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ANNIVERSARY OF BEREAVEMENT: PHENOMENOLOGY OF
ANNIVERSARY REACTIONS ON TRAUMATIC LOSS OF A LOVED ONE

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Anniversary of Bereavement: Phenomenology of Anniversary Reactions on
Traumatic Loss of a Loved One

Yas Yıldönümü: Yakının Kaybında Travma Yıldönümü Tepkisinin
Fenomenolojisi

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Abstract

The aim of this study is to investigate the personal anniversary experiences of people, who have lost their loved ones. For this purpose, research questions of “how do people experience the anniversary of a traumatic loss?” and “do people undergo any changes or different experiences in their life at the time of the anniversary of their loss? If so, what kinds of changes?” were explored from the perspectives of participants. Interpretative Phenomenological Analysis was used as the method of this study. As in the majority of qualitative studies, no hypothesis was put forth. The important point in the study is to access the personal experiences of the participants and thus to give a new perspective to the subject. In-depth interviews were conducted with 6 participants, who were between the ages of 25 and 54, who had lost a first degree relative and had observed at least one anniversary since their loss. A total of 20 subordinate and 5 superordinate themes emerged as a result of Interpretive Phenomenological Analysis. Superordinate themes were: a) issues related to experience of loss, b) recognizing anniversary date, c) changes at the time of anniversary, d) effects of sensations on anniversary reactions, e) other times and situations as impactful as anniversaries. Findings were discussed in the light of existing literature. Some recommendations for future studies and clinical implications were mentioned at the end.

Key words: Anniversary reaction, loss of a loved one, mourning, traumatic loss, sensory memory.

Özet

Bu çalışmanın amacı yakınlarını kaybetmiş kişilerin kayıplarının yıldönümlerinde neler deneyimlediklerini derinlemesine anlamaktır. Bu amaçla, “İnsanlar kayıplarının yıldönümlerinde neler deneyimliyorlar?” ve “Travmalarının yıldönümlerinde, yaşamlarında herhangi bir değişiklik veya farklı deneyimler yaşıyorlar mı? Eğer öyleyse, ne tür değişiklikler deneyimliyorlar? Başka hangi zamanlarda benzer olayları deneyimliyorlar?” soruları katılımcıların bakış açılarına ve ortaya çıkan temalara göre anlamlandırılmaya çalışılmıştır. Bu temalara ulaşmak amacıyla Yorumlayıcı Fenomenolojik Analiz yöntemi kullanılmıştır. Birçok nitel yöntem kullanılan çalışmada olduğu gibi, bu çalışmada da herhangi bir hipotez yoktur. Çalışmada önemsenen nokta katılımcıların kişisel deneyimlerine erişmek ve bu yolla konuya yeni bir bakış açısı sunmaktır. Birinci derece akrabalarını kaybeden ve kaybının en az birinci yıldönümünü geçen, yaşları 25 ile 54 arasında değişen 6 katılımcıyla derinlemesine görüşmeler yapılmıştır. Yorumlayıcı Fenomenolojik Analiz sonuçlarına göre toplam 20 alt tema ve 5 ana tema ortaya çıkmıştır. Ana temalar: a) kayıpla ilgili meseleler, b) yıldönümünü fark etmek, c) yıldönümü tarihinde deneyimlenen değişiklikler, d) duyuların yıldönümü tepkileri üzerindeki etkisi, e) yıldönümleri kadar etkili olan diğer zamanlar ve durumlar. Bulgular mevcut literatür ışığında tartışılmış; gelecekteki araştırmalar için öneriler ve konunun klinik uygulamalara katkısı ele alınmıştır.

Anahtar kelimeler: Yıldönümü tepkisi, yakının kaybı, yas, travmatik kayıp, duygusal hafıza.

INTRODUCTION

This study aims to examine the personal experiences of people, who have lost a first degree relative such as; spouse, parents, children, on the anniversaries of their loss. The Introduction includes a literature review in order to understand anniversary reactions in terms of psychological, somatic, and behavioural responses. These can show up at the anniversary of a significant trauma or loss, which is a very specific and special time for the people, who are traumatized or have experienced a loss, as Gabriel (1992) defined. He explains it as “recurrence of the reactions”. Chow (2010) states that “anniversary effects show up as a result of bereavement”, as the “psyche’s attempt to revisit suppressed trauma.”

