification of torture according to its function:

*Deterrent or terroristic torture:* with the intention of dissuasion of other people

*Interrogational torture:* with the intention of yielding information

*Sadistic torture:* with the intention of psychological satisfaction

*Dehumanizing torture:* with the intention of depriving victims of strength.

In explaining torture Suedfeld (1990) considered 5 goals for it:

*Information:*

Victims are tortured in order to reach information about the criminal, political, or military issues that took place.

*Incrimination:*

Torture is applied to make victims point out other individuals who are presumed to have engaged in prohibited behaviors.

*Indoctrination:*

Perpetrating torture is aimed to make victims abandon existent political views and internalize of the torturer's.

*Intimidation:*

The torturer aims to make other potential victims know what is intolerable and unacceptable for him/her, and frighten them by announcing its consequences.

*Isolation:*

By emphasizing the absence of common/shared things the torturer showed the helplessness and impotence of the victim.

In Diyarbakır Prison all the targets addressed above were held by the government. The main goal was the prevention of the emergence of a new identity though its result became the reverse. Thus contrary to common belief the real reason of torture is not make victims confess or give information, but mute and suppress them forever (Paker, 2007; Sironi and Branche, 2002).

### **1.5. Techniques of Torture**

There are many ways to implement torture. Suelfeld (1990) listed six major torture techniques:

#### *Active physical pain:*

This include active infliction of physical pain on body such as beating, breaking limbs, blinding, pulling and drilling healthy teeth, insertion of various object into bodily orifices, giving electric shocks, burning, cutting parts of the body. These are common methods of torture that were listed by Amnesty International (1984).

#### *Passive infliction of pain:*

Pain is inflicted passively; being tied up, confined, or forced to remain in uncomfortable positions or spaces; forced violent and prolonged physical exertion; exposure to sun, cold, and rain; being tied or suspended by the hands or feet; prolonged use of manacles, chains.

#### *Extreme exhaustion:*

In this category torture is perpetrated by forcing the victim engage in activities that result in extreme exhaustion: running, stationary exercises, lifting heavy weights, sleep deprivation, beatings, lack of food and water.

*Fear induction:*

This category consists of techniques that arouse fear to that: near drowning or suffocation, having large quantities of liquid, and the administration of drugs that inhibit normal bodily process.

*Combined physical and mental torture:*

Making victims stand in completely dark and intensely lit cells; constant questioning; constant harassment by other prisoners; sexual torture; abrupt alteration from low and high stimulation.

*Primarily mental torture:*

In this technique the main goal is to create mental discomfort in victims. Threats of death, mutilation, castration; forcing victims to watch others being tortured; mock executions; intense stimulus exposure; unpredictable changes in regulations and conditions of confinement are some examples for this category.

## **1.6. Worldwide Torture Prevalence**

Undoubtedly one of the most shameful examples of torture is Holocaust in human history. Generally it is the first example that comes to mind due to its severe consequences. In 1939 systematic implementation of torture in concentration camps started with the World War II. Approximately 6,000,000 people died as a result of starvation, being kept in gas chambers, being subjected to irrational experiments that were conducted with an aim of finding out the human limits, burning, and so on.

One could wish to consider this example as the first and the last, but the reality is the reverse. As the torture history is very old, its permanence is well-known all over the world:

As published in the 2007 annual report of Amnesty International (AI) torture and ill-treatment have been detected in 102 countries all over the world though 144 states have signed the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (AI, 2007). In the 2008 annual report of AI it has been demonstrated that 81 countries are conducted torture and devastating treatment (AI, 2008). In the AI's 2009 annual report it has been documented that people have been tortured and ill-treated in the 50 % of world-wide countries while this rate ascended to 79 % in G20 countries. The rate of unfair trial in the world-wide states and G20 countries are 32 % and 47 % respectively (AI, 2009). When it comes to 2010 AI reported 111 countries in which torture and ill-treatment were conducted and at least 55 countries where unfair trials took place (AI, 2010).

### **1.7. History of Kurdish Problem**

To understand Kurdish problem one should consider the structural changeover to Turkish nation-state with the establishment of Turkish Republic first. While Ottoman Empire consisted of various religion, language, and nation and minorities were defined based on their religion, the nation was the fundamental component in Turkish Republic (Cornell, 2001). To build a homogenous nation under the Turkish ethnicity was the main target of republican administration. Between the years of 1920 and 1930 an

extreme turkification politics were practiced. Republican administrators denied the variety in ethnicities that was inherited from Ottoman Empire. Especially in the second part of 1920s attitudes that ignore the ethno-cultural diversity were pioneered Turkish politics. Kurdish people were perceived as a threat as they resisted Turkification politics. What makes Kurdish 'the other' in the perception of Turkish administration was their collectivism that conflicts with the targets and main components of Turkish Republic's modernity project. Kurdish people were stigmatized as uncivilized, barbarian, hijacker, and puritanical. Republican administrators aimed to make Kurdish civilized.

The abolition of the caliphate and imposing Turkish identity is considered as a turning point for the Kurds. Having the aim of Turkification many laws were made that favored Turkish identity, culture, and language, and Kurdish people were exposed to assimilation. In their view, Kurdish people should be assimilated and become Turkish due to their tribal structure, commitment with their past that is associated with caliphate and reign, and political and economical resistance. Republican administrators assimilated Kurds through education and language, military, and resettling politics. To speak Kurdish in public spheres, schools, and state agencies was inhibited. All Kurdish schools, publications, and islamic monasteries were inhibited based on the law on unification of education (Sahin, 2005). Hassanpour (1997) defined all these prohibitions on language under the name of 'linguistic genocide'.

The abolition of the caliphate, the law on unification of education, and all pressure on Kurdish identity resulted in rebellions in Kurdish communities. To handle with these rebellions Turkish administration proclaimed martial law in eastern part where Kurdish people accommodate. Turkish administrators quashed all these rebellions thorough armed forces. As there were many lost stemming from this politics the ‘problem’ was tried to be solved by resettling politics. Kurdish people were placed among inhabitants who speak Turkish as native language. Kurdish people would not be more than 5 % of total population where they live. All these developments shaped Kurdish politics and played significant roles in the establishment of PKK (Sahin, 2005).

### **1.8. The development of PKK**

After mutiny acts and the use of armed forces Kurdish people started to be organized politically. After the expiration of single party regime and the coming of the multiparty system a mutual relationship emerged between Kurdish tribal leaders and the government (Cornell, 2001). As Sahin (2005) stated more oppositional Kurdish politics occurred in 1960s. Industrialization, communication technology and the presence of Kurdish students in big cities paved the way for developing Kurdish politics. Though they went parallel with Turkish left politics for a certain period they started to differentiate gradually. As their main problem was more than a class conflict and economical exploitation they gravitated towards new conglomeration. Kurdish activists took into action and PKK was constituted as a Marxist-Leninist organization led by Abdullah Öcalan in 1974 in line

with the purpose of establishing an independent and united Kurdistan. PKK legitimized the use of violence and armed struggle in order to realize a Kurdish revolution.

When it comes to 1980, military coup d'état and Diyarbakır Prison constituted the cornerstones of the Kurdish problem. Although the guerilla warfare slowed down between the years of 1980 and 1984, it aroused significantly after 1984, coinciding with many releases from Diyarbakır Prison. Thus both of them deserve a deeper consideration.

### **1.9. 1980 Military Coup D'état**

Turkish Armed Forces took over government by force in 12 September 1980 on the grounds of its politic and economic impotence, and the increased number of murders due to dissidence in rightists and leftists. The army perceived all opposing political stances as danger and followed a denial, suppression, and intimidation policy. Kurdish citizens and political activists were formed the major groups who were affected the severest.

This junta regime favored Turkish nationalism and led to two important developments which had negative effects on the Kurdish identity; the Kurdish language was banned legally and the pressure applied on the Kurdish identity and language became more than ever before. Politic, economic, and sociologic chaos was tried to be resolved by abusing human rights ironically. Military period lasted 3 years, but its impact proceeded until today. Overall consequences could be seen in Table 3.

**Table 3: Overall Consequences of 1980 Military Coup D'état**

The number of people were detained for political reasons	650,000
The number of people who were blacklisted	1,683,000
The number of detainees for whom trials were launched by courts marital	210,000
The number of detainees who were convicted to various sentences	65,000
The number of people for whom the death penalty was proposed	6,353
The number of death penalties that have been sentenced	513
The number of people who have been executed	50
The number of people who were judged for being militant	98,404
The number of people who were banned from receiving passport	388,000
The number of people who were fired as they are considered suspicious	30,000
The number of people who were stripped of citizenship	14,000
The number of people who went abroad as political refugee	30,000
The number of people who were dead suspiciously	300
The number of people who died due to torture	171
The number of films that have been banned	937
The number of organizations that have been closed down	23,667
The amount of newspaper and journals were destroyed	39,000 kg
The number of people who have lost their lives in prison	299
The number of people who were dead due to hunger strike	14
The number of people who were shot in the course of escaping	16
The number of people who were dead in shootout	95
The number of people who got "normal death record"	73
The number of people who committed suicide	43

'Darbenin bilançosu', Cumhuriyet Gazetesi, 12 Eylül 2000

### **1.10. Diyarbakır Prison and Torture**

Diyarbakır Prison was built in Diyarbakır in 1980. Diyarbakır is located in the southeast region of Turkey where Kurdish population was intense. Diyarbakır Prison became a Martial Law Military Prison along with

Military Coup D'état and served as a scene for extremely cruel types of torture. Almost all inmates were Kurdish citizens most of whom were members or sympathizers of armed leftist organizations including PKK. With the atrocity that has been took place it was placed among the "The ten most notorious jails in the world" (Hines, 2008).

The military administration used it as a concentration camp; many Kurdish citizens and PKK members were tortured and killed. To speak in Kurdish was banned and Kurdish identity was tried to be destroyed.

As Herman (1999) clarified in the cases of captivity, perpetrator became the most important person in the victim's life. To possess control on victim's life s/he systematically and pervasively practices torture, teaches helplessness and fosters a pathological attachment. Perpetrator tries to eradicate the victim's autonomy by controlling his/her physical and psychological states. Over time victim feels constrained to the perpetrator for his/her personal demands and a pathological attachment occurs.

Accordingly, the main purpose of perpetrating torture in Diyarbakır Prison was to impose an anti-Kurd doctrine. Kurds were humiliated and trained according to Turkish military system. The most prevalent torture techniques in Diyarbakır Prison was related to militarism; prisoners (even the ones who were unable to speak Turkish) were forced to memorize various Turkish Anthems, join military training, keep guard, line in attention position, give oral report, making Atatürk portraits and so on. They were forbidden to speak in Kurdish, their native language. Prison officers tried to make Kurdish quit their identities and internalize Turkish superiority by exposing

them to Turkish nationalist symbols. In fact, they aimed to make Kurds to identify with the aggressor and attach Turkish identity. However, all these interventions gave birth to the reverse scenario; it fostered Kurdish militarism. Subsequent to this progress Abdullah Öcalan strengthened the armed structure of the PKK, and struggle became intensified between Turkey and PKK.

The dreadful scene of this conflict could be seen by looking at the statistics given by the Chief of the Turkish General Staff (2009); 4970 soldiers and 40,000 PKK members were killed between years of 1984 and 2008. Moreover 1335 village guards were also killed in this time span. The ones who have lost their lives in this war were not only armed groups' members, but 5660 civilians were also killed (Turkish General Staff, 2008).

Torture was inflicted not only in Diyarbakır Prison, but also in all over the country. Beating, blindfolding, electric shocks, cell isolation, death threats, restriction of food and water, sexual harassment, falanga, mock execution, squeezing testicles, threats of torturing relatives, forcing one to watch torture on others and listen to their screams were some of the torture techniques that have been used in those prisons. In the following 15 years after the 12 September Coup 419 people died in detention places and prisons, 15 people died during hunger strikes, 26 people died due to illness that were caused by torture and ill-treatment. 190 out of 460 death cases were recorded during 3 years junta period (*File of Torture*, 1996). Table 4 shows the death toll under different categories between 1984-95.

**Table 4: Number of Deaths between 1984-1995**

Year	PKK members	Civilian	Soldier	Police	Village Guard
1984	11	20	24	-	-
1985	100	82	67	-	-
1986	64	74	40	-	-
1987	107	237	49	3	10
1988	103	81	36	6	7
1989	165	136	111	8	34
1990	350	178	92	11	56
1991	356	170	213	20	41
1992	1055	761	444	144	167
1993	1699	1218	487	28	156
1994	4114	1082	794	43	265
1995	2292	1085	450	47	87

Adopted from the Report of Federation of American Scientists

### **1.11. Psychotraumatology**

Psychotraumatology is a field of study in an effort to understand psychological trauma. Factors that are related to preceding to, in the course of, and following to psychological traumatization are the subject matters of this area. Premorbid psychic functioning, personal and familial history, behavioral risk factors are some factors that are relevant to preceding determinants of psychological traumatization. Traumatogenic environmental, biological, and interpersonal factors are associated with concomitant factors of psychological trauma. Responses following to trauma, physiologic, behavioral consequences, and sociologic atmosphere are some factors that lie subsequent to a traumatic event (Everly, 1995).

There are many traumatic events that cause trauma. Combat, rape, motor vehicle accidents, natural disasters, sudden illness, sudden lost of a loved one, witnessing homicide are some examples of them (March, 1993).

Many people experience these kinds of overwhelming events, but not all of them develop traumatic disorders; most of them generally adapt to the unwanted situation. In spite of the adaptation capacity of human being some traumatic events might damage psychological, biological, and sociological homeostasis (van der Kolk and McFarlane, 1996).

### **1.12. History of Psychotraumatology**

The study of psychotraumatology has initially started with railway accidents before World War I. Due to lack of an anxiety theory the relationship between body and mind could not be understood in those times. That's why anxiety symptoms have been evaluating as organic disorders and it was called as "railway spine". Oppenheim was the first one who proposed the term "traumatic neurosis" and he emphasized organic causes for traumatic responses (1888; as cited in Weisæth, 2002).

Page and Charcot, on the other hand, proposed psychological explanations for symptoms following a traumatic event. Over time physical considerations were abandoned and body and mind relationship became focus (Weisæth, 2002). Janet propounded a cognitive model for trauma responses: Mental schemas that are comprised of memories and stored in subconscious enable people to relate their environment. Encountering with overwhelming feelings might cause a difficulty in integrating vehement emotions into mental schemas. When this happens people could dissociate them from consciousness and split off from voluntary control. Due to inability in categorizing and synthesizing, the victim cannot develop new

cognitive schemas that facilitate coping with possible challenges (1904; van der Kolk, Weisæth, & van der Hart, 1996).

Then Freud came into scene and developed two theories; “unbearable situation” and “unacceptable impulse” models. In the unbearable situation model, ego could be overwhelmed when it faced with vehement emotions such as fear or dread and their devastating effect upon ego might cause in traumatic neurosis. In the latter model Freud abandoned this theory and emphasized the role of sexual and aggressive drives that are unacceptable rather than the event itself. These drives threaten ego and defense mechanisms that try to repress them. In this new model Freud favored the psychic reality and subjective meaning of trauma (Weisæth, 2002).

During WW I soldiers started to show cardiac symptoms such as rapid pulse, respiratory problems, and these symptoms were called as “soldiers’ heart”, “irritable heart”. In the beginning organic causes were suggested in order to explain these symptoms. An overstimulation in some special nerve centers were considered as responsible for them (Weisæth, 2002). Then Myers highlighted that soldiers who were not exposed to gun fire directly are also suffer from this syndrome and rejected the organic explanation. Rather he favored an emotional explanation for these symptoms. This developments and considerations paved the way for study mind and body relationship and the mechanisms that underlie under post traumatic responses (1940; van der Kolk, Weisæth, & van der Hart, 1996).

Between World Wars psychiatric problems and post traumatic symptoms were ascribed to unconscious intrapsychic conflicts. Real life events took the second place in explaining psychic traumatization. Then with the work of Kardiner an integrative explanation for origins of symptoms emanated (Weisæth, 2002).

In the World War II and its aftermath many therapy techniques including somatic and group therapies were pioneered in the treatment of post traumatic symptoms based on Kardiner's view. After World War II a specific line of research emerged with the study of Holocaust and other war traumas. Researchers investigated 'concentration camp syndrome' which consisted current PTSD symptoms. Long-lasting effects of trauma were investigated based on war-related studies (van der Kolk, Weisæth, & van der Hart, 1996).

In recent decades an integrated understanding developed in explaining the origins of post traumatic symptoms. Psychological, biological, and social aspects were taken together in the field of psychic trauma. The historical evaluation of PTSD will give a deeper understanding in recent developments.

### **1.13. The Formal Evolution of PTSD as Diagnostic Criteria**

Shell shock, soldiers' heart, battle fatigue, gross stress reaction, traumatic neurosis were coined in the literature up until the term PTSD was used in DSM-III (Everly, 1995).

Wilson (1995) summarized the historical evolution of PTSD:

In DSM-I it was described under the name of Gross Stress Reaction and defined through narration. It was stated that responses that are given in the case of trauma are acute reactions and resolved in a short period of time. If there are prolonged and persistent reactions then the clinician should diagnose the patient. A premorbid dysfunction is proposed for its emergence. And eventually it was asserted that regardless of the trauma the healing process occurs via quick and efficient intervention (APA, 1952).

PTSD was coined as Adjustment Reaction of Adult Life in DSM-II. Under this heading three life cases are given without enough description and sufficient explanation (APA, 1968).

In DSM-III PTSD ranked among anxiety disorders with three symptom clusters and 12 symptoms in total. To diagnose PTSD the patient should have at least four symptoms among these three symptom clusters. DSM-III normalizes to show traumatic reactions in the existence of a recognizable stressor. It enables to evaluate PTSD as a normal reaction in the face of an abnormal life event. From this perspective traumatic responses were considered as normative (APA, 1980).

In DSM-III R the number of symptoms increased from 12 to 17. To diagnose PTSD the patient should manifest six symptoms among three clusters and the duration of them should be at least 1 month. Reactions that last less than one month were seen as a normative pattern. Events that might cause in PTSD were described in “A” criterion with 5 examples. In “B” criterion the ways how patients reexperience trauma were detailed. Reliving trauma was clearly explained. In “C” criterion the ways how

patients alleviate painful feelings related to traumatic event. In “D” criterion physiological hyperarousal symptoms were clarified (APA, 1987).

DSM-IV contains a significant change with some minor changes; the definition of traumatic event was changed, death encounter and fear related reactions became compulsory (APA, 1994). Up until DSM-IV the emphasis was either on premorbid psychic functioning or on the external event. However in DSM-IV these two components were integrated. Both premorbid psychic functioning and the objective severity of the event were considered as responsible for post traumatic symptoms. Moreover the subjective emotions related to trauma were emphasized in DSM IV. The severest traumatic event could not result in PTSD in the lack of fear, horror, or helplessness felt by the victim during the event.

#### **1.14. Traumatic Events and Trauma**

Traumatic event and trauma are two different concepts that should be clarified; the first one is an event that might threaten the physical or psychological integrity of a person, and the latter one is perceived terror and dread as a result of being subjected to intolerable stimuli. In a study conducted by Norris (1992) 69 % of 1000 participants reported at least one traumatic event in their lives.

What makes an event traumatic is primarily the subjective experience of threat and helplessness felt by the victim. The subjective meaning that is given by the victim determines the severity of the event regardless of reality (van der Kolk and McFarlane, 1996). That is to say killing even a turtle accidentally might be perceived as traumatic for one,

and not for another. This phenomenon is clearly revealed in a case that is reported by Killpatrick, Saunders, Resnick, Smith (1989; as cited in van der Kolk and McFarlane, 1996): no PTSD symptoms were found in a woman who had been raped until she learned that her perpetrator had killed another woman after he raped. Thus to experience trauma, traumatic event is necessary but not enough to develop PTSD. Its perception and related horror and helplessness are also significant factors in post traumatic reactions.

Green (1993) categorized eight generic dimensions of trauma: life threat, severe physical harm or injury, receipt of intentional harm, exposure to grotesque, violent or sudden loss of a loved one, witnessing or learning of violence to a loved one, learning of exposure to a noxious agent, causing death or severe harm to another.

There are mainly two types of traumatic events; human-made and natural disasters. Torture, rape, witnessing homicide are some examples of manmade trauma while earthquake, fire, tornadoes, or hurricanes constitute natural trauma.

Traumatic events can also be categorized based on their process. McFarlane & Girolamo (1996) divided traumatic experiences that generate feelings of danger and threat into three categories: time limited (accidents, rape); cumulative effect (emergency workers); and long-lasting exposure to threat (war, captivity).

Torture, which is the subject matter of this dissertation, is an assault that devastates the victim both physically and psychologically. It is human made and characterized by long-lasting exposure to danger.

### **1.15. Consequences of Trauma**

After being exposed to a traumatic event there are two ways to go; the victim can take a lesson from the event by accommodating it; or the event can be assimilated and the victim changes her/his existing beliefs and expectations accordingly (van der Kolk & McFarlane, 1996). In this sense, remembering distressing memories enables the modification of overwhelming experiences. In the lack of successful accommodation and assimilation the organism cannot reach a stable state. The ones who arrange their lives with regard to trauma and cannot succeed in integrate these memories into their existing schemas will develop psychiatric symptoms. In either ways the victim should modify the event for the sake of healing process.

Without processing unfortunate event people can react conditionally to trauma reminders like Pavlov's dog (McFarlane & van der Kolk, 1996). The necessity of memory modification is also supported by the "Grant Study"; the memories of men who did and did not develop PTSD are compared 45 years after World War II. The researchers found that the men who developed PTSD had unmodified memories about the event while the men who did not develop PTSD had altered memories (Lee, Vaillant, Torrey, & Elder, 1995; as cited in McFarlane & van der Kolk, 1996).

Inability to organize traumatic experiences results in many psychiatric disorders; PTSD, major depression, anxiety disorders are typically reported though a significant amount of time elapsed after the traumatic experience (Rasmussen, Rosenfeld, Reeves & Keller, 2007).

Adjustment disorders are also seen in the post trauma symptomatology (Dobricki M., Komproe I. H., de Jong J. T. V. M., Maercker A., 2010). Following prolonged trauma personality impairment (Daud et al., 2008; McFarlane, A. C., de Girolamo, G., 1996) is also recognized in victims.

