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**FAREWELL TO MOTHERLAND: NARRATIVES OF SYRIAN REFUGEE
ADOLESCENTS WITH DEPRESSIVE AND TRAUMATIC STRESS
SYMPTOMS**

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Farewell to Motherland: Narratives of Syrian Refugee Adolescents with Depressive
and Traumatic Stress Symptoms
Anavatana Elveda: Depresif ve Travma Sonrası Stres Semptomları Gösteren Suriyeli
Mülteci Ergenlerin Hikayelerinin İncelenmesi

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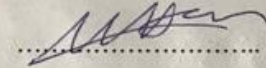
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ABSTRACT

Migration is a complex and stressful life event that renders individuals at risk for mental health problems. Adolescents who are forced to migrate are particularly at risk for depression and post-traumatic stress disorder. This study examined the narratives of Syrian adolescent refugees with depressive and PTSD symptoms. The sample is gathered from a larger project with 111 Syrian students who attended 7th and 8th grade in Sultanbeyli, Istanbul. For the current study, 19 Syrian adolescents who got high scores on both PTSD and depression are examined. The adolescents were asked to tell stories about the pictures on the newly developed projective measure for migration- ‘the Children’s Life Changes Scale’. The major themes were: “Proximity to Beloved Ones”, “Unhappiness in Loneliness”, “Phases of Immigration” and “Dealing with Life as a Child”. The findings showed various risk and resilience factors that affect adolescents. The study is important in terms of providing a guideline for future interventions to strengthen the resilience in refugee adolescents, as well as intervening with the risk factors. The study may contribute to understand young refugees who are dealing various mental health problems.

ÖZET

Göç bireylerin ruh sağlığını olumsuz yönde etkileyebilen çok boyutlu bir aşam olayıdır. Savaş veya politik nedenlerden ötürü zorunlu göçe maruz kalan bireyler için bu etkiler daha da olumsuz olmaktadır. Özellikle de ergenlik döneminde zorunlu göçü yaşayan bireyler için depresyon ve travma sonrası stres bozukluğu bir risk faktörüdür. Bu çalışma, Sultanbeyli’de 7. ve 8. Sınıfta okuyan 111 Suriyeli ergeni içeren büyük bir projenin datası kullanarak hazırlanmıştır. Bu çalışma için yüksek TSSB ve depresif semptomlar gösteren 19 Suriyeli ergenin hikayeleri incelenmiştir. ‘Çocukların Yaşam Değişimleri Ölçeği’ adlı yeni geliştirilen, göç ve hayat olayları üzerine yapılandırılan projektif testte ergenlerin gördükleri resimlerden hikayeler yazmaları istenmiştir. Ana temalar, “Sevdiklerine Yakın Olmak”, “Belirsizlikle Başa Çıkmak”, “Göçün Aşamaları” ve “Çocuk/Ergen Olarak Hayatla Başa Çıkmak” olarak belirlenmiştir. Bulgular, ergenleri etkileyen çeşitli koruyucu faktörler ve risk faktörlerini ortaya çıkarmıştır. Bu çalışma, ergenlerin ruh sağlığında koruyucu faktörleri güçlendirip risk faktörlerini azaltmaya yönelik müdahale programlarının geliştirilmesinde bir rehber niteliği taşıma açısından önemlidir. Çalışma, çeşitli ruh sağlığı problemleri yaşayan ergen mültecileri anlama açısından alana katkıda bulunmaktadır.

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INTRODUCTION

Migration is a highly stressful life event which causes major transitions in life. It negatively affects every individual, from childhood to adulthood. Pollock (1989) states, when one is forced to leave one's land or home, it is an experience of 'loss and a severance' in the psychological world of the individual. Young members of the family suffer the feeling of loss and severance, and can particularly suffer from feelings of "exile", because irrespective of their parents' migration status (voluntary or not), children do not have any choice to move or to go back to their homeland (Grinberg, 1989, p.125 cited in Akhtar, 2010a, p.8). During and after migration, young people and their families have to adapt to a new culture and environment by abandoning the native cultural values, norms and belief systems (Tuzcu, 2014; Kaya, 2018).

Since adolescence is a critical period of development, adolescents who migrate are more vulnerable to mental health problems. Adolescence is a period of multiple transitions and changes in one's life. Sharabani and Israeli (2008) conceptualizes adolescence as '*migration*' from childhood to adulthood, from a child's body to an adult's, from parent to peer reliance, from dependence to independence. While dramatic changes and transitions occur in physical, cognitive and psychological levels, this developmental period becomes more challenging for adolescents who are exposed to stressful life events such as migration, war, trauma and loss. These stressful events evoke negative feelings, such as separation, loss and ambivalence, and cause various risks for mental health problems (Agorastos, Haasen & Huber, 2012). Besides achieving developmental tasks, adolescents deal with discontinuities in their identity built up by moving back and forth between two cultures, while dealing with the trauma of dislocation (Akhtar, 2010).

There are various protective factors specific to children and adolescents. Family is known to be one major factor among them. According to Pollock (1989),

the family support system may act as a transitional blanket in the transition from the old to the new land. Furthermore, young members can adapt to the new society more easily when compared to adults. However, adolescents face with multiple changes in life, besides developmental milestones. Every adversity that is faced during and after migration, such as loss of security, asylum seeking, mourning, seeking for shelter, problems about nutrition, unemployment, access to healthcare, social support, education, discrimination and language barrier is a risk factor on youth mental health. As a result, mental health problems such as Post-Traumatic Stress Disorder (PTSD), Depression and Anxiety disorders are reported to be salient in young refugees (Fazel & Stein, 2002).

In the Syrian refugee crisis, Turkey has hosted more than 3.5 million registered Syrian refugees, children, youth and adults. Due to the geographical location, Turkey was either a final destination or a transit point for migrants and refugees. The political conflict that arose in 2011 resulted in a massive Syrian refugee influx and this sociological event affected lives of more than 10 million people. It is reported that almost half of this population consists of children and adolescents. Syrians who immigrated to Turkey have lived in housing settlements and/or camps as “refugees” or “asylum seekers”. A great number of these people, have been reported to experience mental health problems such as anxiety, depression, psychosomatic symptoms, sleep disorder, attention disorder, suicide, and post-traumatic stress disorder. Since people from different age groups vary in age-specific risk factors and coping systems, they were affected in different degrees (Demirbaş, 2013). While parents and family have dealt with the post-migration problems such as adaptation, unemployment, legal issues, social support and health care, children and youth have faced problems related to their daily life, such as access to education, child labor, discrimination, language barriers and adaptation problems. In order to ameliorate such problems, Syrian refugees have been provided with a temporary protection regulation, so that they can access health, social support, labor, law and education services (Ercoskun, 2015; DGMM, 2019).

Currently, there are 3,621,330 Syrian refugees, more than half below the age of 18, under temporary protection (DGMM, 2019), with the majority of them living in Istanbul. More than half of the school age children and adolescents have access to education (MoE, 2018). While the percentage of access to education in camps rises up to 90%, in cities the percentage falls to 26.3% due to several problems regarding logistics, financial difficulties of families, child labor, uncertainty and lack of motivation (ISCASS, 2018). Several challenges hamper their success even they are in education.

Syrian children and youth have anxiety, hyper-alertness, attention and learning problems due to their earlier exposure to the war environment (Er & Bayındır, 2015; Sirin & Rogers-Sirin, 2015; Şeker & Aslan, 2015; Uzun & Bütün, 2016). As Yule (2001) states, being an immigrant in school age is found to have adverse effects on development and can include underachievement in school. Among Syrian students in educational settings, there are reports on adaptation problems and failure of access to social support, mainly due to the language barrier, discrimination, and difficulties in making friends at schools (Er & Bayındır, 2015; Emin, 2016; Reçber, 2014; Uzun & Bütün, 2016). For the adolescents who are in middle school, there is a problem related to child labor as well. Although immigrant families are provided with financial support to send their children to school, some families oblige their children to work instead of continuing their education especially when they get to middle or high school. Thus children get involved in the economy as cheap labor (Demiral & Demir, 2016, p.45; Tunç, 2015).

The aim of this study is to examine the narratives of Syrian adolescents who have high PTSD and depressive symptoms. Narratives were investigated in different stages of migration (pre migration, migration and post migration), and the role of their environment (family, friends, school). It is important to understand the strengths, needs and experiences of Syrian youth to be able to provide effective interventions. Intervention programs must make sense to the recipients and take into account their life-style, as well as their strengths. As Ingleby (2010) states, most research studies on refugees and asylum seekers give a very limited opportunity to

describe their needs and problems in their own terms, due to standardized questionnaires or diagnostic procedures. The field work using qualitative methods is capable of bringing the users' own perspective into focus. Culturally appropriate and context specific assessment tools can reveal such variables and give the professionals a comprehensive perspective.

In sum, this study aims to reflect personal experiences, as well as strengths and needs of young refugees. Thus, any intervention program that is constructed on the findings of the study will be able to highlight context-specific problems and personal resources.

1. LITERATURE

1. 1. Migration

1.1.1 Syrian Refugees in Turkey

The United Nations High Commission for Refugees (UNHCR) describes a refugee as a person who is outside of his country and unable and unwilling to return or to be protected by his own country due to fear of persecution or reasons related to race, religion, nationality or belonging to a political group (UNHCR, 1967 as cited in Keely & Kraly, 2017). The terrible war in Syria led to a flow of refugees leaving for Jordan, Lebanon, and Turkey, with thousands of them attempting to reach Europe (Seeberg, 2013). Since 2011, Syrian refugees make up the largest group of refugees in the world.

Forced migration is a movement that is due to man-made or natural causes, and encompasses enforcement due to threat of life or quality of life (IOM, 2009). Based on the UN reports, 2014 saw the highest displacement records of 59.5 millions of people, mainly Syrians who were forced to migrate to neighboring countries, mostly to Turkey, due to its “open door policy”. The refugees were given a “guest” status initially. This status has later been renamed as “temporary protection” (Çağatay, 2014). As the amount of refugees has increased and it was understood that the refugees were not going to return home soon, (Kirişçi, 2014, p. 38), the tension between local people and immigrants rose. Since the number of refugees in Turkey and in the world has reached millions, this situation has become a global problem.

Currently, there are 3,621,330 Syrian refugees under temporary protection (DGMM, 2019). Only 285.000 of them are known to be living in the camps, and although the immigrants were initially placed in the border provinces such as Gaziantep, Kilis and Şanlıurfa, they were later settled in all provinces (AFAD, 2013; Balçılar, 2016), and recently, majority of them live in İstanbul, especially in districts located in outskirts, such as Sultanbeyli. Of those, 976,220 are of school age, with 611,524 of them having access to education, and 384,202 of them

provided with foreign identity numbers and enrolled in public schools (MoE, 2018). There are three options for Syrian children and adolescents to access education in Turkey. They can study in private schools, in public schools or in Temporary Education Centers (GEM). In public schools, Syrian children and youth study the Turkish curriculum alongside their Turkish peers, or they can study Temporary Education Centers (GEM) are designed to provide Syrian students with an opportunity to resume their education through special emphasis on language learning (Bircan & Sunata, 2015; Emin, 2016, p.17; MoNE, 2014;). Since 2018, Temporary Education Centers are being transitioned into mixed-public schools (MoNE, 2016). Thus, today, the majority of Syrian children and adolescents are enrolled in public schools.

Despite receiving assistance with their basic needs, there remains a problem of social adaptation. Differences in language, culture, lifestyle and religion can cause a polarization between the immigrants and the local population. The problem experienced by Syrian refugees include working in dangerous conditions without insurance, low wages, increases in housing rents, criminality such as theft and harassment (Culbertson & Constant, 2015; İçduygu, 2016; Kirişçi, 2014; Man, 2016; Özkarslı, 2014; World Bank, 2015). Hostility can also exist between locals and refugees due to the perception that Syrians are more likely to be employed because of their acceptance of lower wages (ORSAM, 2015). These problems increase the animosity between the two groups and may cause additional problems such as the isolation, labeling and exclusion for immigrants (AFAD, 2013; OSAM, 2015).

For children and youth, the problems are inability to continue their education, increased incidents of exploitation, economic difficulties, child labor and criminality (Aslan, 2015; Chemin ,2016). For the ones who have access to school, there are different challenges of the educational life such as the language barrier, exclusion, unavailability of socialization with Turkish friends, teachers' attitudes, Turkish language support (Seçer, 2017).

As it is seen, whether they are children or adults, Syrian refugees have faced multiple challenges after they migrated to Turkey as well as other countries. To be able to understand how current issues of refugees arose, it would be essential to have a more comprehensive understanding of migration.

1.1.2. Migration as a Stressful Life Event

Migration is a very significant life event which can cause mental stress and can render migrants and refugees vulnerable to mental health problems (Ingleby, 2010). During migration, individuals may experience physical and psychosocial stressors, including: isolation, loss of status and social support, uncertain residence status, threat of unemployment, increased health risks caused by poor working and housing conditions, insufficient material resources, religious conflicts, feelings of guilt, nostalgia, ambivalence, and shame. While the aforementioned problems are experienced by individuals, further stressors can be experienced by a whole family as result of generational conflicts, communication difficulties and rejection by the community.

Throughout human history, people migrate due to different reasons such as war, conflict, or to seek a better life. The political, social and economic outcomes of such movement can affect individuals and society. When migration is planned and voluntary, the outcomes may not be as stressful, whereas the experience of forced migration out of war is an experience of massive trauma for people during exile (Volkan, 2007). Forced migration creates cultural trauma in groups, threatening their identity and future (Alexander, 2004). In forced migration, massive groups of people leave their homeland to create a new life for themselves and their children. Migrants who escape from war and forced to leave countries are entitled as “refugees”. When individuals seek refuge from political, religious, or other forms of persecution, they are termed “*asylum seekers*”. Based on the World Bank report of 2015, 16.3 million or 7.6% of migrants were categorized as refugees. Approximately 15.4 million refugees left their country and 87% of them found asylum in developing countries (World Bank, 2015).

Immigrants seeking a new refuge and starting a new life have physical, social, and economic problems. Besides such difficulties, immigration itself is a psychological trauma for individuals. Whatever the reason of the migration is, such experience activates the mourning feelings for the loss of homeland, family, and companions and shared cultural codes that shape one's identity (Ainslie et al., 2013). When the migration is accompanied with catastrophic experiences such as war, this adds an additional complexity and suffering for groups of people. As these groups of people experience suffering, helplessness and shame, this triggers several psychological processes on the group. In times of war and as result, forced migration, shared traumatic experiences trigger the bonding within the group of people (Volkan, Ast & Greer, 2002). Such massive psychological trauma is reported to exceed the capacity of people to cope with it, thus vast amount of people who experience war and forced migration reported to react to such events with Post Traumatic Stress symptoms (Thomson, 2000). While some refugees may develop mental health problems, some others may develop adaptive responses, rebuild new schemas after traumatic experiences and experience growth in terms of self, relationships and philosophy of life (Tedesci & Calhoun, 1995).