In a study of grief responses around the anniversary, Echterling, Marvin and Sundre (2012) explored experiences in five domains including activities, emotions, cognitions, interpersonal interactions and somatic complaints. The anniversary effect was found in all the five domains although it was stronger in thoughts, feelings and behaviours (Echterling, Marvin & Sundre, 2012).

Morgan, Kingham, Nicolaou, and Southwick (1998, 1999) explored the occurrence of anniversary reactions in Gulf War veterans two years after the war. Anniversary reactions were seen mostly in people exposed to more severe types of trauma. Another study by Assanangkochai, Tangboonngam, Sam-Angsri and Edwards (2007) investigated the anniversary reactions of victims of a flood in Thailand. Findings showed that people reported having gradual reductions in symptoms over time but a significant increase on the anniversary of the flood. All studies show that traumatic events, bereavement and loss have an important impact on people and that most people also experience anniversary reactions.

Many theoreticians (Miller, 1978; Inman, 1967; Berliner, 1938; Bressler, 1956; Engel, 1955; Sifneos, 1964; Fischer et al., 1964; Weiss, Dlin, Rollin, Fischer, & Bepler, 1957; Yazmajian, 1982; Griffin, 1953; Ludwig, 1954; Macalpine, 1952) point out the emergence of somatic symptoms such as; cancer and disseminated

sclerosis, ulcerative colitis coronary occlusions, hypertensive crises, irritable colon syndrome, lactation, migraine, ophthalmic disorders rheumatoid arthritis, urticarial and dermatological reactions on anniversary dates. Moreover, Rostila and colleagues (2015) mention the correlation between mortality and suicide rates, and somatic symptoms and the anniversary reaction.

There are only a few empirical studies on this topic and the existing literature focuses on the prevalence of anniversary reactions rather than attempting to understand the mechanism of the development of the phenomenon. It is also crucial to state that all studies that were found in literature about the topic are quantitative. In order to grasp subjective experiences of this phenomenon, it seems crucial to engage more in qualitative research. It is important to explore the subjective experiences from an individual point of view. It is believed that this study can contribute to fill this gap in the current literature on anniversary reactions. As many qualitative studies, no hypothesis was construed beforehand in this study. Only the answers to the following research questions were explored: How do people experience anniversary of a traumatic loss? Do people experience any changes or different experiences in their life at the time of the anniversary of their trauma? If so, what kinds of changes? At what other points in time do they recall having similar experiences? This study aims to develop a better understanding and provide insight to trauma survivors' experiences of anniversary reactions. Another aim of this study is to broaden the psychotherapists' view on this topic by providing a deep perspective on how people experience loss of a loved one and the anniversaries of loss. It is hoped that, psychotherapists, especially those who work with trauma survivors, would find this study useful to inform them out about the effects that an anniversary of a loss can have on their clients.

Personal Reflexivity

Before proceeding, I would like to mention my personal interest and history on the related topic. At the beginning of the study, it is very important to voice my position. I believe the researcher's personal position is influential on the research. Therefore, at the very beginning of work, to mention where I stand is the best way to take parentheses of my assumptions.

I've never been good with death. Death has always been an issue that has not been talked about in my family. I can't actually say that I've experienced any losses in terms of my loved ones. My mother, father, brothers, many of my close relatives are still alive. I only lost all my grandparents when I was a child. My maternal grandmother's death had the strongest impact on me among these losses. I still remember the times of her illness, and the time when I first received the news of her death. I remember crying too many times for my grandmother's death in my childhood, and this death is still more painful for me compared to others. Yes, I had a special relationship with my grandmother, but I have also found that there are different reasons why this death has affected me so much. Before explaining this discovery of mine, I would like to tell my story as an introduction to the phenomenon of "anniversary reaction".

Even though reaction was one of the concepts that had a big impact on my life, I was not aware of the phenomenon till three years ago. I have met the concept with the death of a very close friend's father. Naturally my friend was deeply affected by her father's death, and this process was quite difficult for her. I was always with her in this process and witnessed what she had gone through for all these years. Since we are both psychologists, we had the opportunity to talk about this process in detail. What she has been experiencing on the anniversaries of her father's death was quite remarkable. This was on the third anniversary of her father's loss. On the first two anniversaries she injured herself and attempted to harm some of the male figures in her life. In a way, metaphorically, she killed her father again and again at the times of the anniversary. After realizing this, she

began to talk about it in her own therapy process. Now, she is repairing her relationships with important male figures instead of attacking them. I was fascinated by this situation right from the start and I admired how she could fix the situation with the therapy work and through gaining insight.