### **1.16. Post-traumatic Stress Disorder**

In the absence of successful integration of the new information that comes with the traumatic event the process can continue in the forms of reexperiencing symptoms. The individual can manifest behavioral avoidance and experience emotional numbing in order to deal with the overwhelming feelings that emerge with reexperiencing symptoms. Moreover, repressed memories and feelings might cause in hyperarousal in victims. Thus some victims develop PTSD as a result of these reexperiencing, avoidance and numbing, and hyperarousal symptoms.

Apart from many other consequences of trauma, including sociological, physiological, and psychological, PTSD can be considered as most common result of it. Its acknowledgement as a formal category in DSM enables to understand the effects of vehement experiences on victims' lives and study them systematically. As a result researchers find a way to clarify the healing process and understand how victims cope with it (van der Kolk & McFarlane, 1996). Thus it deserves a deeper understanding.

### **1.17. Epidemiology of PTSD**

Though significant portions of the general population are exposed to at least one traumatic event in their lives, most of them adapted without developing PTSD. Epidemiological studies showed that PTSD is rarely seen

in survivors after being exposed to a traumatic event (Yehuda &McFarlane, 1999). In general the range differs from 5 % to 35 % in different studies (McKeever & Huff, 2003).

The prevalence of PTSD in general population was found 1 % by Helzer, Robins, & McEvoy and 9 % by Breslau (1987; 1991; as cited in Everly, 1995). With the development of new methods these results are updated over time. Davidson (1991) stated that 40 % of general population are being subjected to a traumatic event until the age of 30, and 25 % of these victims developed PTSD. Similarly, Kulka et al. (1990) estimated 30 % lifetime prevalence for PTSD with a 15 % current diagnosis in Vietnam veterans. However a claim of overestimation for these results came from Dohrenwend, Turner, Turse, Adams, Koenen, & Marshall: 9 % for current prevalence and 18 % for lifetime prevalence of PTSD was indicated in Vietnam veterans (2006; as cited in Richardson, Frueh, & Acierno, 2010).

### **1.18. Trauma Studies**

Along with short-term effects, psychological marks of torture remained prominent after years. Though its physical signs alleviate over time, the damage caused by it is difficult to vanish (Allodi, Randall, Lutz, Quiroga, Zunzunegui, Kolff, Deutch, & Doan, 1985). As a remarkable finding, persistence of depressive symptoms 40 years following their repatriation has been found in a group of Australian prisoners of war (Tennant, Goulston, & Dent, 1986). Moreover, Nelson stated that feelings of guilt, aggressive behaviors, sleep problems, somatization are also seen 40 years after release from captivity (1987; as cited in Melamed et al., 1990).

Undoubtedly torture has long term effects on survivors who experienced it. To understand psychological impacts of torture researches mostly concentrate on survivors of Nazi persecution. These studies show that Holocaust experience result in various pathologies even after a long time elapsed (van der Kolk, B. A., Weisaeth, L., & van der Hart, O., 1996). Eitinger & Strom (1973) found higher rates of mortality and morbidity in concentration camp survivors (1973; as cited in van der Kolk et al., 1996). In another study conducted by Dor-Shav (1978) an impoverished personality functioning was found in a group of Nazi persecution survivors 25 years later. By looking at late effects of Holocaust experience, Niederland (1968) stated some key symptoms under the name of survivor syndrome which are depressive states, cognitive malfunctioning, anxiety problems, numbing, sleep disorders, variation in personality, and psychosomatic complaints. In another study a maladaptation in physical and psychological health functioning is found in concentration camp survivors (Antonovsky, A., Maoz, B., Dowty, N., & Wijnsbeek H., 1971). Solomon & Prager (1992) also found that survivors of Nazi persecution are more likely to demonstrate symptoms of anxiety when they are faced with another war-like stressor compared to control group. They also found an overall Holocaust effect on survivors' world assumptions (Solomon & Prager, 1995).

These are mostly quantitative studies which are looked for the symptoms that are caused by a traumatic event, namely Holocaust. Recently

there are also qualitative studies that aimed to investigate the devastating effects of Holocaust by examining the narratives of survivors.

Though there is a debate on the efficacy of disclosure of traumatic events, a significant number of researches showed its positive effects on mental health (Finkelstein & Levy, 2006). Disclosing trauma is a way of integrating unbearable experiences into a meaningful context. Unorganized and chaotic experiences gain meaning when people narrate them. It is also a way of gaining insight which is related to adaptive psychological functioning as stated by Boals and Perez (2009). They also demonstrated an increased number of cognitive words use in the narratives of Holocaust survivors. They concluded that cognitive words have a function of relating events and feelings, which is adaptive for mental health. The presence of an increased number of cognitive words such as hence, therefore, realize, understand also reflects an effort to understand and explain the event.

Boals and Klein (2005) also stated that an elevated use of cognitive word was seen in the written expressions of stressful events. They also showed that subjects tend to use more negative emotional expressions when they describe a traumatic event.

Pronoun use is also considered as another indicator of psychological well-being. Pennebaker and Lay (2002) indicated that people who use more first-person singular form show higher level of distress when describing a dreadful experience.

As indicated, the devastating effects of torture is not limited with psychiatric disorders, it might result in damaged psychological functioning

with many aspects. Social adaptation problems, relational difficulties, sleep disorders, personality changes and many other symptoms are also seen in survivors. Torture victims do not always develop a whole psychiatric disorder, but they can show certain symptoms related to their trauma. Their attitudes about authority figures such as police and state might be damaged (Başoğlu, Paker, Özmen, Şahin, Taşdemir, Ceyhanlı, İncesu, & Sarımurat, 1996), survivor guilt and depression might occur (Niederland, 1968), and relational problems with loved-ones might developed (Katarzyna, 2010).

### **1.19. PTSD and Other Psychological Outcomes of Captivity and Imprisonment**

McFarlane and Girolamo (1996) examined the outcomes of eleven research studies that were conducted with prisoners who were mostly convicted for political reasons. They found a PTSD prevalence rate between the range of 50 % and 70 % which is quite high. PTSD and major depression were mostly seen following torture experience (Kaptanoğlu, 1991; Rasmussen, Rosenfeld, Reeves, & Keller, 2007).

Anxiety, insomnia and recurrent nightmares (Domovitch et al. 1984), sleeping difficulties (Cathcart, 1979; Somnier & Genefke, 1986), sexual problems (Lunde, Rasmussen, Lindholm, & Wagner, 1980; Somnier & Genefke, 1986) were found as most common symptoms in torture victims as well.

Basoglu et al. (1994) conducted a study that consisted of 3 groups with 55 subjects in each of them; tortured political activists, non-tortured political activists, and non-tortured non-activists. Based on their findings

they concluded that; tortured and non-tortured groups differs significantly in terms of developing PTSD. Most common symptoms in ascending frequency were; difficulty concentrating (62 %), nightmares (47 %), feelings of distress in the presence of stimuli related to trauma (45 %), remembering distressing recollections of the events (40 %), hypervigilance (38 %), sleeping disorders, psychogenic amnesia, and reexperiencing the trauma (36 %).

Paker (1999) investigated the role of the subjective meaning of trauma in torture survivors by extending the preceding study. He found that, the objective severity of torture that has been exposed to tortured political activists was significantly high comparing to tortured non activist group. He also explored that tortured non-activists get higher scores on PTSD, depression, and all other psychological sequela comparing to tortured political activists. Based on these findings he concluded that political activism reduces the risk of psychopathology subsequent to torture experience.

### **1.20. Current Study**

Torture that depersonalizes and dehumanizes people along with many other consequences is used for many purposes; but essentially to repress the victim's belonging ideas and identities. Torturer takes his power from the government, so it is directly linked to politics. In investigating the destructiveness of torture, there are certain features to work through. It has sociological, physiological, and psychological aspects. In this dissertation, psychological effects of torture will be examined.

In the current study, the narratives of torture survivors who were imprisoned between the years of 1980-1984 in Diyarbakır Prison will be investigated in terms of psychological aspects.

Working on traumatic events such as war, rape and abuse, a considerable amount of researches, to explain psychological results, looked for the pathologies that are categorized in DSM such as PTSD, mood disorders, and so on. Yet, investigating psychiatric disorders only is a narrowed view to understand the destructive consequences of torture. Instead of looking for pure PTSD, a group of symptoms will be identified. The symptoms that constitute PTSD will be measured one by one. All negative outcomes that were reported by participants including relational problems with family and friends, somatic complaints, aggressive thoughts or behaviors, depressive states, cognitive sufferings will also be analyzed.

It is reasonable to expect higher levels of psychopathology as the intensity and the duration of torture that has been exposed to the participants of this study was excessive. However it has been 30 years since they were released from prison. As indicated before many people continue their lives without developing a psychiatric problem following a traumatic event. They adapt to the new condition in a certain time period, so their level of psychopathology could also be moderate. Therefore the main target of this study is to explore the degree of their psychological distress.

There is limited number of studies that assessed damaging results of politically motivated torture in Turkey. Thus this study will lead to explore

the psychological outcomes of the 1980 military coup by using a qualitative method.

After 12 September Coup thousands of Kurdish citizens were imprisoned all over the country. In Diyarbakır which is located in the southeastern part of Turkey and where the majority of Kurds accommodate, Diyarbakır Prison which is a special penal institution was built. In this prison many Kurds and Turks were tortured incredibly in brutal ways. Many of them died, disabled, or committed suicide. Moreover a significant part of ex-prisoners joined PKK and become armed militants. In this study survivors of this atrocity told their life stories before, during and after conviction to the volunteers of Truth and Justice Commission for Diyarbakır Prison. From this aspect the data of this study is significantly unique and exceptional. No such research has been conducted in Turkey so far, and only a few examples could be seen all over the world. However, its original design is not totally convenient to work scientifically as the main purpose of the committee was to document torture, reveal the truth, and ask for justice. However, the psychological impact of torture experience was also asked to the survivors in general. Their spontaneous answers were taken as the data for this study. This study aimed to investigate psychological impact of torture in a group of subjects who were imprisoned in Diyarbakır Prison between the years of 1980-1984.

## **2. Method**

### **2.1. Participants**

30 torture survivors were participated in this study voluntarily. They were all imprisoned in Diyarbakır Military Prison between the years of 1980 and 1984 in a certain time period and subjected to torture to a certain extent. All participants are men. The mean of their current ages is 54. They live in different parts of Turkey and most of them were interviewed where they live.

### **2.2. Procedure**

#### **2.2.1. The Work of the Commission**

The Truth and Justice Commission for Diyarbakır Prison (1980-84) started a voluntary project to demonstrate the psychological, sociological, judicial, and physical effects of torture and imprisonment in Diyarbakır Prison following the 1980 military coup. The Commission aimed to reach people who served in Diyarbakır Military Prison in order to interview them about what they went through between the years of 1980 and 1984 and record their narratives. They also aimed to interview the relatives of these people to consult their testimony and specify the maltreatment that they received as well. The Commission also intended to make an archive from the records of these interviews and forms that were filled by the participants. They planned to use this archive for the sake of justice settlement fundamentally. They also aimed to provide all of these testimonies and their records for the use of various works such as scientific or artistic.

The commission consists of academicians and activists that were brought together by the Foundation of 78'ers, which is an initiative founded by the leftist activists of the 1970s. However this project was conducted not only by them, but also anyone who made a contribution to the work of recording, deciphering, or making a database, all professionals who turned database into reports, and all local units who help in realization of interviews.

The interviewers who were comprised of the commission's members were firstly trained by a clinical psychologist concerning the content of the interviews. They were all compromised about the mainstream of the interviews though they are open-ended inquires. They were also informed about psychological aspects that they should pay attention during interviews. A semi-structured guideline was formed via such a training before interviews were done.

Interviewers went to Urfa, Antep, Mardin, Diyarbakır, Batman, Siirt, Hakkari, Mersin, Adana, Osmaniye, İzmir, Ankara, İstanbul and interviewed with 450 ex-convicts who served in Diyarbakır Military Prison between the years of 1980 and 1984 and their relatives. Most of the interviews took in places that were arranged by local units. The rest were done where ex-convicts or their relatives live currently.

In the first part of the study these semi-structured interviews were all videotaped. First of all, all participants were told about the purposes of this study and their consent was obtained. Then they were asked to tell their stories by describing their lives before imprisonment. Then they were asked

to tell their capturing story, torture experiences, daily lives in prison, resistances, hunger strikes, losses, physical conditions, health functioning, and psychological complaints. All interviewers made inquiries in their own way while keeping in mind the mainstream that was just described.

In the second part of the study all videotaped interviews were transcribed and then coded systematically. A form was fulfilled by interviewers based on the information that consisted of; ex-convicts' interrogation and imprisonment dates and periods, torture methods that they were subjected to, prison conditions that they described, judicial processes, health problems they had, psychological and sociological changes in their lives, and their behavioral reactions during the interviews.

All participants were asked to fulfill Trauma Symptom Inventory. However most of them found it too long and complicated. Thus they did not fulfill it totally. They also reported their difficulties in understanding the items of the inventory. They usually completed it randomly. As the results of inventory do not have face validity it was not included in this study.

### **2.2.2. Current Study**

In the first part of the study a selection was done among 450 interviews as it is a qualitative study. 30 interviews that were done by Nimet Tanrikulu were used in this study. This selection was made based on two reasons:

- a) for the sake of consistency
- b) Nimet Tanrikulu used to ask to interviewees the psychological outcomes of their experiences systematically.

59 interviews that were conducted by Ms. Tanrikulu were scanned in order to distinguish convenient ones for the current study. Three main criteria were determined in order to select suitable interviewees. All participants should;

- a) serve in Diyarbakır Military Prison between the years of 1980-84,
- b) be subjected to torture in their interrogation or imprisonment period,
- c) mention about their psychological states even if they were not asked.

There are also three main criteria that were addressed to select appropriate interviews:

- a) Nimet Tanrikulu should be the main interviewer if there are more interviewers,
- b) Interviews should be done in Turkish as I can understand them and in order to eliminate translation errors,
- c) They should be precisely transcribed.

Among 54 interviewees two of them were eliminated as they were speaking Kurdish. 10 of them were excluded as they were only witnesses, did not serve in the prison. The interview of one of the ex-convicts was not used as he did not serve in Diyarbakır Military Prison. Three of the interviews were excluded as they were not transcribed totally. Another three of them were not evaluated as Nimet Tanrikulu is not the main interviewer. Two of the interviewee was eliminated as they were not in Diyarbakır

Prison between the years of 1980-1984 though they served there for a certain time before 1980 or after 1984. In three of interviews neither interviewees mentioned about their psychological states nor Nimet Tanrikulu asked for it. Thus they were excluded as well. After these eliminations, 30 interviews were selected for the use of this study.

In the second part of the study these selected interviews were analyzed; they were read and reread and all psychological problems were coded and categorized. 26 main categories including PTSD symptoms, somatic complaints, memory problems, all psychological problems that they had in prison and after their release, their all current problems, their negative states of mind, and subject use were determined. All symptoms were coded based on these categories. Other problems that could not be categorized were stated as well. Content analysis was used to explore the inquiries of the victims in order to address their psychological distress.

### **3. Results**

#### **3. 1. Demographic Characteristics of Interviewees**

Testimonials of 30 ex-convicted participants who served in Diyarbakır Prison for years were analyzed in this study. They were subjected to various kinds of torture applications in the course of time they were imprisoned. The percentages and the frequencies of these torture methods could be seen in Table 5. Percentages in the first column were prepared based on the analysis of 188 survivors who served in Diyarbakır Prison. The second column, on the other hand, represents the percentages of torture methods that have been reported by the participants of this study. This comparative table will give an opportunity to evaluate the representativeness of the sample of this study in terms of being exposed to torture.

All subjects, but one, are married. All of them were born in the eastern part of Turkey, but currently live in different cities. They are coming from lower and middle socio-economic status. 16,7 %, 30,0 %, and 16,7 % of the participants are graduated from elementary school, high school, and university respectively. Detailed distribution of educational level of the interviewees is shown in the Table 6.

**Table 5.***The Frequencies and Percentages of Torture Methods*

The method of torture	% (N=188)	% (N=30)
Military training	70	97
Beatings/physical violence	80	93
Food deprivation/ starvation	72	93
Water deprivation	62	73
Forcing the prisoners to memorize the Turkish marches	80	93
Bath torture	56	77
Falanga	44	63
Insulting	54	63
Hanging/ palestinian hanging	17	37
Forcing prisoners to crawl on snow nakedly	25	47
Making prisoners listen sounds of torture	39	47
Plunging into a cesspool	34	40
Sleep deprivation	37	37
Banning speaking and looking	39	37
Solitary confinement, in cells full of excrement	28	33
Sexual assault	15	33
Forcing to sleep in attention position at nights	27	30
Forcing prisoners to eat excrement	13	27
Under berth torture (forcing prisoners to lie all together under a berth)	18	27
Forcing prisoners to confess by torturing them	30	27
Electric torture	11	23
Closing windows in summer	14	23
Toilet tortures	20	23
Depriving prisoners of medical care	20	23
Blindfolding	11	20
Forcing prisoners to eat spoiled food	37	20
Forcibly inserting a truncheon into the anus	10	20
Opening windows in winter	17	20
Forcing prisoners to drink foul water	15	20
Forcing prisoners to wait standing	24	13
Tortures with cigarettes	11	13
Forcing prisoners to get in a rubber tire	2	10
Putting out a cigarette on the body of prisoners	4	10
Rat torture	4	3
Forcing prisoners to pee on other prisoners	5	3

**Table 6.**

*The Distribution of Percentages of Interviewees in Terms of Education Level*

Education Level	Frequencies (N=30)	%
Literate	2	6,7
Elementary school	5	16,7
Secondary school	5	16,7
High school	9	30,0
University	5	16,7
Unknown	3	10,0

### **3.2. The Psychological Profiles of the Participants**

In this part of the study the psychological difficulties of the participants will be revealed based on the interviews that were done by Nimet Tanrikulu. It should bear in mind that these interviews were not done in order to use in such a scientific study. They are neither structured as clinical interviews, nor Nimet Tanrikulu is a professional in the field of psychology. However in all interviews Nimet Tanrikulu asked the negative psychological outcomes of their experiences, or the participants mentioned spontaneously about their psychological distress without being asked. It's not possible to reach an absolute or entire conclusion about the current psychological distress of the participants based on the results of this study. Thus, in the lack of a structured clinical interview, it would possibly be an underestimation of their real psychological profile. Nonetheless, the psychological distress they reported in their spontaneous narrative will form

an outline of the psychological distress that they go through. Thus we will have an idea about the psychological difficulties that are experienced more often among people who went through such an atrocity.

Many forms of psychopathology were found among torture survivors in various studies. However PTSD is the first disorder that comes to mind following a trauma. Furthermore depressive symptoms and somatic complaints are also found in the aftermath of a torture experience. In the first part of this section, the symptoms of PTSD in the DSM-IV diagnostic criteria will be revealed based on the narratives of torture survivors with the use of content analysis. These results will only represent the reported symptoms by the participants. The rest of the symptoms would be stay untouched as some participants might be unwilling to declare, unaware of, or forget to mention about their psychological disorders. Thus we cannot cover all psychological problems they have currently. Nevertheless what they reported will give a clue to make a general conclusion.

Moreover, these participants may not perform enough symptoms to be diagnosed with PTSD even though they had before or have it now. To reach a detailed profile all symptoms of PTSD will be analyzed one by one. Table 7 shows the frequencies and percentages of reported PTSD symptoms by the survivors.

**Table 7.**

*Frequencies and Percentages of Number of the Ex-convicted Survivors Reporting Psychological Symptoms Based on DSM-IV Diagnostic Criteria of Post Traumatic Stress Disorder*

Symptoms	Frequency (N=30)	%
<b>B Criteria: Persistent Reexperience</b>		
Recurrent and distressing recollections of the event	8	26,7
Recurrent dreams of events	6	20,0
Acting and feeling as if the traumatic events were recurring	7	23,3
Intense psychological stress	13	43,3
Physiological reactivity	6	20,0
<b>Meeting at least 1 symptom in B Criteria</b>	<b>20</b>	<b>66,7</b>
<b>C Criteria: Persistent Avoidance</b>		
Avoidance of talking about traumatic events	12	40,0
Avoidance of stimuli associated with trauma	5	16,7
Inability to recall an important aspect of the trauma	1	3,3
Diminished interest or participation in significant activities	0	0
Feeling of detachment and estrangement from others	11	36,7
Restricted range of affect	0	0
Sense of a foreshortened future	3	10,0
<b>Meeting at least 3 symptoms in C Criteria</b>	<b>3</b>	<b>10,0</b>
<b>Subthreshold: Meeting at least 1 symptom in C Criteria</b>	<b>18</b>	<b>60,0</b>
<b>D Criteria: Increased Arousal</b>		
Difficulty falling sleep	3	10,0
Irritability and outburst of anger	6	20,0
Difficulty concentrating	2	6,7
Hypervigilance	2	6,7
Exaggerated startle response	0	0
<b>Meeting at least 2 symptom in D Criteria</b>	<b>4</b>	<b>13,3</b>
<b>Subthreshold: Meeting at least 1 symptom in D Criteria</b>	<b>8</b>	<b>26,7</b>
<b>Probable PTSD diagnosis</b>		
Meeting all criteria	0	0
Including subthreshold levels	5	16,7
<b>Number of PTSD Symptoms</b>		
0 symptom	2	6,7
1 symptom	7	23,3
2 symptoms	7	23,3
3 symptoms	3	10,0
4 symptoms	3	10,0
5 symptoms	5	16,7
6+ symptoms	3	10,0

None of the participants meet all criteria of PTSD. However if we use subthreshold levels then 16,7 % of participants could have a PTSD diagnosis. In other words 16,7 % of the participants have at least one reexperiencing, one avoidance and one hyperarousal symptoms. Moreover the mean number of PTSD symptoms that were reported by each participant is 2,8. It means that on average, each participant reported almost three PTSD symptoms out of 17 symptoms in the diagnostic criteria for PTSD after almost 30 years.