There are several risk and resilience factors that are implied to have effect on the adaptive or maladaptive development as a response to migration. Joop (2002) enlisted *resilience factors* as traumatic events related to armed conflict after the age 12, torture, female gender, socioeconomic hardship, poverty, unemployment, low education, discrimination, acculturation, language, poor physical health, lack of social networks, domestic stress, lack of control, preexisting psychological problems, as well as *protective factors*, such as presence of a social network such as friends and extended family, social support, employment, access to human right organisations, possibility of leisure activities, a space to perform cultural rituals, political and religious inspiration, perspective for the future, small camp size, intelligence and humor.

According to the Hypothetical Model of Bhugra (2004), the likelihood of developing mental health problems is determined by vulnerability or resilience

factors during *Pre-migration*, *Migration* and *Post-migration* stages (Fig.1) In the *Pre-Migration* phase, social skills, self-concept and psychological, social and biological vulnerabilities play a role. Individual skills, such as high self-esteem, self-concept can act as a protective factor, whereas biological and psychological tendencies, genetic predispositions in terms of mental health problems may act as a vulnerability factor. Migration status is another variable. When migration is planned, it may be a protective factor, whereas when the migration is involuntary, unplanned and unpredicted, it may act as a vulnerability factor in mental health. During the *Migration* phase, there are vulnerability factors such as negative/positive life events related to loss of relationships, or resilience factors, such as the availability of social support. Geographical distance is an additional factor that can play a key role in the stress related to migration. The longer the distance, the more stressful can be the experience. During the *Post-Migration* phase, vulnerability factors such as culture shock, culture conflict and discrepancy in aspiration can be related to developing mental health problems. On the contrary, resilience factors, such as positive cultural identity, availability of social support, and socio-economic advantage play a role in acculturation.

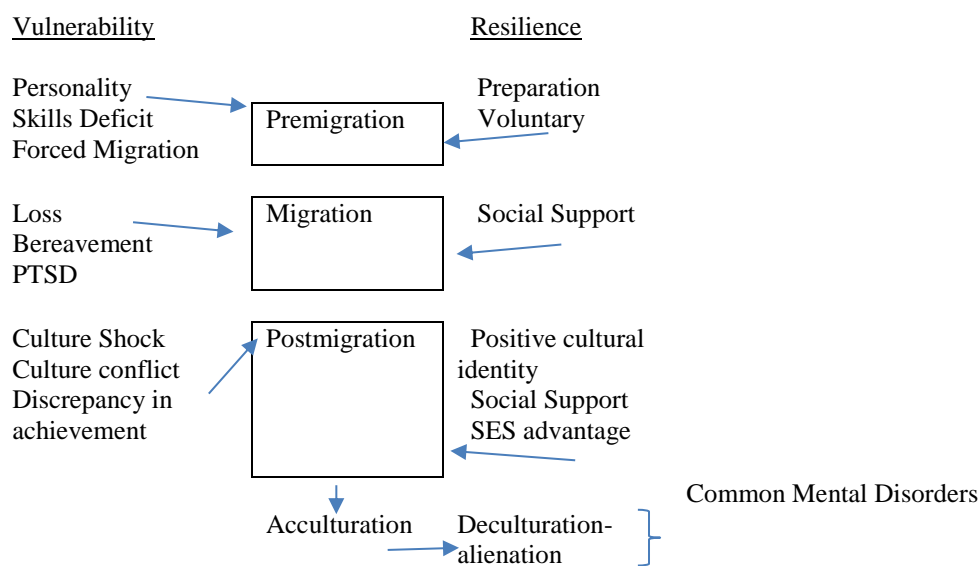


Fig.1. Migration and Mental Health Hypothetical Model (Bhugra, 2004)

Bhugra's (2004) model focuses on phase-specific characteristics and variables that interfere with the mental health outcomes of migration. Another model by Hoffman and Kruczek (2011) expands the role of multiple agents in shaping the mental health outcomes of such traumatic events on the individuals. Massive trauma, such as forced migration and exile is uncontrollable and unpredictable process. Hoffman and Kruczek (2011) suggests that traumatic events have effects on individual, family, community, and societal levels and all of these levels interact with each other for individual development. Hoffman and Kruczek (2011) present Ecosystemic Model to explain the multiple effects of traumatic events constructed on the approach of Bronfenbrenner's Ecosystemic model of development (Bronfenbrenner, 1979).

According to Bronfenbrenner's Ecological System Theory (1979), human development is the interaction of the individual with his/her social systems. The context of multiple systems, microsystem, mesosystem, exosystem, macrosystem and chronosystem, interact and affect individual development along with a biophysical component. When this is adapted to trauma, it shows how such components affects the individual's response to traumatic events. "*Biophysical*" component refers to diathesis-stress perspective. It is related to the individual's biological and genetic vulnerability to the stress responses in catastrophic events (Levers, 2012). "*Microsystem*" is the immediate environment of the individual in trauma, as family, friends and peer groups. As an example, in the context of traumatic events, microsystem affects the individual's responses to traumatic events: trauma responses can be negatively contagious among peer groups for children and teens; but also peers or family can act as a buffer to alleviate stress responses (Tyano, Iancu & Solomon, 1996, cited in Hoffman & Kruczek, 2011). "*Mesosystem*" is the bidirectional connections among the different subsystems. An example to mesosystem in traumatic events is how family reacts to school, or how school interacts with the family, supports or challenges affects individual's stress response. "*Exosystem*" is the external world as community and neighborhood, health care systems, school systems, media that affects individuals. In traumatic events, exosystem is the influence of media towards the migrants/refugees, the

availability of healthcare affects the stress that individual faces. The “*Macrosystem*” is the norms of the society, political, social economical factors, and cultural values. In this context, these are the political decisions that are given, the economy of the country, as the availability of work, affects individuals’ lives. As an example, in a study by McCann and Pearlmén (1990), SES levels of the individuals, and gender had relations to trauma responses (cited in Hoffman & Kruczek, 2011). The “*chronosystem and developmental process*” refers to the changes that occur over time in a person. The immediate reactions to traumatic events differ later in life. Even though migration is stressful for everyone from every developmental stage, there are specific factors that make this complex phenomenon more challenging for young people. The effects of migration on youth will be discussed in the next section. .

1.1.3. Effects of Migration on Adolescents

Migration is a challenging process for both adults and the youth. Migrating family can experience various challenges including difficulties in dislocation, cultural adaptation, language problems, education problems and economic conditions. If the reason of migration is due to war or political conflict, this forced migration may even create more challenges for all the family members. Especially post-migration experience can be harsher than the movement itself (Polat, 2006, p.41). Although each member of the family goes under the same process, the personal experience may show variations among different age groups. Orozco and Orozco (2001) claim that the experience of migration has long-term effects on young people. Stressful life events in adolescence can have an effect on future adaptation problems and adult mental health.

Adolescence is a critical transitional period that can be described as end of childhood and transition to adulthood. Wolfenstein (1969) describes adolescence as mourning of childhood, a break from primary attachment figures and images that are related to childhood. Investigation of boundaries between normal and abnormal development during this period plays a central role in specifying diversity of the developmental stages of adolescence (Cicchetti, 1984) Adolescents have

developmental tasks of being separated from the family as “no longer a child,” and searching for an identity.

Optimal conditions for and adolescent’s healthy development include the existence of a reliable, safe environment and positive interpersonal relations. However, when migrating, such conditions are often not met, and indeed can be overlooked entirely, and this can cause irreparable damage (Teber, 1993 cited in Polat, p.42). Children and adolescents are the ones who are mainly influenced out of migration, because children and youth require their families to meet their basic needs, as well as psychological needs, such as socialization (Özel, 2018). The family acts as a buffer to overcome the challenges of a new culture, on the other hand, during adolescence, when individuals are aiming to create an identity and relationships with their peers, it also means separation from the native culture and a weakening of bonds. The family variables, such as acculturation level of the family, marital happiness of parents, feeling loved by parents, effectiveness at school, peer acceptance, and similarity of home culture versus macroculture affects the success of identity consolidation (Akhtar, 2010). While adolescents can adapt to the new culture more successfully than their parents and relatives (Sluzki, 1979), there is also a clash of values and styles of family culture and macroculture. It can affect the value system of family and parental authority and challenge the adolescent in dealing with two different identities within and outside of family.

In such developmental transition period, young people and children become more vulnerable especially as they witness war, battle and conflict (Beter, 2006). Rousseau and Drapeau (2000), in their study with adolescents who live as refugees in the USA, found mental health problems such as anxiety, depression and PTSD symptoms. As a result, this can damage individuals’ own identity development and can cause chronic mental and psychological health problems. In the camps, as the parents have a sense of insecurity, they try to keep their children with them, and as a consequence, it forces their children to spend more time with family, and this increases the likelihood of adaptation problems (Cengiz, 2018). As the parents are

exposed to traumatic events, it can lead to overprotective attitude to their children. This may challenge the separation need in adolescence.

Family is not the only agent of socialization for the young migrants; peer groups and educational settings are reported to be more influential for adolescents as they grow. Research indicates that immigrant students have psychological problems including depression, post-traumatic stress disorder and anxiety disorders and other symptoms like sleep problems, somatic complaints, irritability and conduct disorders (Cassity & Kirk, 2007). In educational settings, the emotional difficulties that young refugees face are, the lack of psychosocial support program, and the stress caused by pre and post migration factors, and lack of educational opportunities that results in low scholastic achievement (Rousseau & Drapeau, 2000). Cengiz (2018) in his study with Syrian students in Temporary Education Centers in Turkey (where only Syrian children attend), assessed their adaptation problems in educational environments. Among the 5th, 6th, 7th and 8th grades, it was found that as the age increases, the adaptation problems of the Syrian students increased, regardless of gender. The 7th grade students were found to be the students with the most adaptation problems. Those who were not living with parents were found to be particularly at risk. Based on their teachers' reports, the main problems among Syrian students were: conflict among friends, tendency to show violence and withdrawal in class activities. Furthermore, their inattentiveness in the Turkish language class was found to be related to their belief that they would eventually return home.

People who migrate can encounter many difficulties such as adaptation to a new language, environment and culture. As a part of the family, children - and especially adolescents - are also affected by this condition. As immigrant adolescents leave their homeland and move to a new country, they are also leaving their childhood and moving to adulthood (Volkan, 2018), which results in a term called "double- mourning" (Van Essen, 1999, p. 30), and an intensified experience of migration. Based on Bugra's migration and mental health model, when we look at the different stages of migration, we can see phase-specific risk and resiliency

factors for children and youth. Children and youth are reported to face with different aspects in pre-migration, migration and post-migration stages. Hameed, Sadiq and Din (2019) reported that in premigration phase experience of traumatic events is a risk factor for individuals, and it may lead to hopelessness, which in turn lead to depression in youth and adults. Limited access to school, witnessing or engaging in violence are other risk factors for refugee youth (Nctsnadmin, 2018). During migration phase, length of stay in camps are presented to be another risk factor. The feelings of unsafety and lack of trust in their future are also reported to contribute to stress. Separation from parents also acts as a major source of stress factor. Being with parents is found to be a protective factor in terms of stress. In post-migration and settlement period, family dynamics, authority roles may be challenged once again by new family roles and patterns. An example is the lack of security and acculturation difficulties that create stress. There are also challenges due to adaptation of new belief systems, values, and morals that act as a risk factor for the mental health problems (Papadopoulos, 2001; Hameed, Sadiq & Din, 2019).

1.2. Common Mental Health Problems in Refugees and Migrants

Refugees are subjected to several mental health problems. Based on the research, depression and PTSD are some of the major psychological problems of refugees, as depression rate is found to be prevalent 4-89% and PTSD was above 50% (Heptinstall, Sethna & Taylor, 2004). Due to comorbidity or symptom overlap, they tend to correlate with each other. While PTSD is proposed to have a link with pre-migration traumas, depression is proposed to be related to post-migration factors (Blanchard, Buckley, Hickling & Taylor, 1998).

1.2.2. Depression

Stressful life events, such as migration can play a role in depressive symptoms, since experience of stressful life events in childhood or adolescence is suggested to increase susceptibility to depression in later years (Muneer, 2018). Depression is one of the mental health problems that are seen among young refugees

(Fazel & Stein, 2002). Depression is identified as the most commonly seen psychopathology in all diagnosed psychological disorders (Gotlib, Roberts, and Gilboa, 1998). Major depressive disorder (MDD) is prevalent among 5% of the population, for lifetime of 14% (Waraich et al. 2004). In DSM-5 (American Psychiatric Association, 2013), depression is reframed under mood disorders. The revised symptoms are described as hopelessness, bereavement, loss of interest and pleasure in enjoyed activities, sleeping problems, eating problems, significant weight loss or gain, concentration problems, negative view of the world, psychomotor agitation, decrease in socialization, reduced motor activation, feelings of guilt, worthlessness and suicidal ideation (Kim & Park, 2018).

Depression was discussed by Sigmund Freud, an Austrian physician who is the founder of psychoanalytic theory, in his “Mourning and Melancholia” (1917) book. He described depression as “melancholia” and assimilated the symptoms of melancholia with depression. According to him, our psychological experience is not only determined by our conscious experiences, but also triggered by unconscious experiences including beliefs, feelings, thoughts, drives, memories of which we are not aware. (Feldman, 2011; cited in Gökçe, 2016, p.17). In his view, depression emerges after the loss of a loved object and emerges as the result of unconscious aggressive impulses to the self by introjection. Individuals who have experience of depression do not have a high opinion of themselves and feel angry with the loved object by reflecting this anger inward.

In migration experience, there are different factors that may contribute to the development of depression such as the feelings of loss (of identity, self, homeland) (Grinbergs, 1984), guilt out of staying alive and leaving others behind (Niederland, 1968), depressive anxiety in relation to threat of harm (Klein, 1935;1948), nostalgia and uncompleted mourning reactions (Tanık Sivri, 2013).

In studies that are conducted among Syrian refugees, the prevalence rate of depression varies from 8.9 to 69.3% for depression. Based on a recent study that was conducted among Syrian refugee children, the range of depression is found to be 24.4% (Çeri, Beşer, Fiş & Arman, 2018). Among people who stay in refugee

camps the rate of depression was found to be 8.9% (Önen, Güneş, Türeme & Ağaç, 2014). Among 49 Syrian immigrants who volunteer in humanitarian aid, 69.3% were found to have mild to severe depressive symptoms (Özen & Cerit, 2018).

1.2.2.1. Depression in Children and Adolescents

In recent years, the recognition of depression as a psychiatric disorder has been also extended to children. There are various studies revealing that episodes of depression in childhood that are associated with enhanced risk of other mental health issues (Fleming & Offord, 1990; Peterson et al., 1993).