I couldn't help but start to think about anniversary responses; hence, I decided to choose it as the topic of my dissertation. However, I thought it was just about my friend's story until I started my own therapy and started to write this dissertation. With time, I have realized how important anniversary reactions were in my own story and its relationship with the death of my grandmother after starting my own therapy and reading about anniversary reaction.

There were other reasons that my grandmother's death had affected me so deeply, and I was very surprised to discover them. My grandmother had always had heart and lung problems as long as I could remember. My grandmother had to leave my mother when she was 6 months old, and had to stay in hospital for treatment for a long time, and since then it is almost as though my mother has grown up without a mother. My mother grew up with the fear that her mother might die at any time. My grandmother died at the age of 57.

Now my mother is 52 years old and I have begun to feel the fear that my mother may die. I see that she became quite worried about her health in recent years. I think it's pretty worrying for both my mother and I to get closer to her mother's age. I also noticed that on the anniversary of my grandmother's death this year my mother began to go to many doctors to check whether she had any health problems. As I thought about these instances, anniversary reactions became even more intriguing to me. In addition to these, my aunt's husband died of cancer 3 months ago at the age of 57, which is the same age at which my grandmother died. I don't know if there is any connection, but still it was too devastating for me to face these losses and the possibility that I may lose someone that I love so much at this same age of 57.

My grandmother's illness and death were a process that caused traumatic experiences on the whole family and continued to be painful for all of us for many years later. I realized that understanding what happened to us with her death, the effects of this loss and our experiences on its anniversaries were the biggest factor that attracted me to this phenomenon. Starting with myself and my family, I want to understand what people experience on anniversaries of significant losses and explore the magical, unconscious world of numbers and dates.

Due to my personal experiences, I had some assumptions about the phenomenon before I started this study. I expect to find some challenges and changes people would face on the anniversaries of significant losses and develop anniversary reaction. However, I am acutely aware that my personal story and my friend's story were very different from each other, even though we both have anniversary reactions. Loss and trauma affected us in very different ways, and it was pretty interesting to see these differences. Noticing these differences led to the questions of how other people get through such processes, and what they experience on the anniversaries. Setting out with not knowing and pure curiosity made it possible to bracket my previous assumptions and focus on the experience of others. Although my assumptions are always with me, I tried to conduct this study with great curiosity and objectivity in order to ensure that a real exploration could take place. In addition, the nature of phenomenological work with its dictum of bracketing assumptions helped me to protect my professionalism.

SECTION ONE

DEFINITION AND CONCEPTUALIZATION OF TRAUMA

The word “trauma”, which is originally from Greek, means a wound, a damage and a hurt (Rappaport, 1986). Its implicit meaning can be perceived as a heavy loss and a defeat (Rappaport, 1986). These implicit meanings of trauma also contain the dilemma of accepting or not accepting the defeat. As Kardiner stated (1941), it is a struggle of surviving, fighting against and acceptance of the loss.

As Reisner (2003) stated, “in much of contemporary culture, ‘trauma’ signifies not so much terrible experience as a particular context for understanding and responding to a terrible experience”. Traumatized people are perceived as victims, who sacrifice themselves for others; they do not only suffer their own pain. It’s the same in therapy, in the media, and in international interventions. Reisner (2003) says, if people tell a painful traumatic experience, others treat them carefully but ignore if they don’t experience any traumatic event, because, as stated, trauma and its consequences are not a simple painful story. It also includes “commodification of altruism, the justification of violence and revenge, the entry point into ‘true experience’, and the place where voyeurism and witnessing intersect” (Reisner, 2003).

Psychological trauma can be defined as an attack on ego (Rappaport, 1986). This attack is so strong and destructive that it overwhelms the ego due to the intensity of the event or the weakness of the ego. On the other hand, a strong ego may also regress and weaken in the face of a massive traumatic experience (Rappaport, 1986).

Psychological trauma has two different faces, which are; being injured and facing the evil capacity of human beings (Herman, 2016, p. 10). Working with trauma as clinicians includes witnessing terrible experiences inside. If the disasters are natural, it is mostly acceptable. However, human made traumas are very hard to accept. The nature of human made traumas is that the victims and perpetrators are

living in the same world. It's the biggest conflict and it is hard to cope with. (Herman, 2016, p.10).