### **3.2.1. PTSD Symptom Cluster B**

As it can be seen in Table 5, symptoms related to persistent reexperiencing are observed in the majority (66,7 %) of ex-convicted torture survivors.. Thus they persistently re-experience the traumatic event in the forms of remembering distressing recollections of the event, having dreams of the event, acting or feeling as if the traumatic event recurring, having intense psychological distress or performing physiological reactivity on exposure the cues of the traumatic event.

As they recounted their most painful memories, remembering those days and torture sessions made some of them feel extremely stressed. In the presence of such a negative mood their bodies react as well. 20,0 % of them suffer from physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event. While the participants remember or tell about a traumatic event, namely when they exposed to its internal cues, some physical reactions and bodily sensations occurred as can be seen in the following two quotations;

Case 11 [...] When I was in Kızıltepe, ee I gulp when I talk about it, I remember something [his left hand starts to tremble excessively] and it's very difficult, it's very difficult to tell you know.

Case 29 [...] They used to torment prisoners into eating and drinking the loogie of the ones who got tuberculosis. I really don't want to talk about it right now, because I feel nauseated when I talk about it, I feel queasy.

In the following example, encountering with an external cue resulted in physical reaction;

Case 23 [...] For example I cannot still have an injection from my buttock. When they touch my buttock, even by hand, my body strains and petrifies, but it is not vaccinophobia. My buttock was totally peeled off you know.

33,3 % of participants showed intense psychological distress at expose to internal or external cues that symbolize or resemble an aspect of the traumatic event. In the following 8 cases while interviewees reported the details of their trauma they highlighted their state of minds. This detail might be a color that reminds the traumatic event;

Case 27 [...] I hate the colour red. Because there, ceiling was all crimson, the paint. Walls were painted with pictures of 17 sultans, Kenan Evren, Ms Zübeyde, and so on. Some sort of blindness, a color blindness... If I go into jail now, and if they tell me to paint it with red, I start moaning. It became a phobia for me.

or a sound;

Case 18 [...] You know, those screams, those voices still disturb you.

Case 29 [...] Police radiophone. That sound extremely disgusts me, I don't know how to say. Even though I don't express it, it willy-nilly makes me feel like someone is playing a tin can at my ears. It still exists, and I guess it always will.

Case 6 [...] For example I still startled from police radiophones' sounds. I mean, the past always takes on a shape in my mind, those radiophone sounds, their passing by my house.. A noise of a car, I mean it had an effect on me, it totally changed my life..

Case 23 [...] There, Önder used to sing "makber" very well. That's why I still play it time to time, but I loose myself whenever I play it, so they don't allow me to

listen to it. I used to take him away to a corner and ask to croon “makber”. We had a secret corner. I used to ask him to croon “makber” over there.

or a place;

Case 26 [...] Whenever I go to a police station I feel disgusted. I don't want, you know, I don't want to go. When I want to go to a court, let's say they sue me, I never want to go. I disgust, a disgust, it causes in a different feeling, different psychology in me.

Case 4 [...] After I got out of prison I did not want to stay in enclosed places anymore. [...] I feel discomfort, for example when I go to my brother's place I cannot stay more than 10 minutes.

or to tell about the trauma itself might cause in psychological stress as can be seen in the following example;

Case 7 [...] I don't know, that psychological pressure is still on me you know. I feel like words stick in my throat when I talk about it, I don't know. I could not get over with it.

Victims, after being exposed to a traumatic event, tend to think about it in order to overcome. They examine and reexamine all happenings and reconstruct their existing beliefs about themselves and the world. This enables them to give a meaning to the traumatic event. After a while they are expected to think about it less and less and get back into circulation more and more. However victims who cannot adapt to the unwanted situation stay with an unfinished process of the event. And they might think or fantasized about the event even after years. In the following 4 cases 26,7 % of the subjects reported their recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions as follows:

Case 9 [...] It's been a long time, 27 years, I remember all the happenings exactly and vividly. It had such an effect on us. It includes everything; being put inside,

opening of the door, beds, toilet, the name of the bed, bed itself... I remember in vivid details.

Case 1 [...] There are still noises in my ears. It's like a motor firing up in it.

Case 6 [...] and that man's screams, I mean noises of torture makes me remember him. This is what remained in my mind. Vivid.

Case 27 [...] They brought Cemşit Kaya's wife, and made us watch when they were giving electricity to her. That noise is still in my mind.

23,3 % of participants act or feel as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). In prolonged trauma the unusual experience might become a routine for individuals. They may get used to it and behave in the same manner even if traumatic conditions were vanished. In the following two quotations survivors explained how their behaviors became permanent following their traumatic experience;

Case 23 [...] There were guardians who were watching us from the observation hole and were allowed in by the guardsmen in the cell. They used to beat the ones who break the attention position on their sleep until they take their position back; we had to lie in attention position. I still lie on the bed in the same way. I still lie on my back, hands locked. ... It has been 20 years, but it is still the same.

Case 27 [...] I remember waking up at night and pacing back and forth. I remember making food lists.

Their evaluation of reality might be disturbed and think as if they are in danger when they encounter with a reminder of the trauma;

Case 4 [...] when an anthem is told I feel like as if I'm in Diyarbakır Prison. When I come home or go to work, earlier this morning for example, some children sang a quick march. I feel like as if I'm there.

Case 29 [...] Whenever I saw a flash of light, I used to look at it and feel like they came back, they came back to get me. Those hard, depressive feeling lasted for a while and I still have these feelings in different ways.

In the following example, after being questioned about his life before imprisonment the participant said:

Case 26 [...] Master, this reminded me, the interrogation at 80, the interrogation at police station.

Remembering traumatic event itself may make individuals feel as if they live it at that moment. Traumatic event became a part of present time rather than being an experience belongs to the past:

Case 18 [...] I swear, when you tell me about this, you just go back in time to those days and feel that fresh pain as if it just happened you recently.

Reexperiencing trauma through nightmares or stressful dreams is significantly frequent among survivors. It might be considered as the most common way in reexperiencing traumatic event (Burgess, Stockey, & Coen, 2010). In this study 20,0 % of ex-convicted torture survivors reported recurrent distressing dreams of the event. It's very difficult to assimilate or accommodate a traumatic event into existing schemas. Thus it might take several years to integrate it for the traumatized individual. In certain situations this integration process might continue in dreams. Repressed or unaccepted information can also manifest themselves in nightmares. In these three quotations survivors told about their nightmares;

Case 2 [...] Even after years, it does not tag along me, I used to see those conditions and myself in Siirt or Diyarbakir in my dreams, now you'll get out, they'll interrogate you, they'll take you to torture... I used to live and breathe with that mood, really. It was very common, and I had it too. When I got out, I used to sleep outside in summer. I had nightmares, soldiers coming and asking for me, they will arrest me, I wanted to scream. My mom said "my son, wake up wake up". When I sort myself out, I discover that I knew all of those things. You see, they still exist.

Case 21 [...] A spiloma emerged here, in this left side. I can not lie on it, I have a nightmare whenever I lie on it you know. There is a spiloma, it happened afterwards. There was not such a spiloma before, you know. On my left calf.

Case 26 [...] it is has been almost 19 years. During this time I always thought about that, I wanted to forget, but I could not, you cannot forget because you still feel its psychology, at nights I see tortures in my dreams.

### **3.2.2. PTSD Symptom Cluster C**

Victims of a traumatic event may show persistent avoidance of the stimuli associated with the trauma and numbing of general responsiveness. They may show efforts to avoid thoughts or activities associated with the trauma, become unable to remember its important aspects, stay away from significant activities, feel detachment from others, show restricted affect, or sense of a foreshortened future. To state the presence of avoidance in PTSD the victim should meet at least 3 symptoms in C Criteria. In this study 10,0 % of survivors meet at least 3 symptoms in C criteria. However it runs up to 60,0 % when considering subthreshold levels with at least 1 symptom. In other words 60,0 % of participants meet at least one symptom in C criteria.

To avoid from internal and external cues that remind traumatic event is also another frequent response following a traumatic experience. This is a common, but nonadaptive, way in dealing with negative outcomes among survivors. When a traumatized individual cannot deal with such distressful material then s/he might perform avoidance behaviors as a defense mechanism. S/he tries to block out unwanted internal stimulations or repress painful memories in this way. 40,0 % of subjects made efforts to avoid thoughts, feelings, or conversations associated with the trauma. For example in these four cases survivors do not want to talk about or remember them;

Case 20 [...] Electricity, pressurized water, tyre. They put you in a tyre and your eyes are blindfolded. In fact, I don't want to talk about, remember all the

happenings you know. ... Actually I don't want to remember and tell anything. When I think about those people, my friends, I, I'm not myself anymore.

Case 29 [...] I have stayed there for 37 days. That torture over there... It's something inexpressible, I don't know how to begin with, what to tell you know. Starting to tell is another issue. ... Then, telling all the details, you know... There are too much details to tell and I can't cover them all.

Case 30 [...] As it's indigestible I skip the interrogation part. Our interrogation was too indigestible.

Case 21 [...] I... I skip those torture sessions...

Remembering trauma might result in overwhelming feelings in survivors. This is an important reason why they do not want to talk about their painful memories. In the following three quotations survivors explained why they don't prefer tell their torture experiences;

Case 16 [...] I feel angry, uncomfortable as I tell more, and sometimes I'm moved you know I feel like crying. I don't want to remember either, when I feel the need of telling it in politic conversations I'm moved as well.

Case 19 [...] You feel embarrassed to tell about it. You briefly tell about it to your dearest ones, or to your close friends. I did not talk about it for a long time after my prison release. Maybe just a little bit, just a little. But once I've discovered that so many others had been through the same experience, I started to get over with this trauma, and said "so it was real and I am not the only one" But, I have never talked about it this much until now.

Case 23 [...] Let me tell you something, after I released I did not tell about it to anyone not even to my closest friend. I could not. I could not dare it. Why did not I? Because when you tell about it, you question yourself 'did we really experience it?' even though we did. Because a person who experienced this could not survive. Well, how did I manage to survive despite my experiences? Then I'm afraid they will think that I lie and they will be just right.

Trauma is stored with its details. These details may consist of places where the traumatic event took place, people who were there, or anything else that is intrinsic to the event itself. The traumatized person tries to avoid from these details due to over identification them with the traumatic event

itself. S/he may make generalizations; a woman who is attacked in the street may stay away from being alone outside, or a child who is bitten by a dog may develop a fear against all animals. In this study 16,7 % of survivors reported their efforts to avoid activities, places, or people that arouses recollections of the trauma. In the following two quotations survivors told about their distances from people who were part of their trauma;

Case 19 [...] You experience a trauma. Sometimes, you question yourself; sometime you lose the connection with reality. When you are released, you experience an adaptation problem, and you just want to forget about them. When you want to forget, you do not go to a doctor and seek for treatment... For instance, there were many scars on my feet. I have been exposed to electricity a lot, and I had many permanent burn scars on my feet and my body. They stopped hurting after a while. But in a medical examination it would be easy to tell that they are burn scars. You can't just go to a doctor and say "Hey, I've been tortured and beaten in a jail, given electricity, my ribs were broken, the flesh on my fingers was spalled, my arm was broken and my head too, and this and that". Neither me nor my acquaintances, we mostly did not go to a doctor. We feel physically discomfort, not psychologically. I do not feel two of my fingers for example.

Case 21 [...] Honestly I swear, I did not have any treatment. When I was released there was a friend from Human Rights, I had opportunities I mean. I did not go. I'm a bit distant to doctors and advocates.

In the following example the survivor described why he quitted his hobby that exhilarated him before trauma. As the given meaning to a pleasurable activity is changed then his attitude towards it changed as well;

Case 23 [...] a drawing you know... I used to make oil painting you know. I have never ever held a paint brush from that day on, I swear off painting. I used to make painting, drawings; I was very good at painting. I used to make oil paintings to my friends. Think about it, they used to come and force us to paint in 15 minutes on an area that was as large as that wall, the painting had to be done in 15 minutes. You had to paint all over the walls in the jail in 15 minutes. Some of them used to do it. I swear off, since then I have never painted, nor held a paint brush, I quit. Maybe, we should done the other way around to express it better, but I couldn't you know.

As speaking Turkish and memorizing several Turkish marshes were mostly used as torture tools in prison these two survivors described their avoidance towards them;

Case 26 [...] When it is imposed on you or when they made you read the Turkish national anthem hundred times everyday, you hate that march. You do not even want to see that flag. You don't want to recognize it. It's still the same. From time to time, when I just pass by where the Turkish national anthem is told, I stop and think, whether I should stand at attention or not. When I do so, I feel like being affronted.

Case 10 [...] We speak Kurdish at home. My wife cannot even speak Turkish. I've made a decision with my children and I said "don't speak Turkish with me anymore". We are not speaking Turkish for 3-4 the last moths.

When the trauma became too overwhelming, then some victims block it totally. In this way the event became never experienced. They split off the event from the reality. They use this defense mechanism in order to save their selves. In this study 3,3 % of survivors reported symptoms of inability to recall an important aspect of the trauma as follows;

Case 20 [...] I forgot most of things. Just because I do not want to remember. It's like memory deleting.

In this research, 36,7 % of survivors reported feelings of detachment or estrangement from others. It might have several causes. They might feel angry not only the ones who perpetrate torture but also the rest who sit back and watch. As their world view evolved over time they might find adaptation difficult. They may find themselves in a conflict concerning lifestyles.

Case 22 [...] It has been 17 years more or less, and I can't say for sure that I adapt to the world outside totally. Yes, there is still an impact of prison. Honestly, I still have that listlessness, I couldn't adapt totally you know. For example I have conflict with my family about this issue. I'm married. This marriage thing is very

difficult. We were all comrades for example, I don't know, you know we were used to that way of friendship, we were considering it as a way of life, that's why in my marriage sometimes I wake up and say "Gosh, is this me?" I never thought about it, it never crossed my mind, I was not ready for such a thing as I stayed with my friends all the time, and I shared the same bed with them. I have serious troubles about this issue you know. My wife says "I'm not your comrade, I'm your wife, we have special things, and you have to know that", and I have serious troubles about it. I could not adapt in this term. ... because I cannot accept any other life style aside from political one. I'm abhorrent to talk daily life concerns such as how is the cotton, wheat, sorry but cows, drove and so on. I cannot get involved in those types of conversation. I cannot get involved in normal things unless it has political aspects. To tell the truth I don't want to. I took it as a principle. ...I feel/found myself in an emptiness/nothingness at one stage/in a certain time.

Case 29 [...] Of course the first, the main problem is about/related to communicate with people, establish a dialogue with people/them, express yourself in society. .... So, socialization used to be a main tradition for us I mean/So, we were coming from a background in which socialization is a significant tradition. ... After I released realizing that collective structure is superseded by individualization engraved us. The superseding of individualization by collective structure engraved us. It really engraved us. We had many troubles/problems in adjusting ourselves to individualization on a sudden. We still have these troubles, I couldn't get over precisely.

As these survivors' had experiences that push their limits, and face with the darkest side of human being, their senses of trust might be damaged. Apart from all these, people who were subjected to prolonged trauma might become introverted as a result of depressive mood.

Case 23 [...] Its effects, I don't like being in the society. I sometimes tell it to my wife as well, that I'm unfair. I'm not happy, I can't be happy. Do I have a complaint about my wife, no I don't. Is there anyone who can love me more that she does, no it's not about it! I have two kids, I got married late. ... Of course, I married when I was 38. One of my daughters is 8, and the other is 10 years old. It's a source of happiness for a person. I am a retired teacher. You know, I have that right. My wife works as well. I mean there is neither a serious economic problem, nor a trouble. Yet, am I happy? No I am not. I don't get out of home. I

stay away from people and crowds as much as possible. I don't like it. Case 4 [...] I don't get in touch too much with people. Weird questions come to my mind.

In some cases, especially in politic cases they also expelled from society, so they might feel lonely, and unprotected.

Case 28 [...] Now, the family is totally over. As I come from an Arabian family, they cop an attitude to me, they were not even opening their doors you know. I have siblings, but I could not go their houses. I'm still on my own now. There is a lack of communication, cultural difference you know. I have two brothers, nobody knows me as their sibling you know. We are totally different.

6,7 % of survivors complained about senses of a foreshortened future (e.g. does not expect to have a career, marriage, children, or a normal life span). After going through so much pain and losses it might be very difficult and challenging to compensate them. They may give way to despair and lose their belief about recovery. In the following example the survivor mentions about his family life, social relations, and business statement hopelessly;

Case 25 [...] After I came from İstanbul I got married...After a while, there is a substantial trauma in your life you know. We had kids, and we eventually got divorced. Diyarbakır Prison is a substantial trauma all through my life you know. For example, I still cannot do trade business. There are differences in your relation with society. ... However he tries to define you just through his benefits. This results in a big dilemma. I experience this every day, not just because of that period of my life.

Desperateness may come along with anger sometimes. In the following quotation the survivor manifests his anger towards the persons he finds responsible for his losses;

Case 6 [...] Sometimes I say, I mean I say, who is going to give me my lost years back. The ones who lead me into this organization (he meant PKK)? Or this

military administration? Or is this government? Nobody can give me back the years that passed away inside. Now I am kidding sometimes; if everyone eat a morsel of food, I'll eat two. I have lost years. 7 years were lost. I was in need of love, affection, and everything during my 7 years. The most fruitful years of mine. I was 25 years old when I went inside. I got out when I was 32. I mean I could be many things during those 7 years. Here, I could be a businessmen, good sociologist, psychologist, anything...

### **3.2.3. PTSD Symptom Cluster D**

Victims of trauma may manifest persistent symptoms of increased arousal. They may have difficulty in sleep, suffer from outburst of anger, concentration problems, show hypervigilance, and exaggerated startle response. The person should meet at least 2 symptoms of D Criteria in order to mark/mention about increased arousal. In this study 13,3 % of survivors meet at least 2 symptoms in D Criteria. However it rises to 26,7 % when considering subthreshold levels with at least one symptom. In other words 26,7 % of participants have at least one symptom of hypervigilance.

Sleep disorders might be comorbid with several psychological diseases. Falling asleep is very difficult in the lack of a positive state of mind and sense of security. 10,0 % of survivors reported difficulty falling or staying asleep in this study. In the following quotations survivors described their sleep problems;

Case 15 [...] We cannot sleep well/. There is a sleep disorder.

Case 27 [...] I wake up at night and pace back and forth.

Case 16 [...] We were not able to sleep at nights in dread that someone would take us and perpetrate torture. It still-continuing in my life.

Increased arousal includes anger and irritability as well. Subjects might have difficulties in controlling their anger and become irritable.

23,3 % of survivors complained about irritability or outburst of anger among our subjects. They described their anger as follows;

Case 7 [...] I feel an irritable state of mind. It still comes up on occasions you know. I lose my tolerance in certain things. I used to be pretty tolerant, but I feel like suffocated now. It's probably related to prison.

Case 21 [...] My health problems are: I have outbursts of anger. In fact I am very calm in general but I have outbursts of anger. I'm telling you I have frayed nerves...

Case 27 [...] Then I talk to myself a lot. I get angry, I get angry all of a sudden, out of blue. But I have been under treatment for 22 years.

As there are too much materials to deal with subsequent to trauma concentration problems are par for the course. 6,7 % of subjects have difficulty in concentrating;

Case 11 [...] I want to tell all of them, but sometimes dysmnesia occurs in the brain. I experience dysmnesia, an event comes to my mind when I want to tell something, and then I confuse them. I conjure up a mental picture of another event irrelative to my talk. But I forget it until I finished what I was saying.

Case 15 [...] There was not a psychological problem as we were exposed to the atrocity for a long time you know. However it caused many troubles in our bodies. For instance, it caused difficulties in concentrating, mental disabilities, and sleep disorders.

6,7 % of survivors suffer from hypervigilance. In the following three quotations survivors tell about their increased arousal in the form of hypervigilance. They described their alertness about imprisonment;

Case 7 [...] What they constantly did in the court process after the release was making us feel that fear. I was taken into custody arbitrarily so many times. We were taken into custody for any fool things, and we always felt that fear. ... We always lived in fear. We always live in fear of being recaptured.

Case 16 [...] To make us feel fright all the time, we used to be taken into custody and questioned at any time by state agents. I still feel that psychological pressure on me. It was a huge depression.

### 3.2.4. Other Psychological Problems

Other problems that were reported by torture survivors could be seen in Table 8.

**Table 8.**

*Frequencies and Percentages of Number of the Ex-convicted Survivors Reporting Other Psychological Symptoms*

Symptom	Frequency (N=30)	%
Telling about current psychological problems	13	43,3
Somatic complaints	11	46,7
Using “we” or “you” rather than “I”	20	66,7
Reporting about psychological and relational problems that they had after release	12	40,0
Reporting about psychological problems that they have in prison	5	16,7
Describing negative mood	11	36,7
Problems with memory	13	43,3
Others	14	46,7

40,0 % told about psychological and relational problems that they had after release. Most of the problems consisted of PTSD symptoms. Although their suffering did not persist until today, it took a significant time for them to get rid of. In the following four examples survivors described their PTSD symptoms:

Case 8 [...] For example after I got out of prison I had woke up at 5 am for months. When the door was opened suddenly, I would quake with fear. For example I had difficulties with social adaptation. Moreover, in that period of time, for example you got out at 84', there was a great intimidation, there was a fear among people, people used to change their way when they saw you.

Case 18 [...] Honestly, I swear, after I was released I wasn't able to sleep at night. I mean all those torture scenes, screams, and all of a sudden I was jumping out of

the bed. My mom says: “My son what happened to you?” I say “How would I know?” Because of the tortures. If someone shouts, say when I was snoozing, or if I hear a voice, I would immediately jump out of the bed. It continued like this for a year, for more than a year. There were these things on my back; there was a quaking on my back. For a year or so, because of the palestinian hanging and electricity, there was always this quaking on my back. I mean for almost a year and a half I felt this torture outside the prison too. I mean it came to my mind as if I live through that torture again.

Case 19 [...] We did not know about psychological counseling 25 years ago. I did not seek for a psychological treatment. I tried to establish my homeostasis. In a sense, I preferred self healing. For instance, in 1985, after I got married, I used to scream in my dream. My wife used to wake me up. I used to see weird heavy nightmares. When the door rings bells, I was seized with the fear that a guardian would come and call me.