Children may show depressive symptoms with some age-related differences and different behavioral manifestations. Adolescents may show depressive symptoms similar to adults, such as observable pessimism, negative thoughts about the future, insomnia, loss of appetite, stomachache; scary dreams, and suicidal ideas (Gür, 1996). One of the important characteristics of depression in adolescence is the appearance of a distinct anger (Parker and Roy, 2001). Contrary to adults, depressed youth may not talk about themselves, about their feelings of sadness but, instead, they can lose interest in previously liked activities, be irritable, scratchy, and fed up with people (Trowell & Dowling, 2011). The concept of “masked depression”, such as somatic complaints, behavior problems and delinquent behavior, school phobia, and learning difficulties in children and adolescents are known as possible symptoms of underlying depression (Glaser, 1968). Physical symptoms such as headache and stomachache, motor retardation, and hypersomnia are common for children (Carlson, 2000). Besides such symptoms, social withdrawal, and suicidal thoughts have been reported in more than 60 % of the preschoolers, preadolescents and adolescents experiencing depression (Kashani & Carlson, 1987)

Adolescents are vulnerable to depression, since they face with major biological, cognitive, and social-environmental changes in their development. In school settings, depression is usually underreported, due to the fact that most of the attention is given to the disruptive and externalizing behaviors, also it can be

difficult to observe depression directly, thus is described as a secret illness (Reynolds, 1992, cited in Miller, Nickerson & Amanda, 2007).

It is found that the prevalence rate of depression in children range from .03 to 3.0% (Costello, Foley, & Angold, 2006). In a study done by Egger and Angold (2006), it has been indicated that prevalence rates are 1.4% for major depressive disorder. Symptoms in older preschoolers (3.0%) were more prevalent than in toddlers (.3%). Costello and colleagues (1996) found that for older children, 9, 11, and 13 year olds, prevalence rate was 1.45% (Costello et al. (1996) cited in Gotlib, et al.2009, p. 406).

Prevalence studies on adolescent depression was first conducted by Albert and Beck in which a short form of the Beck Depression Scale which was used and conducted on 63 adolescents with age of 13-15. It was found that 36.5 % of adolescents were depressed in medium or severe- level, while 33% were mildly depressed (Albert and Beck, 1975). Reynolds (1983) conducted a study on 2873 adolescents with age 13-18 and found that 34 % of adolescents had depressive symptoms. Sullivan and Engin (1986) conducted a study with 103 secondary school students and found that 26% of the participants exhibited mild-level and 6% exhibited severe level of depression. Wells, Klerman and Deykin (1987) studied the prevalence of depression among 424 adolescents within the age range of 16-17 and they found that the prevalence rate was 33%. Kashani, Orveschel, Rosenberg and Reid (1989) studied the prevalence rate of mental health problems among 210 children and adolescents representing age groups of 8, 12, and 17. They found that the rates of depressive symptoms were 1.5% for age of 12, and 5.7 % for the age of 17 (CHS, 1989). It is also reported that almost 9% of adolescents have experienced major depression at least once in their lifetime (Lewinsohn, et al., 1993, cited in Sancakoğlu, 2011, p.7).

When Syrian refugee youth in Turkey were examined, in a study that was conducted among Syrian youth, 355 students who attended 6 to 9th grade were assessed for their prevalence of depression and anxiety symptoms. The study results

showed that 47.9% of the students had depressive symptoms (Kandemir et al., 2018).

The studies show that the depression rate increases from childhood to adolescence. Depression negatively affect positive development, school performance, family and friendships (Bhatia & Bhatia, 2007). Refugee children and youth who experience war are reported to be at high risk for comorbidity of depression and PTSD (Thabet, Abed & Vostanis, 2004). In schools, where the acculturative struggles of refugee children and adolescents are salient, teachers report high levels of depression, anxiety and PTSD symptoms among refugee children (Nctsnadmin, 2018).

1.2.1. Post Traumatic Stress Disorder (PTSD)

Trauma refers to “psychobiological injury, wound and experiences which are extraordinarily out of normal ranges of human comprehension with excessive distress” (Nijenhuis & Van der Hart, 2011 cited in Toledo, 2014, p.2). The events that occur due to political conflict, such as war, violence, torture, imprisonment, and immigration can be given as examples for traumatic events, due to the fact that those experiences are ‘unusual ’ and ‘distressing to almost anyone’ (American Psychological Association: APA, 1980).

Many people report experiencing at least one traumatic life event throughout their lifetime (Neria, Nandi, & Galea, 2008). However, their responses to traumatic events would differ, some of them would be more vulnerable, whereas some of them would be more resilient. Trauma is described based on three different variables: the objective event, the meaning that is attributed by individual's, and the emotional reaction evoked (Green, 1990). Individuals can be deeply affected by those traumatic experiences, and as a result, individuals can feel themselves overwhelmed, vulnerable, betrayed, helpless, frightened, and alone.

Post-Traumatic Stress Disorder has initially appeared in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III; (American Psychiatric Association, 1980) as a distinct category in order to specify the

psychological reaction that is exhibited due to extreme life events. According to Diagnostic and Statistical Manual of Mental Disorders Fourth Edition/Text Revision (DSM-IV-TR; APA, 2000: 463) the symptoms are listed as: re-experiencing the event (intrusion), avoiding reminders of the event (avoidance), and arousal that occurs out of direct personal experience or an indirect experience by witnessing or learning about stressful event, threat to physical integrity or life, with inclusion of children and adolescents (Substance Abuse and Mental Health Services Administration, 2016). According to DSM-V, the diagnostic clusters enlarged to four factors, since avoidance/numbing clusters are divided and expanded as persisting mood alteration and avoidance (American Psychiatric Association, 2013).

Migration can be an experience of trauma depending on the nature of the migration, pre-migration and post-migration, as well as conditions specific to the individuals, which may lead to post traumatic reactions. The events that are related to premigration, such as war, death, hunger and disaster, during migration, such as unsafe journey, and during in settlement in camps, such as discomfort, uncertainty, oppression and discrimination causes both physical and mental burden (Jong, 2002). As Fazel and Stein (2002) reports, post-traumatic stress disorder (PTSD) are salient especially in young refugees (Fazel & Stein, 2002, p.366).

In studies that were conducted among Syrian refugees in Turkey, the prevalence rate of PTSD varies from 8.6 %- 45% for PTSD (Diker, 2018; Özen & Cerit, 2018; Çeri, Beşer, Fiş, & Arman, A., 2018; Önen, Güneş, Türeme & Ağaç, 2014). The minimum rate of PTSD was found among 49 Syrian refugees who work in the humanitarian aid programs in Turkey, as 8.6% (Özen & Cerit, 2018). In a study that was conducted among Syrian refugee children, the range of PTSD is found to be 22% (Çeri, Beşer, Fiş & Arman, 2018). In another study, among 311 Syrian children 45% were found to have PTSD symptoms (Sirin & Sirin, 2015).

1.2.1.1. PTSD in Children and Adolescents

All over the world, people affected by violent acts and catastrophic events such as war, political conflicts, and natural disasters. People suffer from physical or

psychological wounds of direct or indirect exposure to them, by witnessing the violence (Krug, Mercy, Dahlberg, & Zwi, 2002). Younger children are the ones who are at risk for traumatic events because they depend on their parents and caregivers to meet their needs (Lieberman & Van Horn, 2009). Up to 25% of children around the world are negatively affected by sexual, physical abuse or domestic violence (Ammar, 2006). Majority of children who have stressor factors are more likely to be susceptible to abuse, neglect and violence (Grillo, 2010).

Based on the definition by The Institute of Recovery from Childhood Trauma (ICRT) trauma is described as an event or events which cause the feeling of helplessness that leads to terror” (IRCT, 2015 cited in Thierry, 2017). Children may be traumatized in any environment where fear exists. Trauma damages their sense of stability, safety and trust.

Trauma has been considered as one of the main causes of adult psychopathology (McFarlane & Weisaeth, 1996). Research showed that trauma which is experienced in childhood has more complicated results than trauma that is experienced in later ages. It has been indicated that trauma experienced in childhood results in various psychological disturbances in adulthood (Wingenfeld et al., 2011). Perry, Roy, and Simon (2004) classified psychological trauma in two main categories. The first category is called “gross psychological trauma” which includes major trauma types such as physical, sexual or verbal abuse. The second category is “subtle trauma” which involves more subjective adverse experiences like shame and feelings of guilt derived from parents or lack of parents` involvement in the process of development.

According to Krystal (1978), when children are faced with a traumatic experience such as abuse, they experience “unbearable distress involving affect precursors and mass stimulation” (Krystal, 1978 cited in Yilmaz, 2009, p11). Many researchers mention about the dissociative process in childhood trauma. When a child is encounter an abuse, she/he defensively dissociates unbearable and unmanageable situation that she/he is experiencing. When an individual

experienced a traumatic event before the age of 11, it has been reported to be at risk for later PTSD symptoms (Davidson & Smith, cited in Hoffman & Kruczek, 2011)

The literature on trauma found that children who were exposed to the traumatic events would have adverse effects on their psychological well-being in the short and long term (Spertus, Yehuda, Wong, Halligan, & Seremetis, 2003; Turner & Butler, 2002). Experiencing very stressful life events such as war causes many children to develop post-traumatic stress disorder (Yule et al. 2013). As shown by Yule (1999), children who live in war regions are more vulnerable to develop posttraumatic stress disorder. According to Lustig et al. (2004) refugee children were found to show signs of posttraumatic stress disorder with 50-90% prevalence. Betancourt and his friends (2012) conducted a longitudinal study with 14,088 refugee children across the United States for six years for examining the prevalence of trauma, psychopathology, behavioral and emotional problems. In this study, they found mental health problems related to PTSD, anxiety, somatization, traumatic grief and behavioral problems.

Symptoms of PTSD

The symptoms of PTSD differ in different age groups. While younger children would show symptoms of restlessness, irritability, fear, crying behaviors, school age children would likely to show cognitive problems, such as learning and concentration difficulties (Pynoos & Nader, 1988). Besides academic and cognitive problems, behavioral problems such as denial, dissociation, aggression, irritation and uncooperative behavior with other children are salient. As somatic problems, such as pain, headaches, stomachaches, dizziness and lack of energy can be observed (Eth & Pynoos, 1985; cited in Jong, 2002, p.17).

Stress responses of adolescents which stem from traumatic events, often involve externalizing behaviors, such as acting out, risky behaviors, or self-destructive behaviors, and internalizing behaviors, such as depression, withdrawal, and somatization. Gabowitz, Zucker and Cook (2008) focuses on adolescents who are exposed to chronic trauma and their study confirms the earlier research results showing that chronically traumatized children perform lower in cognitive and

academic assessments, especially on Verbal and Full Scale IQ in WISC-R scores, as well as in reading and math scores in class.

Especially in school age children and adolescent migrants with PTSD symptoms, there are various problems such as concentration difficulty, and decline in school performance. Dissociative actions, self- destructive behaviors, denial, depressed mood, somatic complaints, aggressive behavior, irritability or extreme introversions are among the problems listed for these children. Feelings of guilt, revenge and worry related to the traumatic event may also be observed in these children (cited in Joop, 2002). In a Turkish study done among Syrian adolescents with high traumatic stress, it is found that language problems and unwillingness to learn Turkish language, lead students to have academic difficulties, such as problems in attention and learning (Cengiz, 2018).

The Current Study

As shown above, stressful life events such as migration can have negative effects on mental health, which can also cause chronic complex problems. Massive migration of people necessitates immediate actions intended to meet their primary basic needs, such as food, shelter and health care services, however the problems related to mental health must not be overlooked for better services. In order to address the refugee's children complex problems, a newly developed scale, the Children's Life Changes Scale (CLCS) was used in the study. The current study aims to explore the narratives of 19 Syrian adolescents with trauma and depressive symptoms on the CLCS.

This study consists of both quantitative and qualitative part. The quantitative part determines the PTSD and depressive symptom level among Syrian adolescents. The qualitative part examine the stories of children who scored high on trauma and depression. This part aims to augment the quantitative results as an embedded design, to bolster and provide an in-depth understanding of common themes in different stages of migration for refugee adolescents.

The research questions aims to explore the following items:

- 1- What are the themes emerging in the CLCS pictures for adolescent refugees with PTSD and Depressive symptoms?
- 2- What are risk factors and protective factors in the pre-migration, migration and post-migration experience for adolescent refugees?

CHAPTER 2

METHOD

2.1. Data

The current study is a part of a larger project conducted in Bilgi University Clinical Psychology Child and Adolescent Track. The larger project was designed to develop a new projective scale called The Children's Life Changes Scale (CLCS). The project was carried out with 239 Turkish children in the 7th, 8th grade and high schools in Eyüp district with 111 Syrian children living in Sultanbeyli district. The sample of the current study consists of 19 Syrian adolescents in the 7th and 8th grades. All participants attended the study with the consent of their respective families. Syrian adolescents who are included in the current study scored high both on the Depression and PTSD scales.

2.2. Participants

The sample of the current study was collected from Sultanbeyli, a peripheral district of Istanbul, which has the highest migration rate (domestic and international) and low socioeconomic status (Karakuş, 2006). Sultanbeyli is the district with the highest population of Syrian refugees living in İstanbul (Aydın, 2018). Even though it is reported that there is limited interaction between Turkish people and Syrians in terms of daily life, school and work are the two domains that trigger communication. The integration process of Syrian refugees can be observed in this district through schools (temporary education centers), Turkish language courses and activities of non-governmental and governmental organizations.

In the larger project, a pilot study was first conducted with a sample of 20 children of ages 9 to 14. Undergraduate university students (Arabic speakers and Turkish speakers) assisted the pilot and the main study. After the pilot study, a convenience sampling method was used in Sultanbeyli Schools. Informed consents were obtained from all participants' parents/legal guardians and verbal consents from children who were 12 years old and older. The scales were given to 111 students who were in the 7th or 8th grade. There were 67 female (67.4%) and 31

male (32.6%) participants, ages ranging from 11 to 18 years ($M=13.81$, $SD=1.22$). The mothers' age range was 30 to 51 ($M=39.5$, $SD=5.43$) and the fathers' age range was 31 to 61 ($M=42.96$, $SD=7.1$). The number of people who lived at home was 1 to 13 ($M=6.43$, $SD=2.01$); the duration of stay in the same house was 0 to 8 years ($M=2.98$, $SD=1.81$); the duration of stay in a camp ranged from 0 to 60 months ($M=1.7$, $SD=8.73$).

For the current study, 19 adolescents who scored one standard deviation above the mean on both depression and PTSD scales were chosen. The narratives of 19 adolescents for six pictures were obtained, with the instruction, "Tell a story about this picture".

Demographic Information of the participants is given in Table1.

Table 1. *Demographic Characteristics of the 19 Participants*

| Variables | | N | % |
|-----------|---------------|----|-------|
| Gender | Female | 10 | 52.6 |
| | Male | 9 | 47.4 |
| Mother | Alive | 18 | 94.7 |
| | Not Alive | 0 | 5.3 |
| Father | Alive | 17 | 89.5. |
| | Not Alive | 1 | 5.3 |
| SES | | | |
| Education | Primary | 3 | 15.8 |
| | Middle school | 9 | 47.4 |

| | | | |
|--|-----------------------------|----|------|
| | High school | 2 | 10.5 |
| | College | 4 | 21.1 |
| Income | 0-1000 TL | 3 | 15.8 |
| | 1000-1500 TL | 8 | 42.1 |
| | 1501-2500 TL | 6 | 31.6 |
| | 2501-3500 TL | 1 | 5.3 |
| <hr/> | | | |
| Family Type | Core family | 13 | 68.4 |
| | Extended family | 3 | 15.8 |
| | Father or mother is missing | 1 | 5.3 |
| <hr/> | | | |
| Cause of Immigration (In last 5 years) | No Move | 7 | 36.8 |
| | Family | 1 | 5.3 |
| | Renovation of the house | 1 | 5.3 |
| | War | 6 | 31.6 |
| | Natural Disaster | 1 | 5.3 |
| <hr/> | | | |
| Year of Entry | 2013 | 3 | 15.8 |
| | 2014 | 6 | 31.6 |
| | 2015 | 3 | 15.8 |

| | | | |
|-----------------|------|----|------|
| | 2016 | 3 | 15.8 |
| | 2017 | 2 | 10.8 |
| Camp Experience | Yes | 3 | 15.9 |
| | No | 10 | 52.6 |

2.3. Procedure

Permission to conduct the larger project in schools was obtained from the Istanbul Directorate of the Turkish Ministry of Education as well as Migration Center of Turkey. The school principal and school counselors were contacted for the study. Informed consent forms and demographic information forms were delivered to the parents of children with the help of school counselors. The children were assessed in groups in the classrooms. All the forms were given in Arabic language. After the CLCS, the CDI-2 and the CRIES-13 were given in a counterbalanced order. The procedure took approximately 45 minutes. Three native speakers translated the 6 written stories for these pictures with consensus among them. In the final stage, a Syrian native language teacher reviewed and approved the translations.

2.4. Measures

The instruments used for the larger project and the current study were as follows: The Demographic Information Form, The Children's Life Changes Scale (CLCS), the Children's Depression Inventory Second Edition (CDI-2), and the Children's Revised Impact of Events (CRS-13). (See Appendix, p 77)

2.4.1. The Demographic Information Form

The demographic information form was completed by children's caregivers. The form includes questions such as the participant's gender, age, grade, number of siblings, order of siblings as well as the respondent's age, level of education. There

are also questions related to the family's economic conditions such as total income, number of working family members in the house and other questions related to life events such as number of moving from one place to another in last 5 years and the quality of this relocation.

2.4.2. The Children's Depression Inventory-2 (CDI-2)

The Children's Depression Inventory – 2 is a revised and updated version of CDI (Kovacs, 2009) that has been developed by Kovacs (1981) to evaluate symptoms of depression in children and adolescents age of 7 to 17.

The CDI-2 is a 28- item self-report measure used to assess the cognitive, affective, and behavioral aspects of depression over the previous two weeks. The CDI yields a total score and five subscales of negative mood (e.g., "I am sad all the time"), ineffectiveness (e.g., "I can never be as good as other kids"), anhedonia (e.g., "I never have fun at school"), negative self-esteem (e.g., "I hate myself"), and interpersonal problems (e.g., "I get into fights all the time"). The CDI has been reported to have a five-factor structure, although studies have determined 2–6 factor latent structures. In CDI-2, to be able to differentiate the factors that are specific to symptoms for children, new items about excessive sleep, excessive appetite and difficulty in memory were added (Kovacs & Staff, 2011). The CDI – 2 contains four factors that are negative mood (9 items), negative self-esteem (6 items), ineffectiveness (8 items) and interpersonal problems (5 items). In original measure there is an item on assessing suicidal ideation based on the question of item 9 ("I want to kill myself"). However, for the Syrian sample, the Ministry of Education required this question to be crossed out. Thus, we used remaining 27 items for this study. The new items in the scale were translated to Turkish and Arabic, and then translated back to English. Two academicians in Istanbul Bilgi University re-evaluated items. For the assessment of reliability, internal consistencies (Cronbach α) for the CDI-2 subscales are calculated as .89. For subfactors, it was found .73 for Negative Mood, .7 for Negative Self- Esteem, .71 for Ineffectiveness, .56 for Interpersonal Problems, .79 for Functional Problems and .82 for Emotional Problems.

2.4.3. The Children’s Revised Impact of Events Scale (CRS-13)

The CRIES-13 is 13 item scale that aims to assess PTSD symptoms in children (Children and War Foundation, 2005). It has clusters of avoidance, intrusion and arousal. The scale is originally developed from the Impact of Events Scale (Horowitz et al., 1979). Formerly developed as CRIES-8 by Yule (1997), and added five items drawn from the arousal symptom cluster in DSM-IV to create the CRIES-13 (Children and War Foundation, 2005). Participants asked our participants to complete the CRIES-13. Each item is rated according to the frequency of their occurrence during the last week (None = 0, Rarely = 1, Sometimes = 3, and A lot = 5) in relation to a negative life event that happened to them. The Items of Intrusion cluster (“Do other things keep making you think about it?”), four avoidance items (“Do you try not to think about it?”), and five arousal items (“Do you get easily irritable?”). Total scores on the scale ranges from 0 to 65, with a cutoff score of 17 were found to identify >80% of children with a diagnosis of PTSD (Yule, 1998; Stallard et al., 1999). The translated version of the inventory is taken from its original website, and back translated.

Explanatory factor analysis revealed that 3 interpretable factors were emerged, explaining 36.50% variance (see Table 2, for factor loadings).

Table 2. Factor Loadings

| | Factor | | | |
|---------|-----------|-----------|---------|------------|
| | Avoidance | Intrusion | Arousal | Uniqueness |
| cries6 | 0.787 | | | 0.359 |
| cries10 | 0.520 | | | 0.720 |
| cries7 | 0.507 | | | 0.698 |
| cries2 | 0.434 | | | 0.749 |
| cries1 | | 0.636 | | 0.576 |
| cries8 | | 0.628 | | 0.539 |
| cries9 | | 0.546 | 0.375 | 0.539 |
| cries4 | | 0.421 | | 0.738 |

Table 2. Factor Loadings

| | Factor | | | |
|---------|------------------|------------------|----------------|-------------------|
| | Avoidance | Intrusion | Arousal | Uniqueness |
| cries13 | | | 0.655 | 0.540 |
| cries12 | | 0.369 | 0.589 | 0.510 |
| cries3 | | | 0.537 | 0.676 |
| cries5 | | | 0.417 | 0.731 |
| cries11 | | | | 0.884 |

Note. *'Minimum residual' extraction method was used in combination with a 'varimax' rotation*

In original study, internal consistency scores (Cronbach α) were reported as follows: Intrusion = 0.70; Avoidance = 0.73; Arousal = 0.60; and total = 0.80. In our sample, the internal consistencies were found to be .70 for intrusion, .65 for avoidance and .37 for arousal. Since the internal consistency of the arousal is very low, and also the original source recommends using CRIES-8 as a screening tool (Children and War Foundation, 2005), we excluded items measuring arousal as a different factor.

2.4.4. The Children's Life Changes Scale (CLCS)

The CLCS is a new scale that is developed for refugee children and adolescents. It is aimed to be culturally appropriate and provide projective assessment for children with major life changes. The scale consists of 11 black and white pictures designed to present scenes for migration. The pictures are aimed to trigger thoughts and feelings related to migration/move, family relationships, union/separation, friendship/solitude, school environment and safety/danger. In every picture participants were asked to choose emotion of the character seen on the picture in a multiple choice format. Moreover, in the first 6 pictures of the CLCS children were asked to write a story about the picture.

All pictures were designed to be neutral in terms of events and emotional expressions of people. Background details of the pictures were made ambiguous to

be able to be non-intrusive as much as possible. The pictures were designed to represent migration process, however, for non immigrant children they can also be seen as representatives of scenes from daily events. The first picture has child and a father figure walking in an empty street, aimed at assessing father- child relationship which will be named as “1: *Holding Hands* ”. The second picture shows boy and a girl standing with suitcases, aimed to trigger emotions about moving is named as “2: Suitcase”. Third picture has a fence picture, which is aimed to represent borders for immigrants, named as “3: Fence”. The fourth picture has a drawing of tent with a group of children playing together, with one child sitting alone to trigger emotions related to camp and social relations for immigrants is named as “4: Tent”. Fifth picture presents a classroom picture with couple of students which aims to assess friendship issues, relation to school, is named as “5: Classroom”. Sixth picture, as the final picture of story writing part has a depiction of family consisting of two children and two adults holding hands and hugging each other, named as “6: Core Family”. This picture is designed to elicit more positive memories. In this study, the narratives of 19 adolescents on the first six pictures were examined (See Appendix, p. 77)

2.5. Data Analysis

This study encompasses qualitative and quantitative parts. In the quantitative part, consent and demographic forms were filled by the caregiver (mother, father or the closest adult), adolescents were completed the Children’s Revised Impact of Events Scale and The Children’s Depression Inventory- 2. Descriptive statistics were performed by IBM software Statistical Package for Social Science- 23rd Edition.

The qualitative data was gathered from the written stories of the CLCS, of the adolescents who scored high in both depression and PTSD symptoms. Thematic analysis was done to analyze the stories by using MAXQDA18. Thematic analysis is the method of detecting patterns and themes found within qualitative data (Braun & Clarke 2006). As Braun and Clarke (2013) suggests, thematic analysis does not aim to summarize data; the aim is to gather the themes, as an output of interpretation

of the data, which are found to be important. The thematic analysis provides a flexible and useful research tool, which can potentially provide a detailed and rich output of data. As Fereday and Muir-Cochrane (2006) demonstrated, balance of deductive coding (derived from the philosophical framework) and inductive coding (themes emerging from participant's discussions) method is used to assess the stories from social systems (parents-microsystem) , (school- exosystem) and their representations in the individual's mind. Based on thematic analysis method, the themes that are repetitively salient are identified and the initial associations were coded as themes, and then they are revised for each story of every adolescent. Guidelines by Bree and Gallagher (2016) and Maguire and Delahunt (2017) are used to conduct step by step thematic analysis. Beutow's (2010)'saliency analysis' as consideration of the frequency of data within the theme and the perceived importance of that theme was integrated to identify the most salient themes. The stories were read and ideas were noted as a pre-code to familiarize with the themes. After the general codes were formed, the data set was grouped together under similar codes and then formed into themes.

2.6. Trustworthiness

Trustworthiness would be described as credibility, transferability, dependability and conformability of a research (Lincoln & Guba, 1985). To be able to increase the trustworthiness, several techniques were used. Triangulation through consensus among the researcher, the doctoral student with specialization in qualitative analysis and the thesis advisor is provided throughout the whole analysis (Smith & Osborn, 2003). Themes and subthemes were provided on the basis of consensus among three researchers.

2.7. Reflexivity

Based on Gouldner's (1971) definition, reflexivity means the standpoint of the researcher in qualitative research (cited in Palaganas, Sanchez, Molintas, & Caricativo, 2017). Reflexivity of the researcher is the awareness of the self as an interpreter with a specific background, approach and experiences that would affect his or her interpretation in research. The researcher's personality variables, unique

experiences and the research are dynamic and interactive process, thus it is important to understand the position of the researcher in the study. The researcher is clinical psychology student of Istanbul Bilgi University and a graduate of Boğaziçi University psychological counseling department. She has several field experience with multicultural population; expats, immigrants and refugees in different countries and in different contexts, such as NGOs, schools, through volunteerism or professional experience. Experience in working with Syrian children and women helped her to become more sensitive in investigating the further needs of Syrian children. In the current study, she focused on adolescents to study the transitions for individuals who are already at risk of developing several mental health problems.

CHAPTER 3

RESULTS

The stories of the adolescents were analyzed by using the thematic analysis method. The aim of the study was to reveal and identify themes in the written stories of the 19 refugee adolescents. Four themes were identified in the narratives of adolescents: a) Proximity to Beloved One(s), b) Dealing with Uncertainty, c) Immigration Phases, d) Dealing with Life as a Child/Adolescent. Table 3.1 demonstrates the main themes below. The narratives were taken as a whole story rather than analysis of each card, to see the flow of narratives.

Table 3. *Emerging Themes of Syrian Adolescents*

| Analysis of Stories of Nineteen Syrian Adolescents with Higher PTSD and Depressive Symptoms |
|--|
| Theme 1: Proximity to Beloved Ones |
| Theme 2: Dealing with Uncertainty |
| Theme 3: Phases of Immigration |
| Theme 4: Dealing with Life as a Child/Adolescent |

3.1. Theme1: Proximity to Beloved Ones

In the first card which includes father-child figure, the adolescents talked about their need, and positive feelings in the presence of an attachment figure, most repeatedly father, due to the first card. The positive feelings with one single figure, or other family figures, or negative feelings in their absence were the recurring themes in the narratives. This main theme has three subthemes, named as Safety with Father, Being Loved by the Family, and Unhappiness in Loneliness.

Table 4. *Subthemes of Theme 1: Proximity to Beloved Ones*

| |
|---------------------------------------|
| Subthemes of Theme 1 |
| Subtheme 1: Safety with Father |
| Subtheme 2: Being Together as Family |
| Subtheme 3: Unhappiness in Loneliness |

3.1.1. Safety with Father

The majority of adolescents talked about positive feelings, mainly the safety feeling in presence of the fathers. This theme was especially triggered by the first picture of the CLCS in which a male figure is holding the hand of a child. Father's protective role was emphasized, and his presence provided safety, no matter how dangerous the external world was.

“(Holding Hands) this child feels safe now because his father is with him, taking him confidently because he knows that his father is with him and he will help him and will never leave him behind.” (8th grade, Female)

“(Holding Hands) the child feels safe with his father, the child is safe with his father, that child is really safe” (7th grade, Female)

The feeling of safety in the presence of a father figure, takes over even if there is a danger, or things to be afraid of. Father's moderating effect is emphasized.

“(Holding Hands) Maybe the child is feeling the unknown but he feels some safety with his father” (8th grade, Female)

“(Holding Hands) in the middle of the night the father goes to buy some stuff, when he goes with his father or his family, he feels safe and rest assured” (7th grade, Female)

3.1.2. Being Together as Family

This subtheme emphasized togetherness as a family, as a group. Besides feeling safe within family, other family members' comfort and safety were also important. This theme was different than just being close to one figure, like mother or sibling,

majority of the adolescents mentioned the positive feelings for being together as a family. This theme was dominantly triggered mainly by the sixth picture “*Core Family*, and secondly by sixth card, “ *Holding Hands*” respectively. Ten adolescents wrote stories about happiness and positive feelings out of being together, only one student mentioned a negative statement ‘as family does not love the child’.

“(Core Family) when the family is whole there is always happiness” (7th grade, Male)

“(Core Family) Happy, because the family are gathered, feeling safe because his family is near him.” (8th grade, Female)

“(Core Family) Comfortable because this family is gathered together and this is nice.” (8th grade, Female)

“(Core Family) the child feels that they don't love him; his family. The child feels that his family doesn't love him.” (7th grade, Female)

The participant who had negative statement about family who is not loving the child, has 5 years of camp experience, which is the longest reported time period for camp experience among all participants. The primary caregiver of the child reported that her parents are both alive and there are six people in the core family who lives in the same house. It is known that the longer the camp experience the higher the risks for mental health problems (Joop, 2002). It is possible that camp experience would have negative effect on parenting practices which in result would lead the adolescent to project her negative feelings to the family picture.