Case 23 [...] Just after I released, whenever I hear a door is closed, I would stand at attention right away. My mom used to sit and cry. You stand at attention with the door’s shut... Let me tell you something, I don’t know it might sound weird but, I was out in 1983 for a while and imprisoned in Erzurum, and then sent to Diyarbakır again. During that period of time when I was released, Diyarbakır was having its cruelest time. Torturing was at its peak. After I released, I wanted to return to prison. I wanted to be in that torture. Rather than being like people outside I preferred to be inside.

They did not only suffer from PTSD, but also had relational problems. In the following two examples survivors mentioned about their difficulties in adaptation. Both of them found the same solution; they wanted to go back in prison:

Case 10 [...] After I was released I wanted to go back to prison again because we were drifted away from our fundamental living space. We trained ourselves in self-improvement, broadening horizon, dealing with national issues. Of course it became possible after those resistance movements. I considered outside as a life that was built on profits, and materialism.

Case 3 [...] I did not even how to walk properly after I released. I couldn't keep up with the society. It took me years. As I said before, I served 7 years in Diyarbakır Prison and I was exposed to all kinds of torture and pressure like all others, and now I'm free outside, I shove my arse, but I wish to be there, I opt in favor of being

there, I swear. Because there was an honest population in prison. We were all together hungry, and full. We shared hunger and fullness together. But here, the capitalist system isolated people from each other. There is no political organization, or there is nothing.

Distress might be expressed in distinctive ways. It could not be categorized in some cases. Some individuals just state that they have psychological problems they cannot make sense. 43,3 % of subjects told about their current psychological problems in this study. Some of them described their psychological state as follows;

Case 19 [...] Those defects left on your body, just like the ones on my fingers, those are actually left on your soul. And just because they are, you do not go to a doctor and say “Here is what happened during torture, and here is a defect on my ribs.” In fact, you do not have to tell about it at all but what had been experienced is so concrete and the symptoms are so obvious that you feel like the doctors can read it through your eyes: You are a person who was tortured! And that’s why you do not need to confront it. This psychology of failure, this is when this feeling steps in. You need an urge of holding your head high against the doctors, against the others.

Case 22 [...] It really results in long lasting impacts in your soul. No matter how much you strive to resist with a belief and a stance, it engraved into your unconsciousness, your inner world, it engraves and you feel it. ... We may have some parts/aspects that we couldn’t resolve. We might have some parts that we couldn’t resolve about the destruction that they caused in. I believe that there are some parts that stayed unknown, that were not manifested, that we are not aware of, and I still could not resolve them. I couldn’t resolve most of them.

Case 6 [...] It has many ongoing effects. Psychological effects. ... I could not pull myself together.

Case 16 [...] I still have psychological problems.

When the psychic pain is too difficult to verbalize, then the body expresses it physically. Some of physical problems could be considered as the lamentation of the body. Chronic pain, numbness, or any problems that couldn’t be diagnosed or did not respond to any treatment should make us think their psychological roots. 46,7 % of subjects manifested somatic

complaints in this study. In the following three examples subjects have a kind of insight about their physical problems:

Case 29 [...] Anyway, I did, I went to a doctor when I was outside as well. He diagnosed fibromyalgia syndrome for my muscle pain. ... They say muscle pain. But I think it is associated with heartache. It's on my left side. And also, may be, psychological effects may cause. ... Yeah Haseki, I had an x-ray there. I had an exercise test. They said you're OK. But I still have complaints. I guess they said that I had no cardiac problem but my muscle pain is still there.

Case 24 [...] It continues. Now the most important health problem of mine, my difficulty in breathing, is an outcome of the prison. I had paroxysms like an epileptic seizure. It happened 7 times. And never happened again since then... I did everything that needs to be done in terms of treatment. I went to several doctors. They did many check ups. They looked at my throat, chest x-ray and so on. ... I have still the reports, I mean I did not throw them away, I did not destroy them. But at the end they said it's something psychological.

In the following quotation our subject explained that he did not have any diagnose for his complaints:

Case 25 [...] It's psychologically the same. After a while I started to feel an unbearable pain between my legs. It was paralyzing my brain. I went to a doctor, there was a doctor, he was a friend of mine. People tried to help me as I have just got out of prison. There was a doctor, he was friend of mine, a surgeon. I went to see him. I explained the case and said "Master, this is what is going on". But, could it be related to this phthirus thing? I also explained that in those times there were a hundreds of phthirus in our slips. Could it be caused by them? He said it might be a result of a virus, but it's not too important. It will clear up with an operation. The operation was done. A year later it reemerged. It's hard to believe but it ... for 23 years. ... Any diagnose. It swells again ... The inflammation wept through ... It is in the same way as 20 years before.

In this example the subject described that he did not responded any treatment:

Case 28 [...] I have an allergy now. Moreover, I have urticaria and fungus that are incurable. No matter how much I tried, it did not get any better. It ameliorates for a while, and then it reemerges.

In the following two examples subjects mentioned about torture implementations that they had and their persistent physical outcomes:

Case 27 [...] My foot blistered, soles of my both feet. Someone hit my back, and that purulent matter, my soles exploded. My muscles still hurt when I step on them. It has been 27 years, they still hurt.

Case 19 [...] And then, from portable magneto device, they start giving electricity to your body, all over your body, including your genitals. For example, one of the fingers on my left hand is still numb. This includes genitals. I mean I stick a needle into my hand and I feel absolutely nothing.

In the cases of prolonged trauma, psychological problems or abnormalities might start in the meanwhile. Different attitudes or traits might emerge. 16,7 % of subjects mentioned about psychological problems that they have in prison;

Case 12 [...] In those times I would commit suicide, I wanted to die, but the death did not come.

Case 3 [...] You sit on a chair, and you get numb as you sit, so you start to get move to make them beat your back, hereby we liven up. We would calm down when we were beaten you know. I wish they beat us.

Case 16 [...] Beating became such a manner that when I wasn't beaten I was feeling a sort of discomfort. I was feeling satisfied when I was beaten. I used to want it, I used to feel satisfied. Otherwise we were bored. This lasted for 3 years.

Even in the absence of a specific mood disorder or any other pathologies traumatized individuals might express their negative mood or state of minds especially when they talked about their painful experiences. 36,7 % of subjects described their negative mood in which they are. This negative mood is anger in most of the cases:

Case 4 [...] Of course you say if I were there I would take a revenge, you want some kind of revenge you know. You want to feel like you are right over there. In response to their acts, it would be better if you seek for yourself in that society. To take revenge you know. Because they did everything in the book.

Case 8 [...] Here, the ensuing life, we encounter with a shattered life. Now in your heart, you get out, you have been exposed to all that torture, at the deepest corner of your heart there is a wound. There are things that had been done to you. There is anger, grudge that is caused by this damage... maybe not molded politically but something very personal.

Case 18 [...] It is sort of an anger you know. You feel angry at this thing. What did my friend do to deserve this execution by torturing? He is just a Kurdish. I mean, just because he was part of this national battle, Kurdish battle, he was tortured and killed. Hundreds of friends have died in Diyarbakir, rather say they were killed. Hundreds of them. Killed by torturing.

Case 22 [...] I sometimes feel angry inwardly you know. When a friend of mine did something unnecessary I feel angry inwardly but I don't behave injuriously to him. It's the same in my family and society, I find myself nervous but I don't show it you know. Everyone finds me very calm. So/that is to say I repressed it.

And depression in others:

Case 23 [...] I'm not happy, I can't be happy.

Case 24 [...] You feel extremely frustrated you know, those contemptuous and insulting behaviors, you feel very humiliated, you know...

43,3 % of subjects reported their problems with memory. In the following quotation one subject described his memory problems;

Case 4 [...] Yeah, I don't remember, our memories are impaired. Because I served for 9 years. In those years our memories became something... I became a man with deficient memory.

Talking about trauma might be difficult even after years. To deal with this difficulty many methods and defense mechanisms are used. One of the most common ways is to externalize the painful event. To do so, 66,7 % of subjects changed the use of grammatical subject and said "we" or "you" rather than "I" when they mentioned about their arrestment, imprisonment, or torture experience. In the following two quotations participants preferred to use "you" instead of "I";

Case 19 [...] Our eyes are blindfolded, and they take us down to the basement. We wait for what's next. All ground is caked with dirt and blood. Fuggy. Eyes blindfolded, all ground is caked with dirt, you go through a trauma when you hear

human's screams. Then someone comes and blames you without any evidence. Beating starts. The kind of torture I had been subjected to: Palestinian hanging; they tie your arms at your back and hang you as if your arms are sticks. Arms are overturned and your rib cage starts to crumple up. Breathing becomes difficult and your rib cage extremely hurts.

Case 26 [...] You know, giving electricity, beating, inserting into a rubber tire, executing, they execute you, they carried out Palestinian hanging, I mean they perpetrate all these torture methods on you. It depends on your resistance. If you are resistant and they see that they cannot make you confess anything, then they do not insist upon you. But if they realize your weakness... And then they start cursing, provoking, they discommode you, you know.

In the following two quotations participants preferred to use “we” or “us” instead of “I” or “me”;

Case 9 [...] they used to look even into our anus. Once they plunged us into a cesspit, all naked. And then we went inside with those clothes. We had nothing to wear on, they used to be all shattered. They used to smash all the food coming from canteen into pieces. We were just watching all that.

Case 28 [...] First they undressed us and got us on the ground. Then they started to beat us with these bandoleers. Then they turned us on our backs, and also bastinado. Then they stood away from us after putting us into that mess, cause we were making them dirty.

Case 16 [...] I don't know, on the way to the court, I'm sorry but they were making us lean forward behind the door to see whether there is a note hidden in there you know.

Apart from all these problems, many other were reported by the subjects of this study. As they are *sui generis*, they were not categorized. 46,7 % of subjects reported other kinds of problems that they experience. One of them depicted his greediness and self destructive behaviors as follows;

Case 7 [...] Moreover, I was excessively greedy. After I was released I used to cook 1,5 kilos of meat in the frying pan, feel full, really full, my stomach used to stick out as I eat so much, but I was still insatiable.

Case 7 [...] MNK: After I released I made a habit of scratching my head, I wound it.

NT: Do you still do it?

MNK: I still do it. I had scars on my face.

NT: After you released, the scars on your face...

MNK: By force of habit. They are all around my head.

NT: What kind of discomfort do you have?

MNK: I feel excessively distressed, overwhelmed.

One of the participants who mentioned about screams 10 times in the inquiry, and stated his discomfort about them recounted his physical problems with his ear;

Case 18 [...] he hit me. My left ear is now totally...My left ear does not hear. When I cover my right ear, I hear absolutely nothing. It has always been like this, I mean I have not received any treatment anyway. Due to economic obstacles, I could not do much about the treatment. Right now, my left ear is totally destroyed, it does not hear.

In this example, the participant tells about the background of his child rearing strategy;

Case 23 [...] I gave Kurdish names to my children. I did it intentionally. They were born in İstanbul, and they both do not speak Kurdish. I gave them these names in order to make them be denigrated, and they will be. When she applies for a job in the future and says her name "Berivan" she will be excluded. When she says "Sidar" she will be excluded. Then she will question, why am I being excluded? She will discover her identity. This Turkish Kurdish thing... My daughter cried when she learnt about Atatürk's death. What's it got to do with it? I want her to experience it and discover it. She should make her own way.

This participant suffers from allergy and skin diseases that could not be treated for years, but fails to make connections between physical and mental spheres;

Case 28 [...] It did not bear any psychological influences upon me. If there were any, erstwhile I got over with them.

This participant has a lot of PTSD symptoms and suffers from many other psychological disorders, but he denies them;

Case 29 [...] - I tried not to express my mood.

-Did you get any help?

-What do they call it in psychology? Inhibition or something?

- Aha, did you think of getting any help?

- To inhibit all of them...

- I mean to get help for all these experiences...

- No, don't take it as an arrogance but I believe that I've become self-sufficient in this issue, especially in this issue.

**Here is another extreme use of denial;**

Case 30 [...] -Did you have any health problems?

-No. I have never ever had any health problem. I did not have any serious health problems even after the death fast. However it is a death fast all in all. You were in a death fast for a month, and your weight drops to 30 kilos, but I was not so bad in the end. I did not have any serious health problems. I did not have any even in there.

#### **4. Discussion**

This study aimed to explore the psychological effects of torture that has been conducted in Diyarbakır Prison between the years of 1980 and 1984. To do this, the oral testimonies of 30 ex-convicts who served in Diyarbakır Prison during those years were examined closely. Content analysis was used to analyze these testimonies and investigate psychological trauma that they experienced.

There are various researches that demonstrate long term mental health consequences of torture in trauma literature. It has been repeatedly found that torture is an assault that negatively affects the overall psychological functioning of survivors. Post traumatic stress disorder is the most common psychiatric disorder that develops following a torture experience.

To have a PTSD diagnosis the individual should be exposed to a traumatic event in which there is an actual or threatened death or serious injury, or a threat to the physical integrity of self or others and respond it with an intense fear, helplessness, or horror. PTSD manifests itself in the following forms; re-experiencing symptoms including flashbacks, nightmares, intrusive recollections of the event; emotional numbing and avoidance; and hyperarousal symptoms such as irritability, outbursts of anger, concentration problems. These symptoms should last at least one month after the traumatic event.

It has been 30 years that participants of this study have been tortured systematically for years. Moreover these participants' psychological states

are considered to be relatively good comparing to the other Diyarbakir Prison (DP) survivors who did not participate in this study. It is known that several DP survivors committed suicide after their release; many survivors developed serious psychological disturbances and socially isolated; many survivors died prematurely due to physical disorders most of which might be related to the psychological distress they went through in DC.; many survivors, if not most, after their release, joined PKK armed forces in the mountains. Those survivors could not participate in this study. Thus, it is highly reasonable to assume that the study participants were less psychologically disturbed relative to the general population of DC survivors. They felt they could take the risk of reexperiencing their DC trauma by remembering and sharing it with the Commission. During interviews some of the survivors retracted to be interviewed even they accepted to participate in advance. However the subjects of this study are in a good enough state to tell their memories. More vulnerable survivors did not probably dare to participate in this study. Thus it is reasonable to consider that findings of this study should be evaluated as a serious underestimation.

When we look for PTSD none of them currently have a PTSD diagnosis. However if we use subthreshold levels then 16,7 % of participants could be diagnosed with PTSD. Moreover the mean number of PTSD symptoms that has been manifested by them is 2,8 out of 17 symptoms. As these results were obtained based on spontaneous self reports then it is considerable to conclude that real rates of overall PTSD and the mean

number of PTSD symptoms would be much more than current results. Anyhow these results are enough to show the severity of psychological disturbance experienced by ex-convict survivors. They still feel destructive impacts of torture in their daily life even after 30 years passed. These results also give an idea about the magnitude of acute distress that emerged in prison and the aftermath of release.

To look for PTSD only restricts to make overall inferences. Thus a detailed investigation should be done by looking symptom clusters one by one. The content analysis of these oral testimonies showed that persistent reexperience symptoms are manifested most commonly among ex-convicts. 66,7 % of ex-convicts reported that they reexperience the traumatic event in various forms. The most common means by which trauma is reexperienced among ex-convicts is through having intense psychological distress upon exposure to trauma reminders. 43,3 % of participants felt distressed when they were talking about their torture experiences. Some of them even cried during inquiries. They reported their discomfort at expose to trauma reminders such as the color of the ceiling, the noises of police radiophones, or enclosed spaces.

Re-experiencing trauma is a significant manifestation of PTSD. Individuals with PTSD unintentionally recall their traumatic memories, that were called by Charcot as “parasites of the mind”, and they feel like as they relive the event in the forms as described above (1887; as cited in Leeds, 2009). To remember painful memories in the initial aftermath of trauma is common and not a good PTSD predictor (Shalev, 1992). It enables to

modify trauma related feelings and allows learning from experience. These intrusive recollections of the event are expected to be modified into existing cognitive schemas and world views in the course of time. That's why information processing continues until the event gains a meaning. However some individuals could not integrate their traumatic memories. Thus the event could not take a coherent form; rather it tends to be remembered with its sensory impressions. In the absence of a successful modification individuals started to organize their lives around the traumatic event. Thus, these unintentional intrusions of the event stay alive and vivid even after years. They are taken as a current experience rather than something belongs to past.

Individuals who are unable to integrate traumatic memories into their mental schemas lose their time and context perspective and trauma reminders are perceived as a current threat for them (Ehler, Hackmann, & Michael, 2004). In spite of remembering sensory details so vividly they might be unable to have an appropriate perception about the whole event. Moreover, as emotional memories are coded associatively they became activated whenever the individual encounters with a trauma reminder (van der Kolk, 1999). In the presence of an impaired evaluation capacity they might conditionally respond to trauma reminders like Pavlov's dog (McFarlane & van der Kolk, 1996) and give same reactions that have been exhibited in the original event.

Reexperiencing of trauma in the form of recurrent and distressing recollections of the event is mostly manifested among ex-convicts as well.

26,7 % of them mentioned about their traumatic memories that remained vivid in their minds. These include sounds and visual images related to the traumatic event. Some recollections might be more permanent and painful, thereby persist for years. Ehlers et al. stated that these kind of intrusive memories consist of events or sensations that have the greatest emotional impact (2002; as cited in Hackmann, Ehlers, Speckens, Clark, 2004). Moreover daytime reexperiencing symptoms are considered to be the result of a failure to fully elaborate, integrate, and process traumatic event related stimuli and subsequent information (Ehlers & Clark, 2000; as cited in Babson, Feldner, Badour, Trainor, Blumenthal, Sachs-Ericsson, Schmidh, 2011).

23,3 % of participants reported that they act and feel as if the traumatic events were recurring especially at exposed to trauma related stimuli. These people usually have an impaired time and context perspective. Thus they have difficulty in evaluating present surroundings and react as they are in a threat. They can also re-experience trauma related feelings without any sensory elements associated with the traumatic event.

Relatedly 20,0 % of participants manifested symptoms of physiological reactivity at expose to trauma reminders. To tremble, cry, feel nausea are some of the physiological reactions that were reported by them. As they re-experience traumatic events in here and now their reactions are shaped accordingly. Reactions might remain invariably as long as memories remain unprocessed and vivid.

Although the most common way of reexperiencing trauma is through recurrent dreams of events in the trauma literature, only 20,0 % of participants reported their nightmares and dreams. Dreams subsequent to trauma are considered as functional in eliciting emotional adaptation in dreaming theories. They serve a function in integrating traumatic experiences. As Horowitz theorized, individuals developed reexperience symptoms in order to process the new material that comes with the trauma. However a dilemma occurs when they deny the trauma and try to avoid from related stimuli. Thus suppressed emotional processing manifests itself in the forms of nightmares (1976; as cited in Phelps, Forbes, & Creamer, 2008).

Moreover, by re-experiencing the event, as claimed by Freud, the individual exposes himself to trauma again and again in a repetitive form in order to gain mastery over it. In this process he might be either victim or perpetrator; he might victimize others, behave self-destructively, or revictimize himself. In this way the control that was lost during the threatening event, is taken back (van der Kolk & McFarlane, 1996).

More than half of the subjects reported re-experiencing symptoms in this study. They relive torture that has been conducted nearly 30 years ago as a current experience. Thus they manifested similar symptoms as they did 30 years ago. They vary in the way that they re-experience the event but most of them seem to have an “unfinished business.” This might imply that though most of them make sense of their experiences in a political context,

they may not handle their old traumatic experiences on a psychological level.

Avoidance and numbing symptoms form other main criteria for PTSD diagnosis. An individual should meet at least 3 of 7 symptoms in this criterion in order to claim the long-lasting presence of avoidance and emotional numbing. Though these two categories were considered as two different mechanisms in recent works, they are lumped together in the current DSM. Numbing is considered as a part of the denial process that allows reduction of emotionality related with traumatic experiences (Asmundson, Stapleton, & Taylor, 2004). Avoidance is to perform a deliberate effort to stay away from trauma related stimuli such as people, conversations, situations, activities. Foa, Zinbarg and Rothbaum (1992) claimed that automatic mechanisms were responsible from numbing of responsiveness to emotional aspects of life whereas conscious and effortful processes were employed in avoidance. Whenever the individual is overwhelmed with intrusive recollections of the event both of these mechanisms are performed as a defense mechanism: to feel nothing is better than feeling terrible. Moreover in order to feel nothing one should stay away from trauma related stimuli. In comparison with other criteria avoidance and numbing were considered as the most reliable markers in PTSD (North, Nixon, Shariat, Mallonee, McMillen, Spitznagel, & Smith, 1999).

The content analysis showed that avoidance and numbing in general responsiveness is frequently seen among ex-convicts. Though 10,0 % of them meet at least 3 symptoms in this criterion, this rate jumped to 60,0 %

when we look for at least 1 symptom. In other words 60,0 % of our sample manifests at least one avoidance or numbing symptom in this study. 40,0 % of them show avoidance of talking about traumatic events; some of them do not want to go into details when they talk about their torture experiences, and others stated that the interview is the first time they tell about their traumatic memories. Moreover, 3,3 % of them have an inability to recall an important aspect of the trauma. When they are overwhelmed with excessive feelings that were triggered by intrusive memories associated with the traumatic event then they want to stop talking. Others, who have never talked about the event or forget its important aspects, might try to create a world where the traumatic event has never took place; it would neither be real nor a memory belongs to their past when they never talk about it. They might want to split off the event from their realities.

36,7 % of ex-convicts reported that they have feeling of detachment and estrangement from others. Some of them have difficulties in adapting society. Moreover they have problems with performing social roles such as fatherhood or being a husband. Some of them feel themselves miserable, and others find the society empty. In any way there is a significant alienation. Especially in prolonged trauma, like captivity, individuals might develop extremely negative attitudes towards others as their world views were deeply impaired. As Foa et. al. (1992) stated numbing has an analgesic effect for these individuals.

As some of them feel socially isolated they might fail to develop relationship with people. As these ex-convicts were subjected to torture for

a long time their world views are substantially changed. All these factors bring along depressive states and feelings of hopelessness (Beltran, Llewellyn, Silove, 2008). That's why 10,0 % of them hold the view that they will not have a normal job, marriage, or lifespan.