3.1.3. Unhappiness in Loneliness

The theme of need for proximity was further examined and it was seen that there was emphasis on the positive emotional relations in the pictures, sometimes however, there was strong emphasis on unhappiness when the figure in the picture was lonely. In pictures with multiple figures, some of the adolescents preferred to identify with the figure who was alone and excluded. This theme was seen in different cards and contexts, such as at school, sometimes in family, or in an isolated place. Some stories had defensive tone, whereas some had more anxious tone.

“(Fence) I feel scared of this place. I feel scared of this place. This place doesn't have anybody” (7th grade, Female)

“(Tent) Unhappy cause because of them i started loving loneliness... (Fence) very comfortable because I don't want to see anybody in this picture and this is my dream to stay alone for the rest of my life without seeing anyone, not my mother, nor my father, nor my siblings, nor any friends. I don't want to talk to anybody, I don't want to meet new friends (8th grade, Female)

“(Tent) Unhappy because of loneliness... (Core Family) Unhappy because of isolation (8th grade, Male)

“(Classroom) if the child is unhappy it's because he is sitting alone and not sitting with him any of his other friends” (8th grade, Female)

“(Tent) Unhappy because he is lonely and feels loneliness and most children feel like this because they are living in difficult times and there is no one to talk to about their loneliness. (Core Family) There is not any Syrian family that is happy because there is in the heart of every family there is a huge scar, and no one knows about it except god (8th grade, Female)

3.2. Theme2: Dealing with Uncertainty

In the narratives of Syrian adolescents, there were themes about uncertainty, unpredictable events and emotions. They are categorized as “Dealing with Uncertainty”. The feelings about what is going to happen in the future, unpredictability, not knowing what to do, what to feel or how to act appeared very frequently in the narratives. Four subthemes emerged under this category, as “Being in an Unfamiliar Place”, “Having Mixed Feelings” and “Not Knowing the Future”.

Table 5. *Subthemes of Theme 2: Dealing with Uncertainty*

| |
|--|
| Subthemes of Theme 2 |
| Subtheme 1: Being in an Unfamiliar Place |
| Subtheme 2: Having Mixed Feelings |
| Subtheme 3: Not Knowing the Future |

3.2.1. Being in an Unfamiliar Place

The theme of “Being in an Unfamiliar Place” is brought up within different pictures, with different settings, referring to school or classroom, to camps, house, or about going to an unknown place with family member(s).

“(Holding Hands) it seems that child is afraid that because he is entering a place he never entered before” (8th grade, Female)

“(Holding Hands) A boy and his father went to a place that they don't know, and felt the feeling of fear and kept looking left and right, as if he is trying to know what that place is”. (8th grade, Male)

“(Classroom) Sad because they are not studying in their country, and they are in a class that they don't recognize” (8th grade, Female)

“(Holding Hands) Scared and not happy because he is not in his country, because I feel the same feeling. I'm always afraid because I'm not in my country.” (8th grade, Female)

4.2.2. Having Mixed Feelings

Having mixed feelings was a theme that were found in different cards, either in the form of not knowing what or how to feel, or having contradictory feelings at the same time.

“(Core Family) Comfortable, that's how this picture seemed to me, because it's enough that they have their father and mother with them, they are sad but at least their family is with them.” (8th grade, Female)

“(Tent) Unhappy a little bit but happy because his brother is with him and playing together.” (8th grade, Male)

“(Core Family) Here I am safe because I am in a safe environment but I miss home” (8th grade, Male)

“(Tent) Scared: This picture shows children playing but there is a camp and it’s in the borders or before the borders.”(7th grade, Male)

“(Holding Hands) maybe the child is feeling the unknown but he feels some safety with his father... (Suitcase) He feels excitement to travel but it seems that they are afraid, maybe because they are immigrating or traveling.” (8th grade, Female)

3.2.3. Not knowing the Future

In stories, among different pictures, there was an emphasis on not knowing what is going to happen. There were various positive and negative attributions for not knowing what will happen. These themes were derived out of pictures of “Holding Hand”,

“(Holding Hand) This child is unhappy because he is departing from home and because there is a war in his hometown and he doesn’t know when he will be coming back.” (8th grade, Male)

“(Suitcase) A boy, happy, packing his bags him and his sister to travel to a far away place or for tourism and going around, and they don't know where they are going and that's why they are excited.” (8th grade, Male)

3.3. Phases of Immigration

Theme of migration, being a refugee, or immigrant and related motives were salient. The main theme of immigration was clustered based on the different phases of the process that are mentioned in the stories, these are Separation/Reunion, Fear in Borders of War, Deprivation after Leave/Camps.

Table 6. *Subthemes of Theme 3: Phases of Immigration*

| Subthemes of Theme 3 |
|---|
| Subtheme 1: Separation/Reunion |
| Subtheme 2: Fear of Borders in War |
| Subtheme 3: Deprivation after Leave /in Camps |

3.3.1. Separation/Reunion

The subtheme of separation/reunion triggered different negative and positive emotions, about being away from home. Positive emotions were triggered in narratives of dreaming about being back home, and negative emotions were triggered in narratives with several sentences of not wanting to leave, being separated from home and beloved ones. Sadness of being separated merged with the joy of dreaming about reunion with beloved ones, and motherland.

“(Suitcase) Unhappy. Because I’m leaving the house and be separated from my relatives and friends (8th grade, Male)

“(*Holding Hand*) angry because they are leaving the house... (*Suitcase*) Angry because people of the city are leaving ... (*Core Family*) Unhappy because they are leaving their country (7th Grade, Male)

“(*Holding Hand*) An unhappy child and very scared, he does not want to go with him and he is forcing and threatening him. The child would love to go to his parents but he can not. (8th grade, Female)

“(*Suitcase*) Unhappy because they are traveling but they do not want to leave their country.... (*Fence*) Sad. I wanted to go home but the war and the walls stopped me (8th grade, Male)

“(*Holding Hand*) feel like walking in my homeland..(*Suitcase*) Happy. Going back to homeland... (*Fence*) Unhappy. Immigrating to another country. (8th grade, Male)

“(Suitcase) Happy because they will go to a country they love to see people they love.” (8th grade, Male)

“(Suitcase) Unhappy because I remembered when I left our house in Syria, and left everything we loved and came to Turkey (8th grade, Female)

“(Suitcase) Once upon a day, there was a girl and her brother and they were going to travel and were really happy and excited because they were going to see their family and friends (7th grade, Female)

3.3.2. Fear of Borders in War

The feeling of terror, anxiety that was emphasized especially in the picture of “Fence” triggered themes related to crossing borders, war, prison and terrorism. The scene and the stories dominantly evoked fear, or safety as being far away from the war.

“(Fence) This picture is similar to when we arrived to turkey, like a kid afraid of dying and is running, and terrorism is hitting with sniper.” (8th grade, Female)

“(Fence) a wall. It seems like a prison wall, or a camp, or an abandoned place not suitable for kids. And who ever get close to the wall a sniper will shoot him/her from inside.” (8th grade, Male)

“(Fence) Feeling I feel safe away from worry and danger” (8th grade, Male)

“(Fence) I feel like it's a border between me and my country.” (8th grade, Female)

“(Fence) The feeling of a scared person in prison.” (8th grade, Male)

3.3.3. Deprivation after Leave/ in Camps

Under the immigration stories category, there were themes in which adolescents talk about the stage after leaving and after the stage of crossing the border. There is a theme of deprivation in camps or deprivation in newly arrived place.

“(Tent)These kids aren't happy because they are staying in the refugee camps and they were forced to leave their country, I remember this feeling, it's really sad when someone leave his country and goes to camps, where it's cold and everything is bad (8th grade, Female)

“(Tent) Children always hide their fear with playing, but with all of that, the features of fear and sadness got a look on them, because nobody wants to live in camps in the cold and poverty, without food and water and feeling frightened from the unknown, and filled with war (8th grade, Female)

“(Tent) Unhappy, because kids of Syria are not rested, they left their homes because of the bombing and went to the refugee camps.” (8th grade, Female)

“(Tent) He is sad because he is not in his house, and that's why he doesn't feel safe.” (8th grade, Female)

3.4. Theme4: Dealing with Life as a Child/Adolescent

Another main theme that emerged is the child/adolescent who is dealing with life. They get more responsibility, have to adapt, have to deal with problems in school, and have to react to injustice and have fun and find happiness in playing with friends.

Table 7. *Subthemes of Theme 4: Dealing with Life as a Child/Adolescent*

| Subthemes of Theme 4 |
|--|
| Subtheme 1: Power of Friendship/Play |
| Subtheme 2: Responsibilities of School |
| Subtheme 3: Exclusion/ Bullying |
| Subtheme 4: Reaction to Injustice |

3.4.1. Power of Friendship/Play

Power of play emerged as a recreational activity. Play made them feel good, when there is no one to play with however, they had negative feelings and thoughts.

“(Classroom) Happy: because I feel happy when I am with my friends because they are the same age (8th grade, 2033, Male)

“(Tent) Unhappy because their friends didn't play with them.” (7th grade, Male)

“(Tent) A boy playing with a ball and is really excited to kick the ball, for it to enter the target and scores a goal, and be happy with the goal that he scored (8th grade, Male)

“(Classroom) The child is happy with his friends. The child is really happy because he is with his friends.” (7th grade, Female)

“(Classroom) Kids in school empty their negative energy with their friends but in the photo it seems that the kids are afraid and depressed from not being affected with something (8th grade, Female)

3.4.2. Responsibilities of School

In school related cards there were themes about class work, trying to do class work, and cheating as a way to deal with class work.

“(Classroom) Guilty because I am talking while I am studying and this will effect on (my work) in the future (8th grade, Male)

“(Classroom) This kid here wants to cheat in his test.” (8th grade, Male)

“(Classroom) Angry because I do not advocate that someone speaks with me while I am writing (8th grade, Male)

“(Classroom) The student is guilty because he talks to his friend. The student is guilty because he is talking in class (7th grade, Female)

3.4.3. Exclusion/Bullying

Different forms of bullying and exclusion are gathered around the subtheme of Exclusion. Feeling of alienation, not playing, gossiping, problems with native language speaking students are mentioned in the stories.

“(Classroom) Angry, because the exact same thing happens to us with Turks.”(8th grade, Female)

“(Tent) Unhappy because their friends didn't play with them... (Classroom) Guilty because they are talking about their other friends (7th grade, Male)

“(Classroom) Angry because people are only good at gossiping and talking about other people, they don't look at themselves! They are only hurting other people with tongues. (8th grade, Female)

“(Classroom) if the child is unhappy it's because he is sitting alone and not sitting with him any of his other friend (8th grade, Female)

3.4.4. Reaction to Injustice

There were negative reactions to events that are not supposed to happen, to unfairness that comes either from families or from their surroundings. Cheating in class also triggered negative feelings such as anger or guilt.

“(Suitcase) this picture for me is the feeling when emigrating from our injustice country... (Fence) The injustice blockade that is in most Arab countries... (Classroom) Angry. (Cheating) the prophet PbuH(peace be upon him) said whoever cheats us is not from us” (7th grade, Male)

“Children and family feel safe together, but some fathers and mothers tend to differentiate between boys and girls, and there's a lot of stories between children (8th grade, Female)

“Guilty because did a wrong action.” (8th grade, Male)

CHAPTER 4

DISCUSSION

Migration is a highly stressful life event which can result in a number of mental health problems. Among Syrian refugees in Turkey, depression and PTSD are common problems. The prevalence rate of such problems varies from 8.9-69.3% for depression, and 8.6 %- 45% for PTSD for Syrians living in Turkey (Çeri, Beşer, Fiş, & Arman, A., 2018; Diker, 2018; Önen, Güneş, Türeme & Ağaç, 2014; Özen & Cerit, 2018). In this study, the main purpose was to understand the experiences refugee adolescents through the use of the CLCS pictures. Participants were chosen from a larger dataset, and consist of adolescents with high depressive and PTSD symptoms. The reason for choosing the adolescents with both PTSD and depression symptoms was that the individuals with comorbid PTSD and depression would be more subjectively distressed and more at risk for remission (Blanchard, Buckley, Hickling & Taylor, 1998).

The first research question of the study was: What are the themes emerging in the CLCS pictures for adolescent refugees with PTSD and Depressive symptoms?

There were four main themes as, Proximity to Beloved Ones, Dealing with Uncertainty, Phases of Immigration, Dealing with Life as a Child/Adolescent. Subthemes in the adolescents' narratives were, Safety with Father, Being Together as a Family, Unhappiness in Loneliness; Being in an Unfamiliar Place, Having Mixed Feelings, Not Knowing the Future; Separation/Reunion, Fear of Borders in War, Deprivation after Leave/in Camps ; and Power of Friendship/Play, Responsibilities of School, Exclusion/Bullying, Reaction to Injustice

The second question was: What are risk factors and protective factors in the pre-migration, migration and post-migration experience for adolescent refugees?

The findings revealed many risk factors such as forced migration, lack of support system in the camps, loneliness, prejudice, lack of security and unpredictable events. In the stories there were also several protective factors such

as friendship, games, family as a source of love, motivation for education and intolerance in face of injustice, which were congruent with the refugee literature. The protective and risk factors that are specific to the pre migration, migration and post-migration stages will be explained in details under the theme of “Phases of Immigration”.

The themes that were derived out of adolescents’ narratives may both reflect the fantasy, as a reflection of need, or a description of current state, the inner world of adolescents. It was worth to note that, the language used in the narratives was never in the form of storytelling (e.g., once upon a time), rather they were either descriptive such as “There is a child..” or with a reference from autobiographical narrative, such as “This is what happened to us..” which can be considered as high level of projection with the characters. Thus the results may reflect the subjective experiences of these adolescents. The vulnerability and resilience factors that are derived out of these themes will be examined below.

Dealing with Uncertainty

One of the themes was “Dealing with Uncertainty”, with subthemes of “Being in an Unfamiliar Place”, “Having Mixed Feelings” and “Not Knowing the Future”. Dealing with ambiguity, uncertainty and also dealing with ambivalent or mixed feelings were found in these themes.

In the subtheme of “Being in an Unfamiliar Place”, the emphasis of the unknown, strange, new places can be explained through referring to psychodynamic theories of migration. In psychodynamic approach to migration, Grinberg and Grinberg (1984) proposes that insecure feelings of newly arrived immigrants arise out of the anxiety and uncertainty in unknown, which in result, causes regression (cited in Akhtar, 2010). In such a situation, a need of someone to take out the containment function to provide survival is salient. In the subtheme of “an Unfamiliar Place”, in most of the stories the child seen in the picture was depicted with emphasis of presence and safety as well as proximity of father. This need for an attachment figure in an unfamiliar place, is in line with Grinberg and Grinberg’s approach.

Sandler (1960) points out that there is a special meaning of the familiar and constant things in the child's environment, because they create the feeling of safety (cited in Akhtar, 2010, p.5). Migration destroys the feeling of safety due to the fact that it breaks the continuity and familiarity. In immigration and exile, there are major changes in the environment and there are losses in many different ways, such as loss of familiar people, environment, objects, and customs. As Gazza- Guerrero (1974) states, the intensity and duration of mourning of the lost objects were related with the negative effects on the identity (cited in Akhtar, 2010). In the stories of the adolescents with PTSD and depressive symptoms, there was uncertainty that arises from being in an unfamiliar place, the unknown feelings, or unpredictability of the future. This uncertainty may be derived from the experience of various losses that was also mentioned by Grinberg (1984) as 'meaninglessness' that each individual ascribes to the experience of loss.

According to McCoy, Wakter and Levers (2012), in traumatic experience of loss, sometimes the individual experiences what is called as "ambiguous loss", where the lost object, person or ideal is uncertain. In such a situation, 'the definition of what is lost' is not clear, and such situation results in difficulty of processing the loss, which is described as 'frozen grief' (Boss, 1999). Experience of uncertainty means adjustment is not possible due to unclarity of what the individual should adjust to. Since the ambiguity results in inability to process the trauma, post-traumatic stress, it is not surprising to see similar unprocessed materials in Syrian adolescents who have high PTSD and depressive symptoms.

Proximity to Beloved Ones

As Volkan (2001) states, after traumatic experiences, the bond between people who had similar experiences gets stronger, and this emphasizes the group identity over individualism. This statement is salient in stories of the Syrian adolescents with PTSD and depressive symptoms; the need of being close to someone, to hold onto each other. For depressed refugee adolescents, the emphasis on proximity rather than individualism can be explained through regressive tendencies. In adolescent development, individuals who are in the pubertal period

are in the stage of moving away from their parents and they look outwards towards their peer group, the external world became their main interest (Trowell & Dowling, 2011). It is proposed that this developmental stage would not be able to be achieved in depressive individuals, because their depression can be understood as their failure to let go and move forward (Goenjian et al., 1999). In this transitional stage of adolescence, the youngsters saw the transition as dangerous and they are withdrawn into safe zone of childhood, into dependence on the family, thus PTSD and negative self-concept may lead to gaps in developmental functioning (Doyle & Perlman, 2012; Goenjian et al, 1999).

Phases of Immigration

Bhugra (2004) had proposed a hypothetical model about stages of migration and phase-specific stressing factors that lead to mental health problems, as pre-migration, migration and post migration stages. The theme of “Phases of Immigration” showed these phase-specific experiences, vulnerability and resilience factors of young refugees.

It is reported that in pre-migration phase, the voluntary/ or forced migration factors are presented as vulnerability or resilience factors. In our study the adolescents with PTSD and depressive symptoms were forced to migration. Their narratives under the main subtheme of “Separation/Reunion” covers the codes of pre-migration processes. The subthemes of “not wanting to go”, “being forced to leave” and “leaving loved ones behind”, and “dreaming of being back home” point out the vulnerability factor of the pre-migration phase.

“Separation/Reunion” theme also supports Werman (1977) who states that people try to cope with the mourning stage by bringing back the old memories from the past. In psychology, an idealization of a lost object, which is the “moment of return/reunion” is part of the mourning process. This is mentioned in Freud’s “Mourning and Melancholia” book, as part of coping mechanisms to deal with the loss of the homeland (cited in Akhtar, 2010). Remembrance of the memories from idealized past will bring melancholic joy to immigrants. The mixture of painful feelings, which derives out of separation, and fantasy of reunion are salient. While

the first phase of mourning involves feelings of anger and worry with the hope of getting the lost ones back, the following phases involve feelings of disappointment and depression that eventually lead the person to reorganize the experience of the loss (Tedeschi & Calhoun, 1995),

“Fear of Borders” subtheme refers to the ‘migration’ phase and the moment of passing the borders, and the feelings of being entrapped, death anxiety and terror. This narration is in line with annihilation anxiety, fears of persecution by someone and threat to life that are brought to the literature by Melanie Klein (1935; 1940; 1948). The description of borders as a dividing unit between oneself and country refers to the psychological borders that are referred by Volkan (2018) that they are the symbols that are expressed by migrants when they have high stress and anxiety. The vulnerability factors of the migration phase were presented as “flight stress”, loss, and PTSD. This theme points out the risk factors of stress that derives out of risk of death, PTSD and fear of loss. Social support, which presented as a protective/resilience factor will be seen in the following themes of friendship and family, namely “Proximity to Beloved Ones” and “Dealing with Life as a Child/Adolescent”.

“Deprivation after Leave/Camps” shows the importance of stress, risk and protective factors on mental health of children. Studies in refugee camps indicate that camps are described as ‘total institutions’, depersonalized and prison-like places with collective organization, and people become numbers without names” by the inhabitants (Harrell-Bond, 2000). Deprivation, malnutrition, violence and lack of security are known to be common problems (Nctsnadmin, 2018). In our study, Syrian adolescents reflected similar risk factors in their stories.

In terms of protective factors, parental well-being was reported to be an important protective factor for children and adolescents living in the camps. In our study, only one of the adolescents reported to have parental loss, but details were missing in regards to the well-being of parents. In the literature, children’s coping skills were discussed as another protective factor, for example wishful thinking or ‘dreaming about past/future, and imagination were used as a way to deal with the

adversities of the camps (Netsnadmin, 2018). In the current study, adolescents with depressive and PTSD symptoms reflected deprivation and negative view of the camps in their stories. Only three adolescents discussed camps with relative positive attributions, by focusing on playing and imagining an interaction with friends or siblings. The rest of the adolescents focused on the negative aspects of the camps with depressive feelings.

Dealing with Life as Child/Adolescent

Tedeschi and Calhoun (1995) states that highly stressful events challenge individual's sense of security, control and meaning in life. While many research and theories focused on the negative outcomes of trauma, post traumatic growth was discussed as its positive outcome. According to Tedeschi and Calhoun (1995), trauma survivors report changes usually in three broad areas of life: change in perception regard to self, in interpersonal relationships and in philosophy of life, as part of posttraumatic growth. In coping with such experiences, the importance of social support from friends and family was linked with adaptability and adjustment to such life events (Cohen & Wills, 1985; Tedeschi & Calhoun, 2008). In the theme of Dealing with Life as Child/Adolescent, the efforts to cope with life emerge out in the narratives of adolescents. Several subthemes, such as "Power of Friendship/Play", "Responsibilities of School" and "Reaction to Injustice" can be linked to indicators of post traumatic growth. Based on the studies, individuals who experience post traumatic growth report changes in feeling strong, seeing new possibilities in life, improved relationships, appreciating life and spirituality (Tedeschi & Calhoun, 1995). Especially the domain of new possibilities is salient in the themes of Dealing with Life as Child/Adolescent. As it was reported by several researchers, individuals try to re-order their ordinary life after traumatic events (Cadell, Regehr, & Hemsworth, 2003; Tedeschi & Calhoun, 2004).

In the theme of "Power of Friendship/Play", the adolescents talk about the relieving effect of play. They indicate the importance of friendship or spending time with friends. As Volkan (2001) points out the importance of bonding between

groups after traumatic experience, play represents a tool for holding on to life and holding on to each other for refugee adolescents.

The subtheme of “Responsibilities of School”, shows that youngsters try to adapt, and they have ideals and responsibilities as a way of re-organizing their life. The emphasis on the future as part of academic concerns can be presented as their coping mechanisms to adapt to a new life. As Cadell, Regehr and Hemsworth (2003) states, individual who show post traumatic growth may show differences in adapting to new life, as focusing on career, or helping people who undergo similar experience, named as “Survivor mission” (Burkhart & Levers, 2012).

The subtheme of “Exclusion/Bullying” points out the problems of Syrian adolescents face in groups. Socialization problems with Turkish students, problems related to inclusion, discrimination and adaptation are emerged in narratives of the study which is in line with other empirical findings on Syrian students (Cengiz, 2018; Emin, 2016; Er & Bayındır, 2015; Reçber, 2014; Seçer, 2017; Uzun & Bütün, 2016). The adolescents with high PTSD and depressive symptoms, the ones with relatively negative view of the world, indicated decrease in socialization with friends. Also as Wilson and Droek (2004) states, the feelings of alienation are commonly produced by severely traumatizing experiences and are associated with forms of anxiety, distress and depression.

The literature has shown both positive and negative effects of schools on the youth. Schools may provide a space for growth, for cultivation of intellectual interests, experiences of success, interaction and socialization as well as it may be a place for negative experiences like bullying and exclusion (Cengiz, 2018; Emin, 2016; Er & Bayındır, 2015; Reçber, 2014; Uzun & Bütün, 2016). In thematic analyses, the power of interaction with friends, school responsibilities and exclusion/bullying represented various aspects of schooling from the perspectives of the adolescents.

The subtheme of “Reaction to Injustice” can be a reflection of both an instinct to help people, as part of “Survivor Mission” (Burkhart & Levers, 2012), or as an anger that derives out of frustration against the environment to relieve

helplessness and dependency as an attempt to regain autonomous feelings (Sharabany & Israeli, 2008). The anger that appears as salient emotion under the subtheme of “Reaction to Injustice” also reflects an aspect of depression in adolescents (Parker and Roy, 2001). These narratives can also be interpreted as an ideological commitment, a political stance of the adolescents, which is found to act as a protective factor in terms of moderating the psychological problems which arise out during political violence and war (Punamaki, 1996).

The aim of this study was to explore the themes in Syrian adolescents’ narratives, and to understand the risk and protective factors for refugee youth living in Turkey. The results showed that the school is an important environment for refugee adolescents. In schools, they learn to cope with academic concerns, be supportive to each other. The strength of the school is seen in terms of providing a space to play, to learn, and to interact with friends. Schools also became a challenging context for youngsters, in which they experience bullying and exclusion from other students. The findings of this study are in line with other researchers that indicate similar problems for Syrian students in schools (Cengiz, 2018; Emin, 2016; Er & Bayındır, 2015; Reçber, 2014; Uzun & Bütün, 2016).

In general, it was interesting to find out that among adolescents, who show high PTSD symptoms and depressive symptoms, there were themes that are related to Post Traumatic Growth, as an attempt to move on and cope with life. These themes would support several research which demonstrate the link with Post Traumatic Growth and Post-Traumatic Stress symptoms (Acquaye, 2017; Hall et al., 2010; Lehman et al., 1993; Park et al., 1996; Tomich & Helgeson, 2004; Wild & Paivio, 2003). As Maddux (2002) deconstructs the language of clinical psychology as dichotomy between normal and abnormal behavior, our findings prove continuum over the view of approaching mental health as the absence/presence of mental health. The research supports our findings that both post traumatic stress and post traumatic growth can be seen at the same time.

4.1. Strengths, Limitations and Future Research

The result of the current study shows that it will be important to attribute greater importance to forced refugee adolescents' individual stories and experiences for more comprehensive understanding of their mental health. Current assessment methods which rely solely on observations of teachers, parents, or mental health practitioners are reported to be problematic as valid assessment of child or youth's emotional functioning (Kroon, 1999a). Also, reports taken solely from adults may underestimate the child's own experience of being relocated from their homeland. Especially with special populations, such as refugees, the objective tests overlook the culture specific manifestations of mental health problems. To facilitate and improve the work of mental health professionals, projective and objective tests should be used as complementary to each other (Garb et al., 2002). In projective tests, such as the CLCS, materials that are gathered through writing or telling helps the therapist or the mental health professional to further understand the individual's characteristics, like depression and life stressors (Niederhoffer, & Pennebaker, 2009). The current study by using both projective and objective tests investigates the current problems that refugee youth faces and showed the critical role of in depth assessments when working with adolescents.

There are several limitations of the study. The sample size of the study was 19 adolescents who were in the high risk group. However, larger sample size of participants with different age groups might be investigated for the generalization of the study results. The study examined a group of refugee adolescents, within the age range of 13–17 years, via self-report measure. The use of other mental health measures from different informants (e.g., teachers, parents, and friends) would be important for cross validation of information and further understanding of refugee problems.

The literature has indicated that adolescents were not correctly classified by the objective assessments of depression and PTSD symptoms. There are different behavioral manifestations of mental health problems across different cultures, therefore it would be possible that objective tools used in the mental health

assessments may overlook or misdiagnose migrant populations (Agorastos, et al. 2012). As Braca et al. (2013) proposes, different configurations of psychopathology are prevalent in different social contexts. In specific clinical populations, such as refugees, there is an emphasis on nonverbal manifestations and corporal experience in the display of psychopathology. So the use of assessment tools which integrate nonverbal behaviors as well as somatic complaints would be important in the comprehensive assessment of refugees.

In the study, the SES level and academic achievements of the adolescents were low, therefore some of them had difficulty in reading and writing. These difficulties might negatively affect their expressions in their writings. In future studies, it would have been important to control the language, reading and writing level of the students before the administration of the scales like CLCS.

This study confirmed that refugee youth is under risk of mental problems such as PTSD and depression. The findings give us an in depth understanding for the problems of refugee adolescents. Researchers indicate that uncontrollable and overwhelming events lead to negative mental health influences, such as psychological trauma. The results of this study also showed the various dynamics that they use in coping with negative effects of migration. Self efficacy, self- control and optimism are claimed to have positive effect in coping with traumatic life events (Tedeschi & Calhoun, 1995). Future studies should focus on protective factors in immigration and should examine personal dynamics such as self efficacy, self control and coping mechanisms of each individuals.

Teachers are important for refugee students' adaptation to schools and in mental health screening. Teachers were reported to be able to identify mental health problems in refugee youth (O'Shea et al., 2000). Through students' evaluations and classroom discussions, teachers would be able to detect the risks as well as the strengths in children and adolescents (O'Shea, Hodes, Down, & Bramley, 2000; Goodman, 1997). In terms of interventions in school counseling, counselors may use projective assessment and mental health screeners for further understanding of children with trauma symptoms. Also, new personal means of assessment should be introduced to children and parents in order to be able to

differentiate between the intensity of traumatic experiences and outcomes (Espino, 1991; O'Shea et al., 2000). Personal variables such as optimism, self-control and feelings of self-efficacy are likely to lead survivors to engage in more effective coping activities in the aftermath of trauma, therefore future studies may examine the personal characteristics and variables of adolescent refugees (Tedeschi & Calhoun, 1995).

CONCLUSION

Migration and adolescence both bring major life changes, because there is the experience of loss of the “old” and adaptation to the “new”. It is evident that Syrian refugee youth in Turkey are subject to significant disadvantages, due to major life changes. The main purpose of the study was to explore the narratives of refugee adolescents on the CLCS, their experiences regarding migration, and the role of parents and social networks in these experiences. Our results confirmed the refugee literature by finding similar negative effects of immigration on adolescents. The supportive role of family and social networks were found to be critical for refugee youth’ mental health. In effective intervention program, it would be important to focus on supporting family relationship, and providing a positive peer culture while fighting against exclusion and bullying in schools. Mental health workers, as well as school counselors should encourage the family, school staff and peers to work in cooperation. The intervention programs should aim to decrease the feelings of isolation in adolescents by providing a peer system, encourage the children to get education.