There are also some attempts to explain these phenomena from a neuropsychological aspect. Kolb (1987) proposed that neural changes are responsible for emotional numbing, whereas avoidance is caused by inevitable physiological arousal that is derived from reexperiencing. Moreover, emotional blunting results from hyperemotionality that emerges at exposed to a trauma related stimuli. Due to overwhelming emotions the individual inhibits them. However as Hayes, Strosahl, and Wilson (1999) claimed this results in aggravation of the emotion severity. Thus, one possible explanation for avoidance of trauma related stimuli in 16,7 % of ex-convicts might be an effort to prevent this hyperemotionality.

In this study diminished interest or participation in significant activities and restricted range of affect were not found among ex-convicts. As these symptoms were not asked one by one it could be overlooked.

Apart from re-experiencing, avoidance and numbing criteria, persistent symptoms of increased arousal should also be manifested to have a PTSD diagnosis. Individuals who suffer from hyperarousal continue to react to environmental cues in the same way as they did in the presence of traumatic threat. To meet this criterion one should perform at least 2 of 5 symptoms of falling or staying asleep, irritability, difficulty in concentrating, hypervigilance, or exaggerated startle response.

The most frequent hyperarousal symptom that is found among ex-convicts is irritability and outburst of anger with a rate of 20,0 %. Various studies have shown that individuals who have been abused in their childhood tend to commit a criminal act more than others who did not have such an abuse history. These individuals might either revictimize themselves or become perpetrator while they try to deal with trauma (Daud, Klinteberg, & Rydelius, 2008). Their irritability might also be resulted from a generalized rage that could be triggered by even a minor stimulus.

Sleep problems are also detected following a traumatic experience. In this study, 10,0 % of ex-convict survivors reported that they have difficulties in falling or staying asleep. Some studies suggested that individuals who had a traumatic experience have sleep difficulties stemming from nightmares (Rasmussen, Smith, Keller, & Allen, 2007; van der Kolk & McFarlane, 1996). Global PTSD symptoms severity is positively correlated with sleep disorders (Babson, Feldner, Badour, & Trainor, 2011). They become unable to soothe themselves to sleep and they want to avoid from having a dream about the traumatic event. There are two main theories that attempted to explain the etiology of sleep problems. In hyperarousal-based view it has been proposed that functional changes in the sensitivity of the nonadrenergic system and increased rate of respiration during sleep result in increased arousal, and thereby bring along sleep problems. In the other view, it has been suggested that re-experiencing symptoms lead to inability in initiating and maintaining sleep. It has been claimed that negative thoughts and memories about the traumatic event caused to

conditioned waking response, and thereby lead to problems with falling asleep and maintaining it. There is also another theory that highlighted the factor of avoidance symptoms in sleep disorders; all efforts to avoid from trauma related stimuli paradoxically evoke an increased cognitive activity and physiological arousal that impede falling and staying asleep (Babson et. al., 2011). Parallel to these considerations Babson et al. (2011) found that hyperarousal symptoms are related to staying asleep and having nightmares, but not to falling asleep, while re-experiencing symptoms lead to problems in falling asleep.

Difficulty in concentration is also another symptom of hyperarousal criteria. As Wolfe & Charney (1991) stated individuals who complain of PTSD symptoms suffer from attention and concentration problems as well. In literature, severe impairment in cognitive abilities following a prolonged torture experience has been found several times (Vasterling, Brailey, Constans, & Sutker, 1998). In this study, 6,7 % of ex-convicts reported their suffering about concentration problem. Van der Kolk and McFarlane (1996) suggested that generalized perception of threat might lead to this difficulty. Overwhelming emotions, thoughts and memories tend to interfere with daily tasks and thereby result in an inability to concentrate. Though some of them clearly state their intentional memory deleting, head injuries that occurred in prison might also lead to attention and concentration problems.

Individuals conditionally responded to certain environmental stimuli that are associated with past trauma and their bodies manifest physical symptoms even if they restrict their affects. As their evaluation capacity is

impaired, they could possibly react to trivial cues with an increased arousal. This could be considered as the generalization of threat (van der Kolk & McFarlane, 1996). Traumatic events might challenge a basic assumption about the world; it is not perceived as a safe place anymore. Thus any stimulus that is associated with the traumatic event could reveal exaggerated startle response. Though none of the ex-convicts survivor in this study reported such a symptom, 6,7 % of them manifested hypervigilance. In other words, they have alertness towards environmental stimuli but do not give startle responses any more though they did it intensely in the following years after their release.

The rate of somatic symptoms is another significant finding of this study; almost the half of ex-convict (46,7 %) survivors reported somatic complaints. Somatization corresponds to chronic complaints of bodily symptoms that are medically unexplained. It manifests itself in forms of chronic pain, gastrointestinal complaints, pseudoneurological complaints, and sexual dysfunctioning. However somatic complaints cover a more extended area of bodily symptoms. For instance, in this study ex-convict survivors usually reported symptoms of chronic pain, fatigue, restlessness, numbness, and allergy, with no successful treatment histories.

As all participants of this study have been subjected to physical torture as well as psychological it is difficult to make a definite conclusion whether a bodily symptom is a physical or psychological outcome of torture. However one of the ex-convict survivor clarified it as follows; “Those defects left on your body, just like the ones on my fingers, those are

actually left on your soul.” Thus, even if a bodily complaint, such as numbness, is caused by an organic damage it still reflects a psychological outcome. Likewise, Olsen, Montgomery, Bojholm, & Foldspang (2006) stated that with many other factors past torture experience is strongly associated with current somatic symptoms.

In literature it has been repeatedly demonstrated that health problems and somatic symptoms tend to emerge following a trauma. The risk of early mortality was suggested by Green and Kimerling (2004; as cited in Ginzburg & Solomon, 2010) as well. The severity of psychosomatic complaints is positively correlated the intensity of the traumatic event (Sledjeski, Delahanty, Bogart, 2005). Ginzburg and Solomon (2010) investigated the relationship between post-traumatic stress responses and somatization, and found that the former one predicted the latter one 2 and 3 years after the traumatic event, but as time elapsed the latter one predicted the former one, but not the reverse. Thus there is a significant relationship between post traumatic stress reactions and somatization. Especially emotional numbing is related to somatization; some emotions might be too overwhelming to talk about and acknowledge. Under such a circumstance individuals might prefer to express them over their bodies rather than to accept their psychological outcomes. So to say, it might be preferable to suffer from bodily symptoms rather than psychological ones and unexpressed emotions manifest themselves on the body. Within this scope a chronic pain might symbolize a psychic pain in the inner world, or numbness might represent a barrier that is formed by the soul in order to

avoid from feeling excessive pain. Although there is no direct cause and effect relationship with these symptoms and their psychological roots, they will gain meaning when the individual's own dynamics and life history is studied closely.

Different types of torture methods are related to the emergence of somatic complaints. Punamaki, Qouta, and Sarraj (2010) found that both physical and psychological torture methods are related to PTSD symptom severity while only psychological torture is associated with higher rates of somatic complaints.

Culture might also play a mediating role in this phenomenon; men were not encouraged to express their feelings, so their pain manifests itself on their bodies rather than being put into words. However, paradoxically it is seen predominantly among women (North, 2002).

Though these survivors provided social support to each other, their prison conditions were mostly not convenient to express some emotions. In most of the interviews they mentioned about their efforts to hold their heads high. They resisted in order to survive. For this reason they could not express enough their psychological pain and thereby almost half of them suffer from physical symptoms. Litz, Schlenger, Weathers, Fairbank, Caddell, & LaVange stated that in the absence of a successful processing of negative emotions increased arousal and somatic problems were likely to occur (1995; as cited in van der Kolk & McFarlane, 1996).

It has been shown that prolonged torture produces severe mental health consequences even a long period of time elapsed. The evidence of

persistence psychological distress comes from studies that have been conducted with Holocaust survivors, war veterans, refugees, and ex-prisoners. Likewise, almost half of the participants in this study mentioned about the psychological outcomes of their experiences without specializing them and reported that they have psychological problems in general. To experience a traumatic event brings along many destructive consequences such as anxiety disorders, mood disorders, or somatization. In trauma literature it has been repeatedly demonstrated that being tortured results in serious mental health problems as well as physical injuries.

In certain times individuals might have difficulties in understanding and expressing specifically what they suffer from when they do not feel good or think that they are still under the influence of a stressful event. It would be hard to put into words their feeling for them. Thus they might express it by stating their negative state of mind or the presence of psychological distress that they have without going into details. This phenomenon might be derived from both unawareness of what has been going on in their inner world or unwillingness to express them. Simply to say having a negative state of mind might serve the purpose of generalization of what they suffer from or becoming distanced towards them. To express unhappiness, desperation, or hopelessness requires two components; first of all one should be aware of his/her feelings and acknowledge them, and secondly have a strong enough ego capacity to hold those feelings.

To talk about what is felt in details might lead to go into that feeling and some individuals might find it difficult to do so. To express distress clearly and specifically might trigger repressed memories and the individual might be anxious about having re-experiencing the event or related feelings. Thus some may prefer referring to their emotions roughly when they intend to avoid them. However, to narrate sketchily should not be always considered as a weakness of ego capacity. More precisely, to express psychological distress indicates the capacity of acknowledgment of those feelings. However, during the interview an individual may both go into his feelings at a certain point, and tell roughly at another. This might have done not because of a weakened ego capacity, but with an aim to become distant or to sum up. In this study 43,3 % of ex-convict survivors reported that they have psychological distress in general without specifying them. They just depicted their discomfort. When their narratives are investigated it is understood that some of them did it as they could not do more due to an inability to acknowledge them, while the rest did not prefer to go into feeling. Moreover as the educational level of participants is mostly moderate and their sufferings vary on cognitive, affective and behavioral levels, they might have difficulties in differentiating and making sense of them.

43,3 % of ex-convicts depicted their memory related problems. Many survivors suffering from post traumatic stress symptoms usually indicate cognitive complaints including memory and attention impairments (Wolfe & Charney, 1991). Memory problems are associated to post traumatic symptoms (Johnsen, Kanagaratnam, & Asbjornsen, 2008). Daily

functioning of certain individuals is adversely affected by these cognitive disturbances. Thus it is a significant problem for their well being.

Cognitive deficits are widespread following a severe and prolonged torture and war experience (Goldfeld, Mollica, Pesavento, & Faraone, 1988; Vasterling, Brailey, Constans, & Sutker, 1998). However the findings about the scope and the structure of cognitive impairment are not consistent. While some studies indicate a global cognitive malfunctioning following a trauma many others proposed specific areas as disturbed (Johnsen et al., 2008). The level of memory functioning is strongly associated with attention mechanism; an efficient memory functioning requires an intact attention process (Johnsen et al., 2008). However there is a great discrepancy between the rates of reported attention and memory problems in this study. There might be several explanations for this finding; first of all it might indicate an underestimation in reported attention problems, secondly attention and concentration deficits might be reported under the head of memory problems, and finally while attention problems are related to hyperarousal and intrusive memories of trauma, memory malfunctioning might represent avoidance symptoms. To forget, or being unable to remember important aspects of trauma might be associated with denial of the traumatic event.

Memory deficits are also common subsequent to traumatic head injuries (Whiting & Hamm, 2008). As beating is one of the frequent torture methods that have been conducted to these ex-convicts, related head injuries could also be considered as a potent risk factor for these neurocognitive

deficits. Moreover it has been found that malnutrition and body wasting activities might result in an aggravated memory and learning performance (Sutker, Allain, Johnson, & Butters, 1992). Thus extreme maltreatment in prison including torture, malnutrition and body wasting activities are associated with an impaired cognitive functioning. Moreover as hunger strikes and death fasts contribute to memory deficits (Basoglu, Yetimalar, Güngör, Büyükçatalbaş, Kurt, Seçil, & Yeniocak, 2006; Kirbas, Sutlas, Kuscü, Karagoz, Tecer, & Altun, 2008) they might be also considered as responsible for memory malfunctioning of ex-convicts.

Affective states are profoundly affected following destructive life experiences. PTSD shows a high comorbidity with mood disorders and anxiety problems. It has been repeatedly indicated that anger, depression, and anxiety were found among trauma survivors (Creamer, Elliott, Forbes, Biddle, & Hawthorne, 2006; Whittaker, 1988). 36,7 % of ex-convicts who were participated to this study reported negative mood states including anger, grudge, and depression.

Dekel, Goldblatt, Keidar, Solomon and Polliack (2005) proposed that low self-esteem, loneliness, confusion, self-blame, and loss of control are reported by war veterans. Especially anger and hostility are significantly associated with PTSD. Particularly individuals who suffer from PTSD as a result of war experience show an increased level of anger and hostility (Castillo, Fallon, Baca, Conforti, & Qualls, 2001; Orth & Wieland, 2006). Furthermore anger has a predictive value for symptom severity in PTSD; higher levels of aggression are associated with an elevated level of PTSD

(Feeny, Zoellner, & Foa, 2000; Lasko, Gurvtis, Kuhne, Orr, & Pitman, 1994; Novaco & Chemtob, 2002).

Freud stated that group cohesion tends to be increased under threatening conditions (1926; 1959; as cited in McFarlane and van der Kolk, 1996). Furthermore, McFarlane and van der Kolk (1996) indicated that there is a tendency for individuals who were under threat to establish close relationships with other people under similar conditions. They also proposed that a shared suffering turns into a shared hatred and thereby a shared phantasy of taking revenge might occur. Ex-convict survivors in this study have been subjected to torture due to their Kurdish identity and political stances. In their period of imprisonment they shared the same pain and they enhanced their group cohesion under the Kurdish identity. As a result, their anger persists as they reported.

Apart from anger, depressive feelings are also frequently reported by ex-convicts. Depressive reactions following a prolonged trauma were frequently demonstrated in literature. Participants of this study were exposed to extreme humiliating and insulting behaviors. However not all survivors went through serious trauma develop depression or any other mental disorders. Their perceptions of the event and the given meaning are associated with subsequent psychological outcomes with many other components. The idea of living in an unsafe, hostile, meaningless, and uncontrollable world might adversely affect individuals' well being and weaken their capacity to handle with life events. Thereby an increased risk of depression emerges (Lilly, Valdez, Graham-Bermann, 2010). Likewise,

participants of this study face with the most immoral, hostile, and humiliating part of human being. Thus their belief in morality, trustworthiness, autonomy, and justice is shattered, and thereby their depressive symptoms are ascended.

Relatedly, their relations with people adversely affected as well. 40,0 % of ex-convicts told about their psychological and relational problems after release. Two of the participants stated that they wanted to go back in prison after their liberation. There might be several reasons for this desire and their shattered interpersonal relations. First of all, though they were damaged a lot in prison, it was expectable and thereby controllable in a sense. They used to know well what they will receive in terms of hostility and violence. However they were not familiar with the dangers of outside life which make them feel insecure. Thus they might use social withdrawal as a defense mechanism to protect themselves from possible harms of other people. Prison might represent a more secure place for them.

Feeling guilty is also another reason for the desire of going back in prison. To leave their comrades in prison might be very difficult for them.

As most of them described in the interviews they had very close relationships in prison under terrifying conditions. They established a collectivistic system in which they supported each other and they shared all resources as well as their pain. More specifically they trust each other. However, after their release from the prison, they encounter with an individualistic system outside. Thus they had difficulties in adaptation. Moreover as these ex-convicts care about concepts of peace, democracy,

collectivity, identity, unity, and solidarity while they were in prison, they found daily life issues including materialistic concerns as meaningless and simple after their released. To them, more abstract and worthless issues supersede their beliefs, and values. Consequently they could not build and maintain relationships over these issues.

Another reason for having disturbed relationships could be explained by referring Herman's ideas about the victim-perpetrator relationship. She (1999) stated that the captive cannot manifest his anger to the captor in order to stay alive. Even after release he may continue not to show any sign of anger towards the perpetrator. There is also an unexpressed anger against people who were insensible or fail to save him. The individual might show a social withdrawal to control his unexpressed rage which further cause in an alienation.

The destruction in the self and other representations is another reason for their shattered relationships with family and society. First of all their beliefs in a just world is challenged as discussed before. As their fundamental assumptions about the sense of self and the world are disrupted and no longer convenient, they changed their attitudes towards people. They tend to expect hostility from others and they have difficulties in establishing adaptive relations in the absence of trust (Salo, Punamaki, Qouta, 2004). Generally they tend to split of their perception of self images into two opposites including good and bad. They perceive themselves either vulnerable or self sufficient and evaluate their relationships as all-good or all-bad (Horowitz, 1999). Thus they have many problems in their close

relationships (Jordan, Marmar, Fairbank, Schlenger, Kulka, Hough, & Weis, 1992).

Apart from relational problems, ex-convicts also reported psychological problems they had after release. What they described as psychological problems generally comprise PTSD symptoms. Thus, it is reasonable to consider this finding as lifetime PTSD.

When people exposed to a traumatic event they make effort to comprehend and make sense of it. They try to make causal relationships and create a narrative of the event. To give a meaning to the event and make a narrative of it could be considered as main components of the healing process. However people differ in the way they narrate the events. That's why there are various attempts to understand the impacts of a traumatic event by investigating the narratives of survivors in trauma literature. Their use of pronouns, verb tense, emotional words are strongly associated with PTSD symptom severity. However there are not enough studies to conclude an impoverishment of self-referential perspective in narratives of PTSD survivors. Most relevant data came from Klein and Janoff-Bulman; they found that women suffer from PTSD which is stemming from a childhood abuse history tend to use more other person pronouns rather than first-person (1996; as cited in O'Kearney & Perrott). They also found a deficiency in the use of first-person pronoun in their narratives. Cohn, Mehl, and Pennebaker (2004) also found avoidance in using present tense and first person singular pronoun when victims show an emotional distance to the event.

Findings of this study also supported this tendency; a considerable percent (66,7 %) of ex-convict survivors prefer to use “we” or “you” rather than “I” while they were telling about their torture experiences. There are some possible explanations to understand this phenomenon.

One of the main reasons to use other person pronouns is to create a psychological distance. Cohn, Mehl, and Pennebaker (2004) suggested that the lowered use of first person singular pronoun serves as a buffering effect following a trauma. To narrate a painful memory by using first person plural pronoun rather than first person singular one enables the individual keep a distance from the event. There is a great difference between to say “they raped us” or “they raped me”. When the individual uses the former one the event is no longer something happened to him and becomes their shared memory with other victims. Moreover if it is something happened to all of them, then it might become more acceptable. It also enables to share the suffering, pain, and shame that are stemming from the event. If the event happened to them, so did the outcomes. To pluralize the pain, when it becomes too hard to carry on by oneself, could be considered as a way of modulating it. Thus the victim could remain at bay when he uses first person plural or second person singular pronouns.

Secondly, an elevated use of other person pronouns might indicate a greater sense of community as suggested by Stone & Pennebaker (2002; as cited in Cohn et al., 2004). In this study participants might refer to their Kurdish identity by using first person plural in their narratives. Here, their pronoun choice might give us clues about their social belongings, so it is not

coincidental. In this way torture or maltreatment might become something to be done to their Kurdish identities rather than personally themselves. This might be considered as a way of protecting their self respect. The humiliating act is no longer something personal; rather it becomes something that is done to an identity. They can acknowledge the maltreatment only if they perceive themselves as a part of social identity. Thus Kurdish identity protects them from destructive consequences of torture in a degree. They perceive what happened to them as a cost in the fight of identity that is done for independence, democracy, and equal rights. It enables to make a sense of all happenings. It also facilitates to handle the outcomes of humiliation. The individual might think that it did not happen to him, but it happened to them, more specifically their Kurdish identity.

Moreover to refer other persons might soften the painful impact. Thus the individual becomes one of the victims rather than being the only one who was tortured. This can also be considered as an attempt to normalize the traumatic event for the individual.

As some participants of this study lost the sense of community, unity and solidarity after their release, they tend to report their distress after the release. Thus, all types of these above-mentioned psychological disturbances emerged after release. However 16,7 % of them mentioned about their states of mind when they were in prison as well. Some of them stated that they wanted to stay in prison, and not to be released. A few of them reported that they wanted to be beaten. Having nightmares and suicidal thoughts were also reported.

To want to be a part of a group and resist against the perpetrators might be one of the reason for unwillingness to be released. They did not want to be stay out of that unity and communal life. Moreover they did not know a lot about outside, they were used to stay in prison. It was predictable and it was where they get support. Thus they wanted to be there.

On the other hand this feeling of satisfaction could also be explained as a defense mechanism. As McWilliams (1994) stated to turn something to its polar opposite makes it less threatening. They might develop such a mechanism in order to deal with the fear stemming from being exposed to unexpected torture. They might turn a fearful experience into a feeling of satisfaction in order to deal with its threatening effects.

Apart from all these sufferings there are also other kinds of distress that have been reported by 46,7 % of participants that remained unclassified. Greediness, self-destructive behaviors, and extreme use of denial are some examples of these problems.

All these problems are associated with their personal dynamics. Thus they should be investigated specifically based on their own background which is out of scope of this thesis. However this finding strongly supports the view that to comprehend the outcomes of a trauma in general, and torture in particular, one should work through with all symptoms of the victim rather than those are classified in DSM only. Some victims would not show any PTSD symptoms, but might be still under the effect of trauma. For example, one of the participants mentioned about screams almost ten times in his inquiry which is quite much comparing to other ex-convicts.

Moreover he added his current discomfort from these screams. This participant also reported an impaired hearing functioning which he has never tried to get a treatment. These two symptoms; irritating screams and getting no treatment for an impaired hearing functioning, seem to be related in a sense. He might want to remain deaf in order to get off screams in his brain. Thus his current health problem might be a psychological outcome of torture rather than physical.

In consequence, torture has a lot of destructive outcomes that changes victims' lives. It interferes with victims' states of minds, personalities, relationships with loved ones, existent beliefs and so on. Its outcomes might be manifested in various forms by survivors. Its effects could last for 30 years. Time generally heals traumatic wounds, but not always and not for everybody.

#### **4.1. Limitations and Future Directions**

Current study has some limitations that should be outlined. First limitation has to do with the methodological structure of the study. This study was not designed to investigate the psychological profiles of the ex-convicts torture survivors. Rather it was designed to clarify what happened in Diyarbakır Prison between the years of 1980 and 1984, and to explore its psychological, sociological, judicial, and physical aspects. Moreover it was conducted by academicians and volunteers instead of clinicians. Relatedly it consists of inquiries that were semi-structured in certain areas. Investigating psychological outcomes of torture is just one of the concerns of it. As exploring psychological distress is not the main focus of this study

interviewers did not go into details about it during inquiries. Thus many of psychological issues were overlooked and remained unnoticed. Participants would give more information about their psychological states if they were asked specifically. Under these methodological limitations the findings of this study give us just an outline about the destructive impacts of torture that was practiced in Diyarbakır Prison. These obtained results are could be considered as an underestimation of reality. Thus a more systematic study conducted by clinicians that takes psychological concerns as the main focus could give us more accurate results.