The availability and accessibility of intervention programs for refugee families should be facilitated. To promote integration, Turkish and Syrian students and parents should be brought together and given chance to communicate in school events. School counselors should give psychoeducation on children’s rights to be able to defend themselves, and provide psychoeducation to parents about supportive parenting practices. Language barrier may create important problems in mental health interventions, therefore different therapy techniques, such as drama, music, stories and expressive art therapy should be integrated in the intervention programs. Post traumatic growth and coping mechanisms were found even in the most vulnerable population, consequently mental health practitioners should explore coping strategies and resources for each adolescent for better adaptation to schools and culture.

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APPENDIX

Appendix 1. The Consent Form

استمارة القبول

الوالد/ الوصي العزيز

هذا المشروع تحت إدارة الدكتورة المساعدة إليف أكداغ غوتشيك، عضو في برنامج الماجستير في علم النفس في جامعة بيلغي، والهدف من هذا البحث هو فهم تصور أحداث الحياة للأطفال.

بناء على موافقتك على المشاركة في هذه الدراسة، سيتم تقديم استمارات يجب تعبئتها من قبل طفلك أو الطفل الموصى عليه. لن يطلع على المعلومات الشخصية التي قمت بتعبئتها سوى الباحثين المشاركين في الدراسة. وستبقى جميع هذه المعلومات في غاية السرية. سيتم إدخال جميع المعلومات في قاعدة بيانات الكمبيوتر بدون أسماء وسيتم الاحتفاظ بجميع النماذج في خزائن مغلقة. لن يتم استخدام المعلومات التي قمت بتعبئتها إلا لأغراض علمية.

عند إعطاء الموافقة سوف تكون المدة الزمنية 50 دقيقة وسيتم ملئ النماذج على فترتين مع طفلك. من أجل هذه الدراسة تم اخذ جميع الموافقات بشكل رسمي. من بعد الموافقة على المشاركة في هذه الدراسة لديك الحق في تركها حتى بعد توقيع القبول على هذا النموذج.

إذا كنت ترغب في الحصول على مزيد من المعلومات حول الدراسة الخاصة بجامعة بيلجي ، يمكنك الاتصال إما بالدكتورة المساعدة إليف أكداغ غوتشيك على البريد الإلكتروني (elif.gocek@bilgi.edu.tr) او تستطيع التواصل مع الدكتورة النفسية سيرال كوتنشو او غلو البريد الإلكتروني

تستطيع وضع اشاره لقرارك في الاسفل:

لقد قرأت وفهمت هدف الدراسة وأنا أشارك على أساس طوعي.

انا موافق:

انا غير موافق:

رقم مدرسة الطفل:

صلة القرابة:

رقم الهاتف:

التوقيع:

التاريخ:

Appendix 2. Demographic Form

ورقه المعلومات

| | |
|---|--|
| درجة علاقة الذي يملأ المعلومات: الأم <input type="checkbox"/> الأب <input type="checkbox"/> غير ذلك (وضح): _____ | |
| والدة الطفل: على قيد الحياة <input type="checkbox"/> متوفي <input type="checkbox"/> | والد الطفل: على قيد الحياة <input type="checkbox"/> متوفي <input type="checkbox"/> |
| العمر (الذي يملأ المعلومات): | تاريخ مواليد الطفل:/...../..... |
| جنس الطفل: ذكر / انثى | عدد اطفال عائلة: _____ ترتيب الطفل: _____ |
| مستوى الدخل العائلي الشهري: | مستوى الدراسة الخاص بكم: |
| <input type="checkbox"/> 0 – 1000 TL <input type="checkbox"/> 1000 – 1500 TL <input type="checkbox"/> 1501 – 2500 TL <input type="checkbox"/> 2501 – 3500 TL <input type="checkbox"/> 3501 – 4500 TL <input type="checkbox"/> 4501 – 6000 TL <input type="checkbox"/> 6001 – 7500 TL <input type="checkbox"/> 7501 – 9000 TL <input type="checkbox"/> 9001 – 10500 TL <input type="checkbox"/> اكثر من 10501TL | <input type="checkbox"/> لم تذهب الى المدرسة <input type="checkbox"/> التعليم الابتدائي <input type="checkbox"/> المرحلة المتوسطة <input type="checkbox"/> المرحلة الثانوية <input type="checkbox"/> الجامعة <input type="checkbox"/> ماجستير / دكتوراه |
| عدد الاشخاص الذين يعملون في العائلة: | جالسين في الايجار <input type="checkbox"/> صاحبين منزل <input type="checkbox"/> |
| عدد الأشخاص في المنزل: _____ من هم الاشخاص المقيمين في المنزل بالنسبة للطفل (الام , الاب , الاخ , الخالة , العم.....الخ): | |
| منذ كم عام وانتم مقيمين في هذا العنوان ؟ | |
| خلال ال 5 سنوات السابقة هل غيرتم ؟ نعم <input type="checkbox"/> لا <input type="checkbox"/> اذا كانت الاجابة نعم ؛ نرجوا اخبارنا من اين تم تغير الإقامة والى اين وعدد المرات : في نفس المقاطعة 0.....1.....2.....3.....4.....5.....6..... او أكثر: غير مقاطعة 0.....1.....2.....3.....4.....5.....6..... او أكثر: غير محافظة 0.....1.....2.....3.....4.....5.....6..... او أكثر: غير بلد 0.....1.....2.....3.....4.....5.....6..... او أكثر : اكتب سبب تغير السكن. (مثل : عائلة ، عمل ، كوارث طبيعية ، حرب ، الارهاب) او ما شابه ذلك: | |

هذه الدراسة للأشخاص المهاجرين، ان كانت الأسئلة في الأسفل لا تناسبكم تستطيعون تركها فارغة.

إذا قمتم بتغيير مكان سكنكم الى تركيا من بلد اخر:

ماهو البلد او البلدان التي قدمتم منها؟ _____

سنة قدومكم الى تركيا : _____

إن بقيتم في المخيمات، ما هي فترة بقائكم:

Appendix 3. The Children's Life Changes Scale

1. التطبيق
 2. التطبيق

CLCS

هناك الكثير من الصور هنا, أريد منك ان تضع اشارة حول الاحساس الذي يقابل احساس الطفل في كل صورة, وسأطلب منك كتابة قصة لكل صورة تراها لأول 6 صور, انظر الى الصورة بدقة, باستعمالك لقوة خيالك يمكنك كتابة القصة الخاصة بك, لن يكون هناك جواب صحيح او خاطئ في هذا التمرين, يستطيع الكل كتابة القصة التي يريدونها.

اسم المدرسة:

الصف:

العمر:

تاريخ الميلاد:

تاريخ اليوم:



1. الصورة

ماذا يشعر الطفل في هذه الصورة؟

قم برسم دائرة حول واحد من الأحاسيس التي تعتقد ان الطفل يشعر بها في الصورة. إذا كنت تعتقد ان المشاعر المكتوبة لا تناسب الصورة، اشرح الإحساس الذي تعتقد ان الطفل يشعر به بوضع دائرة حول (أخرى).

أ) سعيد ب) خائف ت) مذنب ث) متحمس ج) غير سعيد ح) تشعر بالأمان خ) غاضب ش) مرتاح

س) أخرى:

اكتب قصة عن هذه الصورة:

(يمكنك الاكمال على الصفحة التالية)



الصورة 2.

ماذا يشعر الطفل/ة في هذه الصورة؟

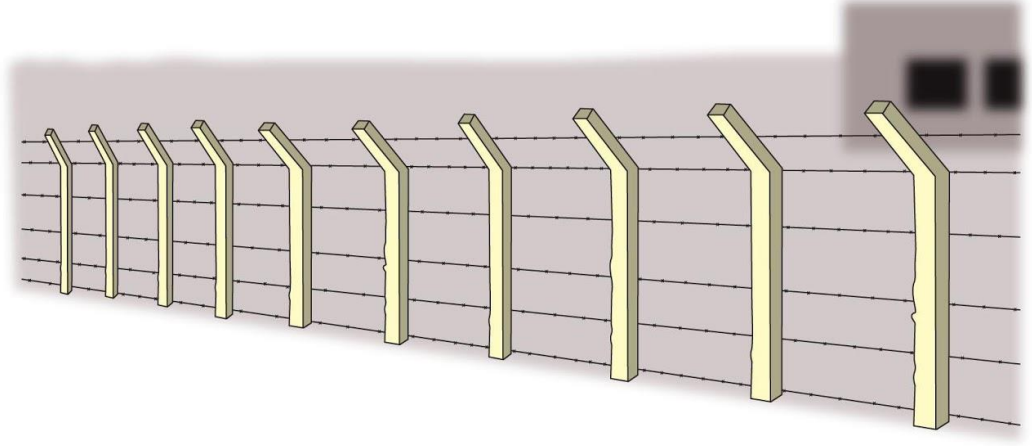
قم برسم دائرة حول واحد من الأحاسيس التي تعتقد ان الطفل/ة يشعر بها في الصورة. إذا كنت تعتقد ان المشاعر المكتوبة لا تناسب الصورة، اشرح الإحساس الذي تعتقد ان الطفل/ة يشعر به بوضع دائرة حول (أخرى).

(أ) سعيدة (ب) خائفة (ت) مذنب/ة (ث) متحمس/ة (ج) غير سعيدة (ح) الشعور بالأمان (خ) غاضب/ة
(ش) مرتاح/ة

(س) أخرى:

اكتب قصة عن هذه الصورة:





3. الصورة

ماذا تشعر عند النظر الى الصورة؟

اذا كنت لا تشعر بأي من المشاعر المكتوبة، ضع اشارة على اخرى.
أ) سعيد ب) خائف ت) مذنب ث) متحمس ج) غير سعيد ح) تشعر بالأمان خ) غاضب
ش) مرتاح

س) أخرى:

لا يوجد انسان في هذه الصورة، انظر الى الصورة من جديد واستخدم قوة خيالك لكتابة قصة تتعلق بالصورة.

3





4.الصورة

ماذا يشعر الطفل في هذه الصورة؟

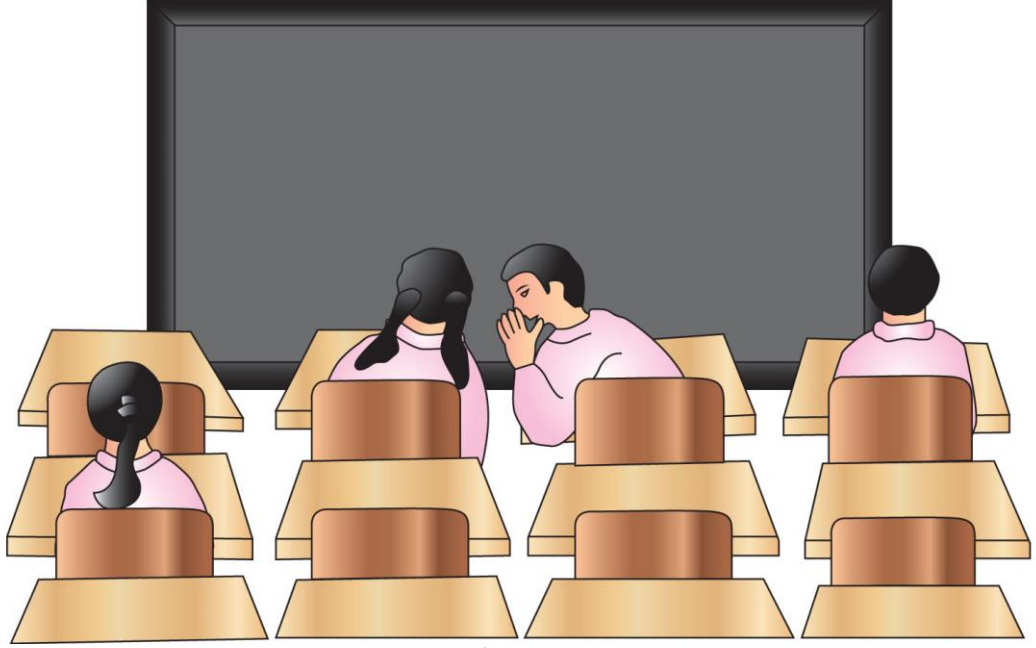
قم برسم دائرة حول واحد من الأحاسيس التي تعتقد ان الطفل يشعر بها في الصورة. إذا كنت تعتقد ان المشاعر المكتوبة لا تناسب الصورة، اشرح الإحساس الذي تعتقد ان الطفل يشعر به بوضع دائرة حول (أخرى).

(أ) سعيد (ب) خائف (ت) مذنب (ث) متحمس (ج) غير سعيد (ح) تشعر بالأمان (خ) غاضب (ش) مرتاح

(س) أخرى:

اكتب قصة عن هذه الصورة:





5.الصورة

ماذا يشعر الطفل/ة في هذه الصورة؟

قم برسم دائرة حول واحد من الأحاسيس التي تعتقد ان الطفل/ة يشعر بها في الصورة. إذا كنت تعتقد ان المشاعر المكتوبة لا تناسب الصورة، اشرح الإحساس الذي تعتقد ان الطفل/ة يشعر به بوضع دائرة حول (أخرى).

أ) سعيدة (ب) خائفة (ت) مذنب/ة (ث) متحمس/ة (ج) غير سعيدة (ح) الشعور بالأمان (خ) غاضب/ة (ش) مرتاح/ة

(س) أخرى:

اكتب قصة عن هذه الصورة:





6.الصورة

ماذا يشعر الطفل/ة في هذه الصورة؟

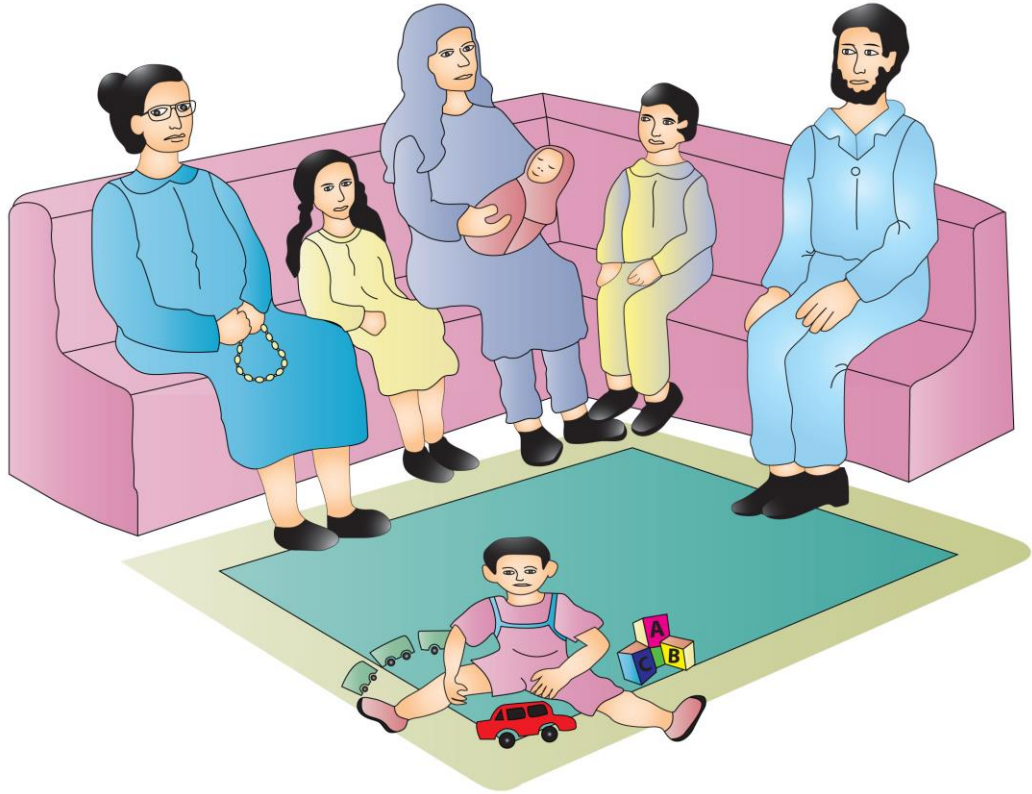
قم برسم دائرة حول واحد من الأحاسيس التي تعتقد ان الطفل/ة يشعر بها في الصورة. إذا كنت تعتقد ان المشاعر المكتوبة لا تناسب الصورة، اشرح الإحساس الذي تعتقد ان الطفل/ة يشعر به بوضع دائرة حول (أخرى).

(أ) سعيدة (ب) خائفة (ت) مذنب/ة (ث) متحمس/ة (ج) غير سعيدة (ح) الشعور بالأمان (خ) غاضب/ة (ش) مرتاح/ة

(س) أخرى:

اكتب قصة عن هذه الصورة:





7. الصورة

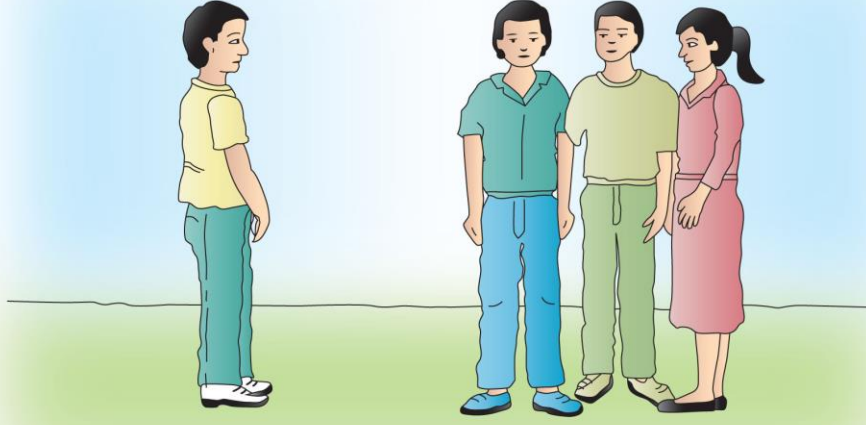
ماذا يشعر الطفل/ة في هذه الصورة؟

قم برسم دائرة حول واحد من الأحاسيس التي تعتقد ان الطفل/ة يشعر بها في الصورة. إذا كنت تعتقد ان المشاعر المكتوبة لا تناسب الصورة، اشرح الإحساس الذي تعتقد ان الطفل/ة يشعر به بوضع دائرة حول (أخرى).

(أ) سعيدة (ب) خائفة (ت) مذنب/ة (ث) متحمس/ة (ج) غير سعيدة (ح) الشعور بالأمان (خ) غاضب/ة (ش) مرتاح/ة

(س) أخرى:

من بعد هذه الصورة لن يتم كتابة قصة. فقط يكفي وضع اشاره عن مشاعر الطفل/ة في الصورة.



8.الصورة

ماذا يشعر الطفل/ة في هذه الصورة؟

قم برسم دائرة حول واحد من الأحاسيس التي تعتقد ان الطفل/ة يشعر بها في الصورة. إذا كنت تعتقد ان المشاعر المكتوبة لا تناسب الصورة، اشرح الإحساس الذي تعتقد ان الطفل/ة يشعر به بوضع دائرة حول (أخرى).

أ) سعيدة (ب) خائفة (ت) مذنب/ة (ث) متحمس/ة (ج) غير سعيدة (ح) الشعور بالأمان (خ) غاضب/ة
ش) مرتاح/ة

س) أخرى:

لن تكتب حكاية.





9. الصورة

ماذا تشعر الطفلة في هذه الصورة؟

قم برسم دائرة حول واحد من الأحاسيس التي تعتقد ان الطفلة تشعر بها في الصورة. إذا كنت تعتقد ان المشاعر المكتوبة لا تناسب الصورة، اشرح الإحساس الذي تعتقد انها تشعر به بوضع دائرة حول (أخرى).

(أ) سعيدة (ب) خائفة (ت) مذنبة (ث) متحمسة (ج) غير سعيدة (ح) تشعر بالأمان (خ)
غاضبة (ش) مرتاحة

(س) أخرى:

لن تكتب حكاية.





10. الصورة

ماذا يشعر الطفل/ة في هذه الصورة؟

قم برسم دائرة حول واحد من الأحاسيس التي تعتقد ان الطفل/ة يشعر بها في الصورة. إذا كنت تعتقد ان المشاعر المكتوبة لا تناسب الصورة، اشرح الإحساس الذي تعتقد ان الطفل/ة يشعر به بوضع دائرة حول (أخرى).

أ) سعيدة/ة (ب) خائفة/ة (ت) مذنب/ة (ث) متحمس/ة (ج) غير سعيدة/ة (ح) الشعور بالأمان (خ) غاضب/ة (ش) مرتاح/ة

(س) أخرى:

لن تكتب حكاية.



11. الصورة

ماذا تشعر الطفلة في هذه الصورة؟

قم برسم دائرة حول واحد من الأحاسيس التي تعتقد ان الطفلة تشعر بها في الصورة. إذا كنت تعتقد ان المشاعر المكتوبة لا تناسب الصورة، اشرح الإحساس الذي تعتقد انها تشعر به بوضع دائرة حول (أخرى).

أ) سعيدة ب) خائفة ت) مذنبية ث) متحمسة ج) غير سعيدة ح) تشعر بالأمان خ)
غاضبة ش) مرتاحة

س) أخرى:

لن تكتب حكاية.

Appendix 4. The Children's Depression Inventory- 2

1. التطبيق
 2. التطبيق

CDI

في الأسفل يوجد بعض الجمل مكتوبة بشكل مجموعات. كل مجموعة مكونة من ثلاث جمل. نرجو قراءة كل مجموعة من الجمل بشكل حريص. عليك أن تختار جملة واحدة تصف مشاعرك أفضل وصف خلال الأسبوعين الماضيين بما فيه مشاعرك اليوم.

- (1) 0. نادرا ما أكون حزينا
1. أنا حزين مرات عديدة
2. أنا حزين طيلة الوقت
- (2) 0. لا شيء سوف ينجح بالمرة
1. لست متأكد أن هنا شيء سوف ينجح معي
2. هناك أشياء سوف تنجح معي بشكل جيد
- (3) 0. أعمل معظم أموري بشكل جيد
1. أعمل العديد من الأشياء بشكل خاطئ
2. أعمل كل الأشياء بشكل خاطئ
- (4) 0. أستمتع بأشياء كثيرة
1. أستمتع ببعض الأشياء
2. ليس هناك شيء ممتع على الإطلاق
- (5) 0. أنا مهم لعائلتي
1. لست متأكدا إن كنت مهما لعائلتي
2. عائلتي أفضل بدوني
- (6) 0. أنا أكره نفسي
1. أنا لا أحب نفسي
2. أنا أحب نفسي
- (7) 0. كل الأشياء السيئة هي خطأي
1. العديد من الأشياء السيئة هي خطأي
2. الأشياء السيئة عادة لا تكون خطأي
- (8) 0. أشعر برغبة في البكاء كل يوم
1. أشعر برغبة في البكاء أغلب الأيام
2. نادرا ما أشعر برغبة في البكاء
- (9) 0. أشعر بأنني مستتار كل الوقت

1. أشعر بأنني مستثار مرات عديدة
2. لا أشعر بالاستثارة على الإطلاق
- (10) 0. أحب أن أكون مع الناس
1. مرات عديدة لا أحب أن أكون مع الناس
2. لا أحب أن أكون مع الناس بتاتا
- (11) 0. لا أستطيع أن أقرر في الأشياء
1. من الصعب علي أن أقرر في الأشياء
2. أقرر في الأشياء بسهولة
- (12) 0. أبدو جيدا
1. هناك بعض الأشياء السيئة بخصوص مظهري
2. أبدو قبيحا
- (13) 0. يتعين علي أن أجبر نفسي كل الوقت لعمل واجبي المدرسي
1. يتعين علي أن أجبر نفسي مرات عديدة لعمل واجبي المدرسي
2. إنجاز الواجب المدرسي لا أعتبره مشكلة
- (14) 0. لدي مشاكل بالنوم كل ليلة
1. لدي مشاكل بالنوم ليال عديدة
2. أنام بشكل جيد
- (15) 0. نادرا ما أشعر بالتعب
1. أشعر بالتعب أيام عديدة
2. أنا متعب كل الوقت
- (16) 0. أشعر أنني لا أرغب بالأكل أغلب الأيام
1. أشعر بأنني لا أرغب بالأكل أيام عديدة
2. أكل جيدا
- (17) 0. أنا لا أقلق من الأوجاع والآلام
1. أقلق من الأوجاع والآلام أغلب الوقت
2. أقلق من الأوجاع والآلام كل الوقت
- (18) 0. لا أشعر بالوحدة
1. أشعر بالوحدة مرات كثيرة
2. أشعر بالوحدة كل الوقت
- (19) 0. لا أجد متعة في المدرسة
1. نادرا ما أجد المتعة بالمدرسة
2. أجد المتعة بالمدرسة كثيرا من الوقت

- (20) 0. لدي أصدقاء عديون
1. لدي بعض الأصدقاء وأرغب بأصدقاء أكثر
2. ليس لدي أي صديق
- (21) 0. واجبي المنزلي جيد
1. واجبي المنزلي ليس جيدا مثلما قبل
2. مستواي سيء في مواد تعودت أن أكون جيدا فيها
- (22) 0. لا أستطيع أن أكون جيدا كالأطفال الآخرين
1. أستطيع أن أكون جيدا كباقي الأطفال الآخرين إذا أردت ذلك
2. أنا جيد مثل الأطفال الآخرين
- (23) 0. لا أحد حقيقة يحبني
1. لست متأكدا إن كان أحد ما يحبني
2. أنا متأكد أن أحد ما يحبني
- (24) 0. من السهل علي أن أنسجم مع الأصدقاء
1. أدخل في جدال مع الأصدقاء كثير من الوقت
2. أدخل في جدال مع الأصدقاء كل الوقت
- (25) 0. أستغرق بالنوم خلال النهار طيلة الوقت
1. أستغرق بالنوم خلال النهار كثير من الوقت
2. لا أستغرق بالنوم خلال النهار مطلقا
- (26) 0. معظم الأيام أشعر بأنني لا أستطيع التوقف عن الأكل
1. في بعض الأيام أشعر بأنني لا أستطيع التوقف عن الأكل
2. أكلي جيد
- (27) 0. من السهل علي تذكر الأشياء
1. أجد قليلا من الصعوبة في تذكر الأشياء
2. من الصعب جدا علي تذكر الأشياء

Appendix 5. The Children's Revised Impact of Events Scale- 13

1. التطبيق
 2. التطبيق

CRS

كثير من الناس الذين تعرضوا لحوادث سلبية اختبروا أعراض مشابهة للأعراض المطروحة في القائمة. الرجاء قراءتها وذكر مدى تكرارها خلال آخر أسبوع و ضع علامة (صح) أمام الإجابة المناسبة.

| غالبًا | كثيرًا | أحيانًا | أبداً | |
|--------|--------|---------|-------|--|
| | | | | 1. هل تفكر بالأمر حتى لو لم تقصد أن تفعل؟ |
| | | | | 2. هل تحاول أن تمحوها من ذاكرتك؟ |
| | | | | 3. هل لديك صعوبات في التركيز و الانتباه؟ |
| | | | | 4. هل تتنابك موجات من المشاعر الشديدة حول هذه الحادثة؟ |
| | | | | 5. هل تجفل بسهولة أو تشعر بأنك متوتر أكثر بعد الحادثة؟ |
| | | | | 6. هل تبقى بعيدا عما يذكرك بها (مثل الأماكن أو المواقف)؟ |
| | | | | 7. هل تحاول تجنب الحديث عن الحادث؟ |
| | | | | 8. هل تقفز صور الحادثة إلى مخيلتك من حين لآخر؟ |
| | | | | 9. هل هناك أمور أخرى تسبب لك التفكير بالحادث؟ |
| | | | | 10. هل تحاول أن تمتنع عن التفكير بالحادث؟ |
| | | | | 11. هل تستنار بسهولة؟ |
| | | | | 12. هل تشعر بأنك حذر حتى لو لم يكن هناك خطر واضح؟ |
| | | | | 13. هل لديك مشاكل في النوم؟ |

**ETİK KURUL DEĞERLENDİRME SONUCU/RESULT OF EVALUATION BY
THE ETHICS COMMITTEE**

(Bu bölüm İstanbul Bilgi Üniversitesi İnsan Araştırmaları Etik Kurulu tarafından doldurulacaktır./This section to be completed by the Committee on Ethics in research on Humans)


Başvuru Sahibi / Applicant: Elif Göcek

Proje Başlığı / Project Title: Assessment of children's perception of life events: The Children's Life Changes Scale

Proje No. / Project Number: 2017-40024-16

| | | |
|----|---|----|
| 1. | Herhangi bir değişikliğe gerek yoktur / There is no need for revision | XX |
| 2. | Ret/ Application Rejected Reddin gerekçesi / Reason for Rejection | |

Değerlendirme Tarihi / Date of Evaluation: 9 Şubat 2017


Kurul Başkanı / Committee Chair

Doç Dr. İtir Erhart

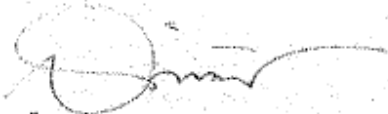


Üye / Committee Member

Prof. Dr. Hale Bolak


Üye / Committee Member

Doç. Dr. Koray Akay



Üye / Committee Member

Doç Dr. Ayhan Özgür Toy


Üye / Committee Member

Prof. Dr. Aslı Tunç



Üye / Committee Member

Prof. Dr. Turgut Tarhanlı


Üye / Committee Member

Prof. Dr. Ali Demirci