Relatedly, the findings of this study were obtained based on self reports only. Although participants fulfilled trauma symptoms inventory some qualitative and quantitative problems interfered and made it impossible to use as discussed in the procedure part. Thus the research was done by analyzing the self reports qualitatively. However as psychological concerns were not the main focus, qualitative analysis remained limited. The data that were revealed usually came from spontaneous self disclosures. However as stated in the results section many participants had difficulties in acknowledging their distress. Thus an elaborated investigation could not be done in the absence of a detailed inquiry including psychological issues. However the use of such an investigation and reliable and valid inventories would give accurate results.

The second limitation of this study is common in almost all qualitative studies; its sample size is not enough to be representative. Only 30 inquiries were analyzed in reaching results. Moreover participants of this

study comprise of only men as the majority of Diyarbakır survivors are men. However women and men might vary in their reactions to torture and manifestations of distress. The nature of their self disclosure might even be different comparing to men. That's why to make a generalization of these results is not possible in the absence of woman participants. Therefore the findings of this study seem to represent the psychological consequences of torture on males rather than on human beings.

Furthermore the participants represent a selected part of the whole survivor population from the Diyarbakır Prison. Their psychological states are good enough to participate in such a study and tell about their painful experiences. It is known that many others committed suicide, or developed serious psychopathology, or joined to the PKK to fight against the Turkish security forces. Thus the sample is not representative of the whole survivor population of the Diyarbakır Prison. Nature of the study sample is considered to under-represent psychological difficulties. A more representative sample is more likely to portray psychologically more disturbed survivors.

The fourth limitation is about the evaluation of results. These participants' psychological states were affected by various stressful stimuli such as being imprisoned for years, tortured, and exposed to social discrimination. The findings of the current study are not adequate to discriminate the effects of these variables. It's not possible to state a definite cause and effect relationship between torture and these consequences. Rather their combined effects can be evaluated as responsible for these

findings. To make such a statement further systematic studies should be conducted by including control groups that consist of individuals who had been imprisoned but not tortured.

As the data obtained from participants is not convenient to make a quantitative evaluation they were just analyzed qualitatively. They could not be supported by reliable and valid inventories as stated. This created a problem as they were not clinical inquiries that include comprehensive anamnesis. For this reason general evaluations were done hypothetically while explaining the etiological factors instead of making personal assessments. Thus in further researches that were conducted by experienced clinicians, inquiries might be analyzed case by case to reach detailed results and make sense of various symptoms. Whereas this study reflects a clinical picture of post torture period such studies will tell about more the etiological factors, and help in understanding the complex nature of traumatic reactions.

## APPENDIX: ORIGINAL VERSIONS OF TRANSLATED QUOTATIONS

### 3.2. The Psychological Profiles of the Participants

#### 3.2.1. PTSD Symptom Cluster B

Case 11 [...] Ee ben Kızıltepe’de anlatırken bazı yerlerde yerleri hatırlıyorum ee tıkanıyorum, [Sol eli kuvvetli bir biçimde titremeye başladı] yani çok zordur, anlatması çok zordur.

Case 29 [...] Vereme yakalananların balgamı insanlara zorla yediriliyor, içiriliyordu kaşıkla. O gerçekten, şu an onları anlatmak dahi istemiyorum yani anlatınca midem bulanıyor çünkü kusasım geliyor.

Case 23 [...] Mesela hala doktor bana kaba etten iğne yapamaz. Kalçama dokunduğu an, elle de olsa, iğne korkusu değil, vücut kendisini kasar, taş kesilir. Kaba etlerim tamamen döküldü yani.

Case 27 [...] Kırmızıdan çok gıcık alıyorum. Çünkü tavanlar kıpkırmızıydı, boya. Duvarlar 17 padişahın işte Kenan Evren’in, Zübeyde hanımın bilmem kimin resimleriyle duvarlar boyanmıştı. Bir körlük, renk körlüğü ... Ben şimdi koğuşa girsem kırmızıyla boya deseler ben inliyorum. Bende bir fobi halini almış.

Case 18 [...] O çığlıklar, o sesler seni daha da rahatsız ediyor yani.

Case 29 [...] Polis telsizi. O anons sesi şeyin ben de müthiş tiksinti yaratır yani müthiş şey yapar böyle nasıl desem. Belli etmesem de açığa çıkarmasam da ister istemez hani böyle in.. kul... insan kulağının dibinde teneke böyle...çok biçimsiz çok şekilsiz bi tenekeye vururlar ya hani aşırı derecede rahatsız olur o şekilde bi şey yapar böyle bi ... tepkiler ortaya çıkarır ben de. O halen devam ediyor sanırım o hep de devam edecek.

Case 6 [...] Ben mesela telsiz seslerinden hala ürküyorum yani. Yani, hep böyle geçmiş kafamda şekilleniyor böyle, o telsiz sesleri evin önünden geçmeleri. Araba sesi, yani etkiledi, hayatımı tamamıyla değiştirdi.

Case 23 [...] İşte makberi çok güzel söylerdi, Önder. Onun için bazen hala açarım ama açtığım zaman kendimi kaybederim, bana dinletmemeye çalışıyorlar. Alırdım bir köşeye hafif sesle, şu makberi bir söyle.

Görünmeyen bir köşemiz vardı böyle. Orda makberi söyletirdim ona. Önder öyle gitti.

Case 26 [...] Hala mesela bir karakolun kapısına gittiğimde tiksiniyorum. İstemiyorum yani, gitmek istemiyorum. Bir mahkemeye gitmek istediğim zaman diyelim mahkemeye beni veriyorlar, asla gitmek istemiyorum. Yani tiksiniyorum, bir tiksinti, farklı bir duygu, bir psikoloji yaratıyor bende. Hiç o resmi anlamda, hiçbir işlem ne görülsün istiyorum, ne evrak istiyorum.

Case 4 [...] bu cezaevinden çıktıktan sonra ben istemiyorum fazla kapalı yerde kalım. ... Sıkıntı oluyorum, mesela ben şimdi ben ara sıra eve abemgile gidiyim şeye gidiyim ben 10 dakkadandan fazla oturamıyorum.

Case 7 [...] Yani bilmiyorum, insanın hala o psikolojik baskı üstünde biliyor musun? Ben anlatırken bilmiyorum, hafif tıkanıyorum ben. Atamadım.

Case 9 [...] Kaç yıl geçti aradan, 27 yıl geçti aradan, görülüyor da çok canlı ve net hatırlıyorum olayları. O derece üzerimizde etkisi var. İçeri girişimizi, kapının açılışı, yataklar, tuvalet, döşeğin ismi döşek, içinde her şey var.

Case 1 [...] Kulaklarımda hala sesler var. Sanki içinde bir motor çalışır gibi.

Case 6 [...] Ve o adamın bağırışları yani işkence sesleri bana hep onu hatırlatıyor. Böyle hep hafızamda kalan böyle. Canlı.

Case 27 [...] Çemşit Kaya'nın karısını getirdiler, elektrik verirken bizlere de gösterdiler. O ses hala benim beynimde.

Case 23 [...] gözetleme deliğinden sürekli bakıldığı için koğuş içinde nöbetçiler var, gardiyana da kapıyı açıyor esas duruşunu bozanı kollarına girene kadar dövüyor, esas duruşta yatmak zorunda. Ben hala bugüne kadar yine öyle yatıyorum. Şu anda evde yatarken sırt üstü ve ellerim böyle yatarım.

Case 27 [...] Ben zaman zaman gece kalkıp volta attığımı biliyorum. Evde yemek listesi yaptığımı biliyorum.

Case 4 [...] bir marş okunuyorsa ben beni Diyarbakır Cezaevi'nde hissediyorum. Bugün sabah erken mesela ben eve gelirken yahut işe giderken bazı çocuklar okuldan marş marş okuyorlar. Ben hani kendimi orda hissediyorum.

Case 29 [...] Hemen böyle bir ışık çıka görsün başımı kaldırıp geldiler, gene beni almaya geldiler, gibi o ağır hisler o ağır psi... depresyonlar bir müddet devam etti sonra şu anda farklı şekillerde devam ediyor.

Case 26 [...] Hocam bu bana şeyi anımsattı, geçmiş dönemde 80'deki sorgu, polisteki sorguyu anımsattı.

Case 18 [...] Yani inanki işte söylediğiniz zaman hep tarihe gidiyorsunuz biraz o acıyı sanki yeni yapılmış gibi hissediyorsun kendi üzerinde

Case 2 [...] Hala kendim de seneler sonra, benim peşimi bırakmadı, ben de uykumda o şartları görüyordum, ya Siirt'te görüyordum, ya Diyarbakır'da görüyordum, ha şimdi çıkacaksın, ifadeye hücreye götürecekler, işkenceye götürecekler... Yani daima o ruhla (ruh haliyle) yatıp kalkıyordum, gerçekten. Tabi herkeste vardı, bende de var. Ben de kendim çıkınca birkaç sene sonra dışarıda yatıyordum, yazın. Meğer ki kabus görüyordum, görüyorum ki askerler geliyor beni soruyor, beni tutuklayacaklar, o uykudan bağırarak istiyordum. Annem dedi "oğlum kalk, kalk". Kendime gelince, gördüm ki biliyorum o şeyleri. İşte var halen de.

Case 21 [...] Ondan sonra bir de burada bir ben çıktı, bu sol tarafta (sol kaba et kısmı, sol baldırda) yakar yani, çok yakıyor böyle. Onun üzerinde yatamam, yani yattığımda da kabusla uyanırım yani mutlaka. Bir ben var, bu sonradan oluştu. Eskiden öyle bir ben yoktu yani. Sol baldırda.

Case 26 [...] yaklaşık 19 yıl oluyor. Bu süreç içerisinde ben hep şeyi düşündüm, unutmak istedim unutamadım, unutamiyorsunuz, çünkü hala onun psikolojisini, gece rüyalarımnda işkenceler görüyorum ben.

### **3.2.2. PTSD Symptom Cluster C**

Case 20 [...] Elektrik, tazyikli su , lastik. Bir lastiğin içine konuyorsun ve gözler bağlı. Aslında olanları konuşmak, hatırlamak istemiyorum yani. ...ben aslında hiçbir şey hatırlamak ve anlatmak istemiyorum. O insanları, arkadaşlarımı düşündüğüm zaman, ben, ben olmaktan çıkıyorum.

Case 29 [...] Orda otuz yedi gün kaldım. Oradakiiii işkence yani bilmiyorum anlatılır gibi değil de nesini anlatsam yani nere...neresinden başlasak o ayrı bir konu. ... Ondan sonra yani böyle ayrıntılarıyla anlatmak...Ayrıntılarıyla anlatmakla zaten bitmez de

Case 30 [...] Ben sorgu kısmını geçiştiriyorum, ağır olduğu için. Bizim sorgumuz çok ağır geçti.

Case 21 [...] Ben de.. ben artık o şeyleri geçiyorum, işkence seanslarını...

Case 16 [...] Tabi ben anlattıkça öfkeleniyorum, darlanıyorum, bazen de hatta duygulanıyorum yani, ağlamasım geliyor.Ve ben hatırlamak da istemiyorum,yani ben siyasi ortamlarda anlatmak ihtiyacını hissettiğim zamanlar da duygulanıyorum.

Case 19 [...] Utanıyorsun anlatmaya. Çok samimi, birebir dost olduğuna biraz kabaca anlatırsın. Mesela ben çıktıktan sonra uzun süre kimseye anlatmadım. Belki ucundan, kıyısından biraz. Ama dışarı çıkıldıkça sadece ben değil binlerce insanın bu tezgahlardan geçtiğini öğrendikçe o travmayı aşmaya, demek ki yaşadıklarım gerçektir ve sadece ben değilmişim demeye başlıyorsunuz. Ama yine de bugün kadar, bu açıklıkla anlatmamıştım.

Case 23 [...] Yani ben şöyle söyleyeyim, oradan mesela ben çıktıktan sonra da bir çokşeyi bile kendime en yakın kendi insana anlatmadım. Anlatamadım. Anlatmayı cesaret edemedim. Niye anlatamadım. Çünkü bunu anlattığınız zaman, biz yaşadığımız halde kendimize sorduk, yahu acaba biz bunu yaşadık mı? Çünkü bunu yaşayan bir insanın, normalde hayatta kalmaması lazım. E sen bunu yaşamışsın nasıl hayattasın. O zaman karşıdaki insan ha bu yalan söylüyor, diye düşünecek diye korkuyorum. Ki haklı olur.

Case 19 [...] Siz bir travma yaşıyorsunuz Bazen kendinizi sorguluyorsunuz, bazen gerçeklikten kopuyorsunuz. Çıktıktan sonra uyum problemi yaşıyorsunuz ve bunları unutmak istiyorsunuz. Unutmak istediğinde de bir doktora gidip bir sağaltım yolunu tutmuyorsunuz. Mesela benim ayaklarımda çok iz vardı. Ben elektrik işkencesinde çok kaldım ve ayaklarımda, vücudumda yıllarca geçmeyen yanık izleri oluşmuştu. Yıllar sonra bana bir acı falan vermiyordu. Ama bir tıbbi incelemede bunun bir yanık izi olduğu hemen anlaşılırdı. Gidip de işte “ben cezaevinde kaba dayak yedim, elektrik verildi, kaburgam kırıldı, parmak etlerim parçalandı, kolum kırıldı, kafam kırıldı, şu oldu-bu oldu diye doktora gitmiyorsunuz. Benim tanıdığım yada daha sonra tanıdıklarımın büyük bir çoğunluğu da

gitmedi. Ruhsal olarak demiyorum. Fiziki olarak rahatsızlığımız var. İki parmağımı hissetmiyorum mesela.

Case 21 [...] Vallahi tedaviye gitmedim. Ben çıktığımda da bir İnsan Hakları Vakfı'nda bir arkadaş vardı, yani imkanlarım da vardı. Gitmedim. Ben doktorlarla ve avukatlarla biraz soğukum.

Case 23 [...] yani bir resim...Ben yağlıboya resim yapıyordum yani. O günden beri elime fırça almıyorum, resim yapmaya tövbeliyim. Tablo yapardım, resim yapardım, resimim bayağı iyi idi. Yağlıboya tablo yapardım, eşe dosta. Özellikle alırdım, düşünün işte gelirdi şu duvar büyüklüğünde bir yer, 15 dakika içerisinde resim olacak. 15 dakika içerisinde bu duvarları resim yapacaksınız. İşte bazıları bunu yapıyordu. Tövbe ettim asla o gün bugündür elime fırça almadım, resim yapmadım, bıraktım. Ha belki tersini yapmak gerekirdi onu dile getirmek için ama, ben de öyle. Yapamadım yani.

Case 26 [...] Size dayatıldığı zaman veya istiklal marşı günde yüz kere size okutulduğu zaman, siz o istiklal marşından nefret ediyorsunuz. O bayrağı hiç görmek bile istemezsiniz. Tanımak bile istemezsiniz. Hala öyle. Ben zaman zaman normal bir şeyden geçerken istiklal marşı okunurken düşünüp duruyorum, durayım mı durmayayım mı diye. Durduğum zaman kendime bir hakaret edilmiş gibi hissediyorum.

Case 10 [...] Biz evde Kürtçe konuşuyoruz. Hanımım zaten Türkçe bilmez. Çocuklarımla karar aldım, artık benimle Türkçe konuşmayın. 3-4 aydır Türkçe konuşmuyoruz.

Case 20 [...] Yalnız çok şeyi unuttum. Hatırlamak istemediğimden dolayı. Hafıza silmek gibi.

Case 22 [...] Ben desem şu an dışarıya tam adapte olmuşum on yedi on..., on yedi yıldır aşağı yukarı çıkmışım, dışarıya tam adapte olduğumu söyleyemem...Evet hala cezaevi izi var. Hala o cehalet/rehavet bende gerçekten var yani dışarıya tam adapte olamadım. Mesela evde ailemle o konuda çok çelişiriz. Evliyim. ...Evlilik olayında çok zorlanıyor. Mesela biz hep yoldaştık, ilişkilerde hep ne bileyim yani o arkadaşlık ilişkilerine alıştığımız için veya onu bir yaşam biçimi olarak gördüğümüz için diyorlar

ki Őu an evlilikte bazen uyanıyorum gece diyorum allah allah bu ben miyim. Arkadaşım ile birlikte yattığım yani aynı yatağı paylaştım çünkü öyle bir Őeye hiç hazırlıklı deęildim, hiç düşünmemiştim, hiç aklımın ucundan geçmemişti. O konuda ciddi sıkıntılar yaşıyorum mesela. İşte yoldaş şeklinde yaşam, bazen eşimde ya ben senin yurt arkadaşın deęilim ben senin işte yoldaşım deęilim, ben senin eşimim, işte özel yanlarımız vardır, bunu bilmen lazım yani bu konuda ciddi sıkıntılar gerçekten yaşıyorum. Bu anlamda tam adapte olmamışım .... Çünkü ben politik yaşamın dışında başka bir yaşamı kabullenemiyoruz. Yani normal işte günlük yaşamımızda pamuk nasıl oldu, buęday nasıl oldu işte affedersin inekler, işte davarlar nasıl oldu konuşmaları ters geliyor bana. Giremiyorum o konuşmalara. Siyasi sohbet tartışma olmadı mı normal Őeylere giremiyorum. Girmek de istemiyorum açıkçası. Onu bir prensip edinmişim. ...Ben bir ara bir boşluęa düřtüm gerçekten.

Case 29 [...] Tabii ilk sorun ana sorun insanlarla iletişim, insanlarla diyalog. Toplumda kendisini ifade etme, edebilme. Őimdi ben de sorunun ana kaynağı gel... ben kendim, Őu anda genellemesini yapıyorum onun. Biz demek ki Őeyden gelme yani böyle sosyalleşme geleneğinden gelmeyiz. Sosyalleşme geleneğinden gel..., sosyalist bir gelenekten gelme olduğumuz için işte birlikte yaşama, birlikte düşünme, birlikte paylaşma genelde pek zaten 12 Eylül öncesi bizim yaşadığımız toplum ya da çevre o duruma son derece aracı olmuştu. Çıktıktan sonra o aşırı sosyalleşmenin yerini aşırı bireyselleşmenin almış olması biz de derin izler bıraktı. Çok derin izler bıraktı. Yani bir anda o aşırı bireyselleşmeye bireycilięe ayak uydurmakta çok sıkıntı çektik. Halen de çekiyoruz o sıkıntıyı ama ben o ...oo.. onu tam olarak savurabilmiş deęilim.

Case 23 [...] Bu etkileri sosyal anlamda toplumda olmayı sevmiyorum. Bazem eşime de söylüyorum bunu, haksızlık ettiğimi. Mutlu deęilim, mutlu olamıyorum. Eşimden Őikayetim var mı, hayır. Eşim kadar beni sevecek bir insan daha mı olur (olur mu), hayır, ondan deęil! İki tane çocuęum var, geç evlendim.

... Tabi ki. 38 yaşında evlendim. Kızımın biri 8 biri 10 yaşında. Yani normalde bir insanın mutluluk duyacağı bir şey. Öğretmenlikten de emekli oldum. Yani bir emekli şeyim var. Eşim de çalışıyor. Yani ekonomik anlamda ciddi yokluk çeken, sıkıntımız da yok. Ama mutlu muyum, hayır. Ben evin dışına çıkmıyorum. Mümkün olduğunca insanlardan, kalabalıklardan uzak duruyorum. Sevmiyorum.

Case 4 [...] Mesela insanlarla pek fazla diyaloga girmiyorum. Kafama hani ters sorular geliyi.

Case 28 [...] Şimdi aile zaten tamamen bitti. Şimdi ben bir Arap aileden geldiğim için tamamen bana karşı tavır takındılar, yani kimse kapısını bile açmıyordu. Kardeşlerim vardı evlerine gidemiyordum. Şu anda da tek başımayım. Yani bir iletişim kopukluğu, kültürel bir fark var yani.

...İki tane erkek kardeşim var, kimse bizim kardeş olduğumuzu bilmiyor yani. Onlar ayrı ben ayrıyım.

Case 25 [...] Ben İstanbul dönüşünden sonra evlendim. ... Kısa bir süre sonra tabi yani biraz gerçekten hayatınızda yaratmış ciddi anlamda travma var. Çocuklar vardı. Boşandık sonuçta. Yani yaşamım boyunca o Diyarbakır cezaevi benim hayatımda ciddi anlamda bir travmadır. Yani hala mesela ticaret yapamıyorum. Seni toplum ilişkilerinde farklılıklar var. ... Ama o sadece kendi çıkarları doğrultusunda seni tanımlamaya çalışıyor. Ve bu da ciddi anlamda bir çelişki doğuruyor. Ben normalde yaşıyorum sadece o dönemden dolayı değil.

Case 6 [...] Yani ben bazen şey diyorum yani diyorum ki, benim bu kayıp yıllarımı kim geri verecek. Acaba beni bu örgüte sürükleyen insanlar mı? Ben zaman zaman onları da şey ediyorum. Veyahut bu askeri yönetim mi? Veyahut bu devlet mi yani? Kimse bana yattığım o yılları geri veremez. Şimdi bazen böyle şaka yollu insanlara takılıyorum, herkes diyorum bir lokma yerse ben iki lokma yiyeceğim. Kayıp yıllarım var. Yedi yıl kayıp. Sevgiye, şefkate her şey yani muhtaç kalmışım 7 yılım. Ve en verimli yılım. İçeri girdiğimde 25 yaşındaydım. 32 yaşında çıktım. Yani o 7 yılda her şey olabilirdim. İşte büyük iş adamı olabilirdim, iyi bir sosyolog olurum, bir psikolog olurum, her şey olurum.

### 3.2.3. PTSD Symptom Cluster D

Case 15 [...] Mesela düzenli uyuyamıyoruz. Uyku bozukluğu mevcuttur.

Case 27 [...] Ben zaman zaman gece kalkıp volta attığımı biliyorum.

Case 16 [...] Yani, psikolojik olarak geceleri de uyuyamıyorduk, çoğu her an götürülebiliriz, her an işkence görürüz, kalırız, o korkuyla kaygılar hep yaşadım. Bu daha da benim yaşamımda daha da devam ediyor yani.

Case 7 [...] Vardı, bende bir asabi durum var. Hala da bazı bazı böyle şey oluyor yani. Bazı şeylere tahammül şeyim (azaldı) Mesela daha önce tahammül sınırim daha genişti, biraz daha daralmış gibi hissediyorum. Herhalde onun etkisiydi, bilmiyorum.

Case 21 [...] Sağlık sorunlarım şu. Ani parlamalarım oluyor. Aslında gayet sakinimdir, ama ani parlamalarım oluyor. Yani sinirlerim zayıf anlamında söyleyeyim

Case 27 [...] Ondan sonra kendi kendime konuştuğum çok oluyor. Sinirleniyorum, durup dururken de sinirleniyorum. Ama ben tam 22 yıldır tedavi görüyorum

Case 11 [...] İsterim her şeyi anlatayım, bazen unutkanlık da olur beyinde. Unutkanlık oluyor, bir şeyi anlatmak istiyorum, konuşma arasında bir başka olay beyne geliyor, onu anlatacağım sırayı karıştırıyorum birbirine. Şimdi konuşmaya geçtiğim zaman da arada başka bir manzara geliyor gözüme. İlk konuşmayı bitirene kadar onu unutuyorum.

Case 15 [...] Yani uzun dönem o vahşete tabi tutulduğumuz için psikolojik olarak bir sorun yoktu. Ama bünyemizde çok tahribatlar yarattı. Mesela düşüncemizi toparlamada, zihin bozukluğu, hafıza kaybı, uyku bozukluğu.

Case 7 [...] Bir de şey yaptılar yani, cezaevinden sonra da mahkeme süreci sürekli korku. Kaç sefer gözaltına alındım, böyle keyfi. Yani ufak bir şeyde bizi gözaltına götürüyor, sürekli o korku üstümüzde

Case 16 [...] Devlet de onu bile bile o korkuyu üstümüzde sürekli diri tutmak için, iki de bir bizi gözaltına alıyordu, soru soruyorlardı şeyde. Ben hala o psikolojik baskıyı üstümde hissediyorum. Çok büyük bir depresyonda.

### 3.2.4. Other Psychological Problems

Case 8 [...] Mesela ben cezaevinden çıktıktan sonra ben aylarca sabah saat 5'te kalkıyordum. Gece ani kapı açıldığı zaman, o kapının açılımlarından ürküyordum. Mesela topluma adapte olmada çok zorlandım. Bir de şu vardı, o dönemde mesela sen 84'te çıkmışsın büyük bir yılgınlık var, insanlarda korku var, tanıdığın insanlar seni gördüğü zaman yön çeviriyorlardı.

Case 18 [...] Valla çıktıktan sonra ben çıktıktan sonra geceleri uyuyamıyordum. Yani hep o işkenceler o çığlıklar bir bakıyordum aniden yataktan fırlıyordum. Annem diyordu oğlum sana ne oldu. Diyordum anne ne bileyim. İşkenceden dolayı. Birisi bağırdığı zaman, hafif uyukluyordum ya, bir ses geldiği zaman hemen şeyden atlıyordum, yataktan atlıyordum. Bu bir sene falan bir seneden fazla hep devam etti. Benim sırtımda şeyler oluyordu, titremeler oluyordu. O şeyden dolayı böyle artık, o filistin askısından, elektrikten dolayı yani bir yıl boyunca hep böyle sırtımda bakıyordum hep böyle titreme var. Yani bir bir buçuk yıl falan o şeyi de o dışarıdaki işkenceyi de gördüm. Yani sanki işkencedeymişim gibi hep aklıma geliyordu

Case 19 [...] 25 yıl önce psikolojik danışmanlığı bilmiyorduk. Bir psikolojik yardım talep etmedim. Kendi iç dengemi kendim kurmaya çalıştım. Bir anlamda kendi kendimi tamir yolunu seçtim. Mesela 85 yılında, evlendikten sonra zaman zaman uykuda bağıırırdım. Eşim beni uyandırırıldı. Abuk-sabuk rüyalar, karabasanlar görürdüm. Kapı çalındığında acaba gardiyan mı geliyor, beni mi çağırıyor korkularına kapılırdım.

Case 23 [...] Yatıyorum mesela ilk çıktığım dönem, kapı kapandığı an, aniden ayakta esas duruşa geçerdim. Annem oturur ağlardı. Kapıyla birlikte esas duruşa geçiyorsunuz.... Yani şunu söyleyeyim, bilmiyorum, belki bu size şey gelecek ama, 83'te ben bir ara dışarı çıktım sonra yine Erzurum'da alındım, oradan gene getirildim Diyarbakır'a, ve o çıktığım dönem, cezaevinin en kötü olduğu dönemdi. İşkencenin en yoğun olduğu dönemdi. Ben dışarı çıktıktan sonra içeri girmek istedim. Yani o işkencenin içinde

olmak istedim. Yani dışarıdaki insanlar gibi olmaktansa, içerde olmayı istedim.

Case 10 [...] Ben çıktıktan sonra bir yıla kadar yine cezaevine dönmek istiyordum. Çünkü yaşam alanından koparılmıştık. Sadece kendimizi geliştirme, yoğunlaşma , ufkumuzu açma, dünya ve ülke sorunlarına eğilme üzerine kendimizi eğittik. Bu da tabi o direnişlerden sonra oldu.Dışarıyı tamamen menfaat, meta- para ilişkileri üzerine kurulmuş bir yaşam olarak gördüm.

Case 3 [...] Ben cezaevinden çıkınca doğru dürüst yürümesini bilmiyordum. Topluma ayak uyduramıyordum. Bu yıllarımızı aldı. Ama bak bu şartlarda, bunu az önce de söyledim, ben 7 yıl Diyarbakır cezaevinde kaldım, her türlü baskıya her türlü işkenceye maruz kaldım, ki orda kalanların geneli hepsi (maruz) kaldı, ama inanın ki keşke, ben şimdi dışarıda özgürüm, istediğim zaman yatıyorum, istediğim zaman kalkıyorum, ben diyorum ben keşke orda olsaydım da b urda olmasaydım. Çünkü niye, cezaevinde dürüst bir kitle vardı. Seninle beraber aç kaldığında, aç kalan insanlar vardı, tok olduğunda seninle beraber tok olan insanlar vardı. Ama burada kapitalist sistem tamamen insanları birbirinden parçalamış. Yani kitlesel bir örgütlenme, hiçbir şey yok.

Case 19 [...] Bedeninizde kalan arızalar, örneğin benim parmaklarımda kaldığı gibi aslında ruhunuzda kalıyor. Kaldığı içinde işte bir doktora gidip “ben işkencede bunu yaşadım ve kaburgamda şu arıza kaldı “ demiyorsunuz. Aslında anlatmak zorunda da değilsiniz ama yaşanan şey çok somut olduğu için, göstergeleri çok somut olduğu için doktor içinizi okuyacakmış gibi- siz işkence gören birisiniz” diyecek gibi doktorun karşısına çıkmak istemiyorsunuz. Hani o yenilgi psikolojisi vardı ya işte o burda devreye giriyor. Doktora karşı da, başkalarına karşı da kendinizi dik tutma gerektiği duygusunu taşıyorsunuz.

Case 22 [...] gerçekten tabi insanda derin izler bırakıyor. Ne kadar öyle bir duruş, öyle bir inançla karşı koymaya ve durmaya içinde çalışıyorsan da sonuçta bilinçaltında yani mevcut varlığın, iç dünyanda mutlaka ciddi izler bırakmıştır, bırakıyor ve bunları mesela insan hissediyor bunu. ... Belki

hala çözümediğimiz yerlerimiz vardır. Bunların yaratmış olduğu tahribatlarda çözümediğimiz yerlerimiz vardır. Açığa çıkmamış, kalmış, farkında olmadığımız gerçekten yönler var inanıyorum buna ve hala daha olayı çözmüş çözmüş değilim. Bir çoğunu çözmüş değilim.

Case 6 [...] Halen süren bir çok etkisi var. Ruhsal etkisi... Yani kendime gelemedim.

Case 16 [...] Ya psikolojik hala rahatsızlığım var

Case 29 [...] Neyse gittim dışarıda da doktora gittim. Dedi kas ağrısı orda miyalji tanısı teşhisi koydular... sonra diyorlar kas ağrısı. Ben şeye bağlıyorum ben dedim bu kalp ağrısıdır. Sol tarafımda. Bi de bi bel... bi de psikolojik etkiler de olabilir. ...Haseki hıh. Orda filmim çektim. Efor, efor testine girdim. Bir şeyim yok dediler. Ama o şikayetlerim devam ediyor. Yani sanırım kalpten dolayı bir şeyin yok dediler ama o kas şikayetlerim halen devam ediyor.

Case 24 [...] Devam ediyor. Şimdi sağlık sorunlarımdan en önemlisi o nefes kesimleri falan oranın ürünü, şeyin eseri yani, cezaevinin. Şimdi ben sara hastası olur ya, sara hasatları, ona benzer bir kriz gelir bana. Yedi kez oldu bu bende. Bir daha olmadı. ...Tedavi valla ben çok yani doktor bırakmadım yani. Çok yerlere gittim. Çok araştırdılar. Boğazdan ne bileyim filmler çekildi akciğerden. ...Yok ki yani şimdi ben çok detaylı araştırma yaptırdım. Filmler, röntgenler, damarlar, tahliller. ... Duruyor, hepsi duruyor yani. Atmadım yani, imha etmedim. Şimdi en sonunda dediler ki, bu sonuçlar çıktıktan sonra psikolojiktir sendeki.

Case 25 [...] Psikolojik olarak aynı şey. Bir müddet sonra benim bacaklarımda arasında dayanılmaz bir acı hissetmeye başladım. Beynimi felç ediyordu. Doktora gittim bir doktor arkadaş vardı. Çevrede insanlar cezaevinden çıkmış diye yardımcı olmaya çalışıyor. Bir doktor tanıdık vardı cerrah. Onun yanına gittim. Ben ona durumu izah ettim dedim hocam böyle bir şey oluyor. Ama bu acaba bit olayıyla alakalı olabilir mi? Ben o dönemde işte (anlaşılmıyor) dedim ki böyle sürüyle külotlarımızın içinde vücudumuzda bitler vardı. Bu bitlerden kaynaklanabilir mi? İçeri girmiş bir mikroptan kaynaklanabilir ama bu da böyle kaile alınacak bir şey değil. Bir

cerrahi müdahaleyle biter. Cerrahi müdahale yapıldı. Bir sene sonra aynı şey başladı. Ve inanır mısınız tam 23 yıldır aynı şey devam ediyor.

Case 28 [...] Bende şu anda alerji var. Deri hastalığı ayrıca, mantar var ve hiç tedavisi olmayan. Ne kadar gittiysem tedavi olmadı . Belli bir süre geçiyor, sonra tekrar çıkıyor.

Case 27 [...] Bu ayağım su toplamış, iki ayağımın altı. Biri sırtıma vurdu, işte o suyu daha evvel patladı ayağımın altı. Hala şimdi bassam o kaslarım ağrıyor. Aradan 27 yıl geçmiş, hala ağrıyor.

Case 19 [...] Daha sonra seyyar bir manyeto cihazından, cinsel organınız dahil olmak üzere vücudunuzun her yerine elektrik vermeye başlıyorlar. Mesela benim sol elimin parmağında o uyuşma gitmedi. Cinsel organlar dahil buna. Yani ben elime iğne batırıyorum ve kesinlikle hissetmiyorum.

Case 12 [...] Yani biz o dönem kendi kendime yani , kendi kendimi intihar ederdim, yani ölümü istiyordum ama ölüm gelmiyordu.

Case 3 [...] İskemlede oturuyorsun, oturdukça uyuşuyorsun, hareket ediyorsun ki gelip sırtıma birkaç tane cop vursun da hareketleneyim. Dayak yiyorsun rahatlıyorduk yani. Keşke bizi dövseler.

Case 16 [...] Dayak öyle olmuş ki yani bir nevi dayak yemediğim gün ben rahatsızlık duyuyordum.Dayak yediğim zaman tatmin oluyordum. Canım sınıyordu,tatmin oluyordum. ...Yemediğimiz zaman canımız sıkılıyordu.Bu 3 yıl böyle devam etti.

Case 4 [...] Ya tabi diyorsun ki ben orda olsam, ben şimdi ben orda olsaydım mesela ben de bunlardan intikamımı alırdım yani, bazı intikamlar istiyorsun yani. Kendini o anda orda hissetmek istiyorsun. Bunların gördüklerine karşılık, şeylerine rağmen hani orda kendini o halkın içinde kendini arasan daha güzel olur. Yani intikamını alman için. Çünkü bunların yapmadığı bir şey kalmadı.

Case 8 [...] İşte sonraki yaşam, param parça bir yaşamla karşı karşıya kaldık. Şimdi senin yüreğinde, şimdi sen çıkmışsın o kadar işkence görmüşsün, yüreğinin derinliğinde orda yaşadığın bir yara var. Sana yapılanalar var. O yapılanların verdiği öfke var, kin var. Ona mesela siyasal olarak da yoğrulmamış olsa da ama bireysel anlamda insanda var o öfke.

Case 18 [...] Yani bir nevi öfke. Şeye karşı bir öfke duyuyorsun, benim arkadaşımı ne suç işledi de işkenceyle öldürüldü. Sadece işte Kürt, yani Kürt mücadelesini bu ulusal mücadelede yer aldığı için bu işkenceye tabi tutuldu ve öldürüldü. Yüzlerce arkadaşımız Diyarbakır'da öldü, öldürüldü daha doğrusu. Yüzlerce. İşkenceyle öldürüldü.

Case 22 [...] Yani bazen içimde çok kızarım. Aşırı der, yani bakarım bir arkadaş bir şey yapar yani yapması gerekmiyor. İçimden çok kızarım ama böyle arkadaşına karşı fazla kırıcı olmam. Artık evde de toplumda da öyle ve kendime göre ben çok sinirliyim yani sinirleniyorum diyorum belki böyle şey yapıyorum. Ama herkes yani çok sakın olduğumu şey yapar. Demek onu bastırılmışım.

Case 23 [...] Mutlu değilim, mutlu olamıyorum.

Case 24 [...] Müthiş bir eziklik duyuyorsunuz yani, işte böyle o aşağılanmalar, o onur kırıcı davranışlar, yani kendinizi çok aşağılanmış, çok böyle hani...

Case 4 [...] Evet tabi hatırlamıyorum, hafızalarımız artık geriledi yani. Çünkü 9 yıl ben yattım. Bu kadar 9 yılın içinde artık hafızalarımızdan yani çık, şey oldu. ... Ben de bir de hafıza kaybı var.

Case 19 [...] Gözlerimiz siyah bir bantla kapatılır, zemine indirdiler. Olacakları bekliyoruz. ... Yerler pislik ve kan içinde. Havasız. ... Zaten gözler bağlı, yerler pislik içinde, insan çılgınlıkları duyduğunuz anda bir travma geçiriyorsunuz. Sonra bir takım insanlar geliyorlar ve ellerinde hiç bir delil olmadan sizi bir takım suçlarla suçluyorlar. Kaba dayak başlıyor. Orada gördüğüm işkenceler; Filistin askısı, iki kolunuzu arkadan bağlıyorlar ve kollarınız bir değnekmiş gibi yukardan sizi asıyorlar. Kollar ters dönmüş ve göğüs kafesiniz içeri doğru çökmeye başlıyor. Nefes almanız çok güçleşiyor ve göğüs kafesiniz müthiş şekilde ağrıyor.

Case 26 [...] Yani, elektrik şoku vermekten, kaba dayak atmaktan, lastiğe sokmaktan, sizi idam etmekten, idam ediyorlar sizi, Filistin askısına alıyorlar sizi, yani tüm bu işkence yöntemleri üzerinde duruyorlar. Yani tabi dayanıklılık durumunuza göre. Yani eğer dayanıklıysanız size bir şey söktürmeyeceğini anlıyorsa fazla üzerinize gelmiyorlar doğrusu. Ama

zayıf olduğunu görürlerse.... Bir de küfür, tahrik etme, yani taciz ediyorlar sizi.

Case 9 [...] makatımızın içine kadar bakarlardı. Bazen bizi çıplak lağım çukuruna soktular. Sonra o elbiselerle içeri gelirdik. Tek bir eşyamız yoktu paramparça edilirdi. Kantinden getirirler yiyeceklerimizi parçalarlardı. Böyle bakardık.

Case 28 [...] Bizi önce soydular yere yatırdılar. Ondan sonra bu kalın askeri palaskalar var, vurmaya başladılar. Sonra sırt üstü çevirdiler, ondan sonra falaka, o pisliğe bizi soktuktan sonra artık bize yanaşamadılar, çünkü onları kirletiyorduk.

Case 16 [...] Ne bileyim,mahkemeye giderken,affedersin bizi domaltıp kapı arkasında, makatımızın içine bakıyorlardı yani,not var mı,yok mu.

Case 7 [...] Bir de bende şey vardı, aşırı açgözlülük. Mesela ben cezaevinden çıktıktan sonra da kendi kendime böyle bir buçuk kilo et tavaya atardım, doyardım, doyduğumu hissediyordum, karnım şişiyordu o kadar yediğimden, (ama) hala gözlerim açtı.

Case 7 [...]

Katılımcı: çıktıktan sonra bende sürekli bir alışkanlık başladı, sürekli kafamı kazıyorum ben. Yara yapıyorum.

Nimet Tanrıkulu: Hala devam ediyor mu?

K.: Hala devam ediyor. Yüzlerimde var izleri.

Nimet Tanrıkulu: Yüzünüzdeki izler cezaevi sonrası bu...

K.: Alışkanlıktan gelme şeyler. Kafamda bir sürü yerde var.

Nimet Tanrıkulu: Ne gibi rahatsızlıklar duyuyorsunuz?

K.: Yani sıkıntı, aşırı sıkıntı var üstümde.

Case 18 [...] bana bi tane vurdu. Benim sol kulagım şu anda tamamen şeydir. Sol kulagım duymuyor. Ben sag kulağımı kapattığım zaman kesinlikle hiç bir şey duymuyordum. Bu güne kadar da böyledir zaten yani bir tedavide olmadım. Bizim o zaman maddi durumlar iyi olmadığından

dolayı ben fazla şey etmedim ve şuanda hala sol kulağım tamamen imha olmuştur yani duymuyor.

Case 23 [...] Benim çocuklarıma ben Kürtçe isim koydum. Bilerek koydum. İstanbul doğumlu, ikisi de Kürtçe bilmez. Ama şunun için koydum, ezilecekler bu çocuklar. Ezilsinler diye koydum. Çünkü yarın bir iş başvurusunda bulunduğun zaman benim adım Berivan dediği zaman o ayrı tutulacaktır. Sidar dediği zaman ayrı tutulacaktır. Çocuk o zaman sorgulayacak, beni niye ayrı tutuyorlar. Kendi kimliğini kendi keşfedecektir. Asla Kürtlük Türklük diye bir... Atatürk şey olduğu zaman, benim küçük kız gelip ağlıyor, Atatürk ölmüş ha bire ağlıyor. Atatürk onu ne yapacak. Yaşasın ve görsün istedim. Kendi yolunu kendi çizsin.

Case 28 [...] Psikolojikman üzerimde herhangi bir etkisi olmadı yani. Zamanla olduysa da ben atlattım.

Case 29 [...]

Katılımcı: ruhi durumumu yansıtmamaya çalıştım.

Nimet Tanrıku: bir yardım aldınız mı?

K.: buna psikolojide ne, ne diyorlar, oo ket vurma mı ne diyorlar

N.T.: Haa peki yardım almayı düşündünüz mü?

K.:bütün bunlara ket vurmayı....

N.T.: yani bu yaşanmışlıklara bir yardım almayı

K.: Yok. Yani ukalalık anlamında olmasın ama kendi kendime yettiğim inancındaydım bu konuda, özellikle bu konuda

Case 30 [...]

N.T.: Sağlık sorunlarınız var mıydı?

Katılımcı: Yok. Benim sağlık sorunum hiç olmadı Benim ölüm orucundan sonra bile ciddi sağlık sorunlarım olmadı. Ama ölüm orucu sonuçta. Bir aylık ölüm orucuna girmişsin düşmüşsün 30 kiloya çok kötü olmadım ama sonuçta. Çok ciddi bir sağlık sorunu yaşamadım. Orada da yaşamadım.

## References

- Allodi, F., Randall, G. R., Lutz, E., Quiroga, J., Zunzunegui, M. V., Kolff, C. A., Deutsch, A. & Doan, R. N. (1985). Physical and psychiatric effects of torture: two medical studies. In: E. Stover, E. O. Nightingale (Eds.), *The breaking of bodies and minds* (pp. 58-78). New York: Freeman.
- American Psychiatric Association (1952). *Diagnostic and Statistical Manual of Mental Disorders* (1st ed.). Washington, DC: American Psychiatric Association.
- American Psychiatric Association (1968). *Diagnostic and Statistical Manual of Mental Disorders* (2nd ed.). Washington, DC: American Psychiatric Association.
- American Psychiatric Association (1980). *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.). Washington, DC: American Psychiatric Association.
- American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.). Washington, DC: American Psychiatric Association.
- Amnesty International (1984). *Torture in the Eighties*. London: AI Publications.
- Amnesty International (2007). *Annual Report*. London: Amnesty International Publications.
- Amnesty International (2008). *Annual Report*. London: Amnesty International Publications.

- Amnesty International (2009). *Annual Report*. London: Amnesty International Publications.
- Amnesty International (2010). *Annual Report*. London: Amnesty International Publications.
- Antonovsky, A., Maoz, B., Dowty, N., & Wijsenbeek, H. (1971). Twenty-five years later: A limited study of sequelae of the concentration camp experience. *Social Psychiatry, 6*, 186-193.
- Asmundson, G. J. G., Stapleton, J. A., & Taylor, S. (2004). Are avoidance and numbing distinct PTSD symptom clusters? *Journal of Traumatic Stress, 17*, 467-475.
- Babson, K., Feldner, M., Badour, C., Traionor, C., Blumenthal, H., Sachs-Ericsson, N., & Schmidt, N. (2011). Posttraumatic stress and sleep: differential relations across types of symptoms and sleep problems. *Journal of Anxiety Disorders, 25*, 706-713.
- Basoglu, M., Mineka, S., Paker, M., Aker, T., Livanou, M., & Goek, S. (1997). Psychological preparedness for trauma as a protective factor in survivors of torture. *Psychological Medicine, 27*, 1421-1433.
- Başoğlu M., Ozmen E., Sahin D., Paker M., Taşdemir O., Ceyhanli A., Incesu C., & Sarimurat N. (1996). Appraisal of self, social environment, and state authority as a possible mediator of posttraumatic stress disorder in tortured political activists. *Journal Of Abnormal Psychology, 105*, 232-236.

- Basoglu, M., Paker, M., Paker, Ö., Özmen, E., Marks, I., Incesu, C., Sahin, D., & Sarimurat, N. (1994). Psychological effects of torture: a comparison of tortured with nontortured political activists in Turkey. *American Journal of Psychiatry, 151*, 76-81.
- Başoğlu, M., Yetimlar, Y., Gürgör, N., Büyükçatalba, S., Kurt, T., Seçil, Y., & Yeniocak, A. (2006). Neurological complications of prolonged hunger strike. *European Journal of Neurology, 13*, 1089-1097.
- Beltran, R. O., Llewellyn, G. M., Silove, D. (2008). Clinicians' understanding of International Statistical Classification of Diseases and Related Health Problems, 10th Revision diagnostic criteria: F62.0 enduring personality change after catastrophic experience. *Comprehensive Psychiatry, 49*, 593-602.
- Boals, A., & Klein, K. (2005). Word use in emotional narratives about failed romantic relationships and subsequent mental health. *Journal of Language and Social Psychology, 24*, 252-268.
- Boals, A., & Perez, A. S. (2009). Language use predicts phenomenological properties of Holocaust memories and health. *Applied Cognitive Psychology, 23*, 1318-1332.
- Burgess, A. W., Boston, U., & Holmstrom, L. L. (1979). Adaptive strategies and recovery from rape. *The American Journal of Psychiatry, 136*, 1278-1282.

- Burgess, D., Stockey, N., & Coen, K. (2010). Reviving the Vietnam defense": post-traumatic stress disorder and criminal responsibility in a post-Iraq/Afghanistan world. *Developments in Mental Health Law, 29*, 59-79.
- Castillo, D. T., Fallon, S. K., Baca, J. C., Conforti, K., & Qualls, C. (2001). Anger in PTSD: General psychiatric and gender differences on the BDHI. *Journal of Loss and Trauma, 7*, 119-128.
- Cathcart, L.M., Beger, P., & Knazan, B. (1979). Medical examination of torture victims applying for refugee status. *Canadian Medical Association Journal, 121*, 179-184.
- Cohn, M. A., Mehl, M. R., & Pennebaker, J. W. (2004). Linguistic markers of psychological change surrounding. *Psychological Science, 15*, 687-693.
- Cornell, S. E. (2001). The land of many crossroads: The Kurdish question in Turkish politics. *Orbis , 45*, 31-46.
- Creamer, M., Elliott, P., Forbes, D., Biddle, D., Hawthorne, G. (2006). Treatment for combat-related posttraumatic stress disorder: Two-year follow-up. *Journal of Traumatic Stress, 19*, 675-685.
- Daud, A., af Klinteberg, B., Rydelius, P. A. (2008). Trauma, PTSD and personality: the relationship between prolonged traumatization and personality impairments. *Scandinavian Journal of Caring Sciences, 22*, 331-340.
- Davidson, J. (1991). Clinical efficacy shown in pharmacologic treatment of post-traumatic stress disorder. *Psychiatric Times, 62-63*.

- Dekel, R., Goldblatt, H., Keidar, M., Solomon, Z., & Polliack, M. (2005).  
Being a wife of a veteran with posttraumatic stress disorder. *Family Relations, 54*, 24-36.
- Dobricki, M., Komproe, I. H., de Jong, J. T., & Maercker, A. (2010).  
Adjustment disorders after severe life-events in four postconflict settings. *Social Psychiatry and Psychiatric Epidemiology, 45*, 39-46.
- Domovitch, E., Berger, P. B., Wawer, M. J., Etlin, D. D., & Marshall, J.C.  
(1984). Human torture: Description and sequelae of 104 cases. *Canadian Family Physician, 30*, 827-830.
- Dor-Shav, N. K. (1978). On the long-range effects of concentration camp internment on Nazi victims: 25 years later. *Journal of Consulting and Clinical Psychology, 46*, 1-11.
- Ehlers, A., Hackmann, A., & Michael, T. (2004). Intrusive re-experiencing in post-traumatic stress disorder: Phenomenology, theory, and therapy. *Memory, 12*, 403-415.
- Evans, M., Malcom, D., and Morgan, R. (1998). *Preventing torture: a study of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment*. New York : Oxford University Press.
- Everly, G. S. (1995). Psychotraumatology. In G. S. Everly, Jr. & J. M. Lating (Eds), *Psychotraumatology: Key Papers and Core Concepts in Post-Traumatic Stress* (pp 3-9). New York: Plenum Press.

- Feeny, N. C., Zoellner, L. A., & Foa, E. B. (2000). Anger, dissociation, and posttraumatic stress disorder among female assault victims. *Journal of Traumatic Stress, 13*, 89-100.
- Finkelstein, L. E., & Levy, B. R. (2006). Disclosure of Holocaust experiences: Reasons, attributions, and health implications. *Journal of Social and Clinical Psychology, 25*, 117-140.
- Foa, E. B., Zinbarg, R., & Rothbaum, B. O. (1992). Uncontrollability and unpredictability in post-traumatic stress disorder: An animal model. *Psychological Bulletin, 112*, 218-238.
- Herman, J. L. (1999). Complex PTSD. In M. J. Horowitz (Ed.), *Essential papers on posttraumatic stress disorder* (pp.82-98). New York: New York University Press.
- Hassanpour, A. (1997). *Türk diliyle ilgili devlet politikaları ve dil hakları*. İstanbul: Avesta.
- Human Rights Association. *1999- 2009 Comparative Summary Table*. Retrieved September 10, 2011, from [http://www.ihd.org.tr/images/pdf/1999\\_2009\\_COMPARATIVE\\_SUMMARY\\_TABLE.pdf](http://www.ihd.org.tr/images/pdf/1999_2009_COMPARATIVE_SUMMARY_TABLE.pdf)
- Human Rights Foundation of Turkey (1996). *File of torture : Deaths in Detention places or prisons (12 September 1980-12 September 1995)*. Ankara: Human Rights Foundation of Turkey Publications.
- Jennifer J. V., Joseph I. C., Kevin B., & Patricia B. S. (1998). Attention and Memory Dysfunction in Posttraumatic Stress Disorder. *Neuropsychology, 12*, 125-133.

- Johnsen, G. E., Kanagaratnam, P., Asbjornsen, A. E. (2008). Memory impairments in posttraumatic stress disorder are related to depression. *Journal of Anxiety Disorders, 22*, 464-474.
- Jordan, B. K., Marmar, C. R., Fairbank, J. A., Schlenger, W. E., Kulka, R. A., Hough, R. L., & Weis, D.S. (1992). Problems with families of male Vietnam veterans with posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology, 60*, 916-926.
- Kirbas, D., Sutlas, N., Kuscu, D. Y., Karagoz, N., Tecer, O., Altun, U. (2008). The impact of prolonged hunger strike: clinical and laboratory aspects of twenty-five hunger strikers. *Ideggógyászati Szemle, 61*, 317-324.
- Ginzburg, K., & Solomon, Z. (2011). Trajectories of stress reactions and somatization symptoms among war veterans: A 20-year longitudinal study. *Psychological Medicine, 41*, 353-362.
- Goldfeld, A. E., Mollica, R. F., Pesavento, B. H., & Faraone, S. V. (1998). The physical and psychological sequelae of torture. Symptomology and diagnosis. *The Journal of the American Medical Association, 259*, 2725-2729.
- Green, B. L. (1993). Identifying survivors at risk: trauma and stressors across events. In J. P. Wilson & B. Raphael (Eds.), *International Handbook of Traumatic Stress Syndromes* (pp. 135-144). New York: Plenum Press.

- Hackmann, A., Ehlers, A., Speckens, A., & Clark, D. M. (2004). Characteristics and content of intrusive memories in PTSD and their changes with treatment. *Journal of Traumatic Stress, 17*, 231-240.
- Hassanpour, A. (1997). *Kürtdiliyle ilgili devlet politikaları ve dil hakları*. İstanbul: Avesta.
- Hayes, S. C., Strosahl, K., & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: a contextual approach to cognition and emotion in psychotherapy*. New York: Guilford.
- Hendin, H., & Haas, A. P. (1984). Combat adaptations of Vietnam veterans without posttraumatic stress disorders. *The American Journal of Psychiatry, 141*, 956-960.
- Herman, J. L. (1999). Complex PTSD. In M. J. Horowitz (Eds.), *Essential papers on posttraumatic stress disorder* (pp. 82-98). New York: New York University Press.
- Hines, N. (2008, April, 28). "The ten most notorious jails in the world". Retrieved 2010-05-01, from, <http://www.timesonline.co.uk/tol/news/uk/crime/article3832983.ece>
- Horowitz, M. J. (1999). *Stress response syndromes: PTSD, grief, and adjustment disorders*. Northvale, NJ: Jason Aronson.
- Kaptanoğlu, C. (1991). *İşkencenin Ruhsal Etkileri*. Unpublished thesis, Eskişehir Anadolu University, Faculty of Medicine.

- Kolassa, I. T., Eckart, C., Ruf, M., Neuner, F., De Quervain, D. J. F., & Elbert, T. (2007). Lack of cortisol response in patients with posttraumatic stress disorder (PTSD) undergoing a diagnostic interview. *BMC Psychiatry, 7*, 54-10.
- Kolb, L.C. (1987). A neuropsychological hypothesis explaining posttraumatic stress disorders. *American Journal of Psychiatry, 144*, 989-995.
- Kordon, D., Edelman, L., Lagos, D., Nicoletti, E., Kersner, D., & Groshaus, M. (1992). Torture in Argentina. In Başoğlu, Metin (Ed.), *Torture and its consequences: Current treatment approaches* (pp. 433-451). New York: Cambridge University Press.
- Kulka, R. A., Schlenger, W. E., Fairbank, J. A., Hough, R. L., Jordan, B. K., Marmar, C. R., & Weiss, D. S. (1990). *Trauma and the Vietnam War Generation: Report of Findings from the National Vietnam Veterans Readjustment Study*. New York: Brunner/Mazel.
- Lasko, N. B., Gurvtis, T. V., Kuhne, A. A., Orr, S. P., & Pitman, R. K. (1994). Aggression and its correlates in Vietnam veterans with and without chronic posttraumatic stress disorder. *Comprehensive Psychiatry, 35*, 373-381.
- Leeds, A. M. (2009). Resources in EMDR and Other Trauma-Focused Psychotherapy: A Review. *Journal of EMDR Practice & Research, 3*, 152-160.

- Lilly, M. M., Valdez, C. E., & Graham-Bermann, S. A. (2011). The mediating effect of world assumptions on the relationship between trauma exposure and depression. *Journal of Interpersonal Violence*, 26, 2499-2516.
- Lunde, I., Rasmussen, O.V., Lindholm, J., & Wagner, G. (1980). Gonadal and sexual functions in tortured Greek men. *Danish Medical Bulltein*, 27, 243-245.
- McKeever, V. M., & Huff, M. E. (2003). Diathesis-stress model of post-traumatic stress disorder: Ecological, biological, and residual stress pathways. *Review of General Psychology*, 7, 237-250.
- March, J. S. (1993). What constitutes a stressor? "The criterion A" Issue. In J.R.T. Davidson & E.B. Foa (Eds.), *Post-traumatic Stress Disorder: DSM-IV and Beyond* (pp. 37-54). Washington, D.C: American Psychiatric Press.
- McFarlane, A. C., & Girolamo, G. (1996). The nature of traumatic stressors and the epidemiology of posttraumatic reactions. In B. A. van der Kolk, A. C. McFarlane, and L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pp. 129-154). New York: Guilford.
- McWilliams, N. (1994). *Psychoanalytic Diagnosis: Understanding Personality Structure in the Clinical Process*. New York: Guilford Press.

- Melamed, B. G., Melamed, J. L., & Bouhoutsos, J. C. (1990). Psychological Consequences of Torture: A Need to Formulate New Strategies for Research. In P. Suedfeld (Ed.), *Psychology and Torture* (pp. 13-28). New York: Hemisphere Publishing Corporation.
- Niederland, W. G., (1968). Clinical observations on the survivor syndrome. *The International Journal of Psychoanalysis*, 49, 313-315.
- Norris, F. H. (1992). Epidemiology of trauma: Frequency and impact of different potentially traumatic events on different demographic groups. *Journal of Consulting and Clinical Psychology*, 60, 409-418.
- North, C. S. (2002). Somatization in survivors of catastrophic trauma: A methodological review. *Environmental Health Perspectives Supplements*, 110, 637-640.
- North, C. S., Nixon, S. J., Shariat, S., Mallonee, S., McMillen, J. C., Spitznagel, E. L., & Smith, E. M. (1999). Psychiatric disorders among survivors of the Oklahoma City bombing. *Journal of the American Medical Association*, 282, 755-762.
- Novaco, R. W., & Chemtob, C. M. (2002). Anger and combat-related posttraumatic stress disorder. *Journal of Traumatic Stress*, 15, 123-132.
- O’Kearney, R., & Perrott, K. (2006). Trauma Narratives in Posttraumatic Stress Disorder: A Review. *Journal of Traumatic Stress*, 19, 81-93.

- Onder, O., Sahin, U., Baykal, T., Fincancı, S. K., Oztop, P., Akhan, O., Lök, V. (2008). *İşkence Atlası: İşkencenin Tıbbi Olarak Belgelendirilmesinde Muayene ve Tanısal İnceleme Sonuçlarının Kullanılması*. TIHV Yayınları.
- Olsen, D. R., Montgomery, E., Bojholm, S., & Foldspang, A. (2006). Prevalent musculoskeletal pain as a correlate of previous exposure to torture. *Scandinavian Journal of Public Health, 34*, 496-503.
- Orth, U., & Wieland, E. (2006). Anger, hostility, and posttraumatic stress disorder in trauma-exposed adults: A meta-analysis. *Journal of Consulting and Clinical Psychology, 74*, 698-706.
- Önok, M. (2006). *Uluslararası boyutuyla işkence suçu*. Ankara: Seçkin Yayıncılık.
- Paker, M. (1999). *Subjective meaning of torture as a predictor in chronic post-torture psychological response*. Unpublished doctoral dissertation, New School for Social Research.
- Paker, M. (2007). *Psiko-politik yüzleşmeler*. İstanbul: Birikim Yayınları.
- Pennebaker, J. W., & Lay, T. C. (2002). Language use and personality during crises: Analyses of Mayor Rudolph Giuliani's press conferences. *Journal of Research in Personality, 36*, 271-282.
- Phelps, A. J., Forbes, D., & Creamer, M. (2008). Understanding posttraumatic nightmares: An empirical and conceptual review. *Clinical Psychology Review, 28*, 338-355.

- Prager, E., & Solomon, Z. (1995). Perceptions of world benevolence, meaningfulness, and self-worth among elderly Israeli holocaust survivors and non-survivors. *Anxiety, Stress & Coping: An International Journal*, 8, 265-277.
- Prot, K. (2010). Research on consequences of the Holocaust. *Archives of Psychiatry & Psychotherapy*, 12, 61-69.
- Punamaki, R. L., Quota, S. R., & Sarraj, E. E. (2010). Nature of torture, PTSD, and somatic symptoms among political ex-prisoners. *Journal of Traumatic Stress*, 23, 532-536.
- Rasmussen, A., Rosenfeld, B., Reeves, K., & Keller, A. S. (2007). The Effects of Torture-Related Injuries on Long-Term Psychological Distress in a Punjabi Sikh Sample. *Journal of Abnormal Psychology*, 116, 734-740.
- Rasmussen, A., Smith, H., & Keller, A. S. (2007). Factor structure of PTSD symptoms among west and central African refugees. *Journal of Traumatic Stress*, 20, 271-280.
- Richardson, L. K., Frueh, B. C., & Acierno, R. (2010). Prevalence estimates of combat-related post-traumatic stress disorder: critical review. *Australian & New Zealand Journal of Psychiatry*, 44, 4-19.
- Rubonis, A. V., & Bickman, L. (1991). Psychological impairment in the wake of disaster: The disaster–psychopathology relationship. *Psychological Bulletin*, 109, 384-399.

- Sahin, B. (2005). Türkiye'nin Avrupa Birliği uyum süreci bağlamında Kürt sorunu: Açılımlar ve sınırlar. In A. Kaya, & T. Tarhanlı (Eds.), *Türkiye'de çoğunluk ve azınlık politikaları: AB sürecinde yurttaşlık tartışmaları* (pp. 101-126), İstanbul: Tesev Yayınları, İstanbul.
- Salo, J., Punamaki, R. L., & Qouta, S. (2004). Associations between self and other representations and posttraumatic adjustment among political prisoners. *Anxiety, Stress, and Coping, 17*, 421-439.
- Shalev, A. Y. (1992). Posttraumatic stress disorder among injured survivors of a terrorist attack: Predictive value of early intrusion and avoidance symptoms. *Journal of Nervous and Mental Disease, 180*, 505-509.
- Sherman, N. (2006). Torturers and the Tortured. *South African Journal of Philosophy, 25*, 77-88.
- Sironi, F., & Branche, R. (2002). Torture and the borders of humanity. *International Social Science Journal, 54*, 539-548.
- Sledjeski E. M, Delahanty D. L, & Bogart L. M. (2005). Incidence and impact of posttraumatic stress disorder and comorbid depression on adherence to HAART and CD4+ counts in people living with HIV. *AIDS Patient Care and STDs, 19*, 728-736.
- Solomon, Z., & Prager, E. (1992). Elderly Israeli holocaust survivors during the Persian Gulf War: A study of psychological stress. *American Journal of Psychiatry, 149*, 1701-1710.
- Somnier, F. E., & Genefke, I. K. (1986). Psychotherapy for victims of torture. *British Journal of Psychiatry, 149*, 323-329.

Suedfeld, P. (1990). *Psychology and Torture*, New York: Hemisphere Publishing Corporation.

Sutker, P. B., Allain, A. N. Jr, Johnson, J. L., & Butters, N. M. (1992). Memory and learning performances in POW survivors with history of malnutrition and combat veteran controls. *Archives of Clinical Neuropsychology*, 7, 431-444.

Tennant, C. C., Goulston, K. J., Dent, O. F. (1986). Australian prisoners of war of the Japanese: post-war psychiatric hospitalization and psychological morbidity. *Australian and New Zealand Journal of Psychiatry*, 20, 334-340.

Turkish General Staff (2008, September, 20). *Genelkurmay Başkanlığında 16-17 Eylül 2008 tarihlerinde yapılan iletişim toplantısı görüşmelerinin özeti*. Retrieved August 29, 2011, from [http://www.tsk.tr/10\\_ARSIIV/10\\_1\\_7\\_Konusmalar/2008//org\\_ilker\\_basbug\\_iletisim\\_16092008.html](http://www.tsk.tr/10_ARSIIV/10_1_7_Konusmalar/2008//org_ilker_basbug_iletisim_16092008.html).

Turkish General Staff (2009, April, 14). *Genelkurmay Başkanı Orgeneral İlker Başbuğ'un 14 Nisan 2009 Tarihinde Harp Akademileri Komutanlığında Yaptığı Yıllık Değerlendirme Konuşması*, Retrieved August 29, 2011, from [http://www.tsk.tr/10\\_ARSIIV/10\\_1\\_Basin\\_Yayin\\_Faaliyetleri/10\\_1\\_7\\_Konusmalar/2009/org\\_ilkerbasbug\\_harpak\\_konusma\\_14042009.html](http://www.tsk.tr/10_ARSIIV/10_1_Basin_Yayin_Faaliyetleri/10_1_7_Konusmalar/2009/org_ilkerbasbug_harpak_konusma_14042009.html)

- United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. (1985). GA Res. 39/46, 39 GAOR Supp. (No. 51) at 197, UN. Doc. A/39/51, opened for signature 4 February 1985, entered into force, 26 June 1987.
- van der Kolk, B. A. (1999). The body keeps the score: Memory and the evolving psychobiology of posttraumatic stress. In M. J. Horowitz (Eds.), *Essential papers on posttraumatic stress disorder* (pp. 301-326). New York: New York University Press.
- van der Kolk, B. A., & McFarlane, A. C. (1996). The black hole of trauma. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Trauma and Stress* (pp. 3-23). New York: Guilford Press.
- van der Kolk, B. A., Weisaeth, L., & van der Hart, O. (1996). History of trauma in psychiatry. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Trauma and Stress* (pp. 47-74). New York: Guilford Press.
- Vasterling, J. J., Brailey, K., Constans, J. I., & Sutker, P. B. (1998). Attention and memory dysfunction in posttraumatic stress disorder. *Neuropsychology, 12*, 125–133.
- Weisaeth, L. (2002). The European History of Psychotraumatology. *Journal of Traumatic Stress, 15*, 443-452.
- Whiting, M. D., & Hamm, R. J. (2008). Mechanisms of anterograde and retrograde memory impairment following experimental traumatic brain injury. *Brain Research, 1213*, 69-77.

- Whittaker, S. R. (1988). Counseling torture victims. *The Counseling Psychologist, 16*, 272-278.
- Wilson, J. P. (1995). The historical evaluation of PTSD Diagnostic criteria. In G. S. Everly, Jr., & J. M. Lating (Eds.), *Psychotraumatology: Key papers and core concepts in posttraumatic stress* (pp. 9-26). New York: Plenum Press.
- Wolfe, J., & Charney, D. S. (1991). Use of neuropsychological assessment in posttraumatic stress disorder psychological assessment. *A Journal of Consulting and Clinical Psychology, 3*, 573-580.