Psychological trauma instantly causes people to become helpless by an overwhelming force (Ozen, 2017). When the force is the nature, we talk about the disaster. When the force is another human being, we speak of savagery. Traumatic events disrupt the usual behavioural systems that people can control (DSM III, 1980).

Throughout the history of psychology, the debate has been whether patients with post-traumatic disorders have the right to care and respect, or do they deserve to be humiliated; do they really suffer or is it a slander? Whether their stories are true or false; if it was a lie was it fictitious or improvised (Ozen, 2013). Despite the enormous literature documenting the phenomenon of psychological trauma, the focus of the discussion is still the main question about whether this fact is credible and true (Herman, 2016, p. 11).

Today, trauma is also a matter of fantasy. Freud and Janet, who are two of the pioneers of trauma theory differ in explaining it as formative and exceptional (Reisner, 2003). Perceiving trauma as exceptional, results in seeing traumatized people as having a special privilege. As a result of that view charities, media, society and therapists working with trauma survivors are shaped by it. "This response to trauma reflects an underlying, unarticulated belief system derived from narcissism; indeed, trauma has increasingly become the venue, in society and in treatment, where narcissism is permitted to prevail" (Reisner, 2003).

Beside these explanations and debates stated above, trauma is defined by the American Psychological Association. DSM-V defines trauma as:

"The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows (one required): (1) direct exposure, (2) witnessing in person, (3) indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or

accidental, (4) repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies, or pictures” (American Psychiatric Association, 2013).

The definition of trauma by the APA can be criticized because of its limitations regarding traumatic events. It presents only death, serious injury or sexual violence as traumatic events and ignores emotional abuse, loss or separation from loved ones (Briere & Scott, 2014).

1.1.HISTORICAL BACKGROUND OF TRAUMA

Trauma, is a word that is used for defining events, which hurt the spiritual and physical existence of the individual in many different ways. Psychological trauma came to the public consciousness in the 19th century. Its use, apart from physical trauma, was very limited in the 19th and 20th centuries (Jones, 2007, p. 165). If we exclude the psychoanalytic literature in the 19th century, the concept of “trauma” was not used outside the meaning of physical trauma (Herman, 2016, p. 5). When people are affected by an external factor, which is traumatic; it was expected for them to solve this problem on their own, if they are healthy (Jones & Wessley, 2005, p. 232). In this respect, if a person is experiencing post-traumatic psychological problems, it is likely that the person already had a mental illness. S/he had either low ego strength or was suffering from a schizophrenia-like disorder; that is seeing the real cause of the disease as the individual (Jones & Wessley, 2005, p. 232).

As Veith (1977) states, trauma first attracted the psychiatrists’ attention when the soldiers come back from the war with severe changes. These changes are known as “traumatic neurosis” (Kardiner, 1959). According to Jones (2007, p.168) World War I, even if terminologies such as shell shock imply that trauma has a mental impact on people, traumatic life events are not taken into account, and trauma is

not seen as a triggering factor for psychological disorder. It is seen that the same idea continued before World War II.

As stated above the concept of “trauma” is a 20th century topic which rose up with psychoanalysis especially (Reisner, 2003). The concept is shaped by psychotherapists but there is still a disagreement about it starting earlier with Sigmund Freud and Pierre Janet. This split has continued in psychoanalysis and other approaches to trauma. Trauma was handled as a conceptualization of mind itself in psychoanalysis by Breuer and Freud. Breuer (1893) defined trauma as: “Any impression, which the nervous system has difficulty in disposing of by means of associative thinking or of motor reaction becomes a psychological trauma” (p. 154). According to them “a trauma (“a foreign body to the mind”) was a psychological event that left an unmetabolizable residue, a sum of excitation, lodged in the memory and separated off from awareness” (Reisner, 2003). They started to investigate hysterics by these interferences. Freud and Breuer finalized their studies as “hysterics suffer from reminiscences” (Reisner, 2003). At the same time with Freud and Breuer, Janet also looked into hysterical symptoms and explained it as a splitting of consciousness as a result of weak mental capacity and traumatic memories (Reisner, 2003).

Hysteria was the first research topic to study the effects of trauma (Özen, 2017). The French neurologist Jean-Martin Charcot was the first person to do this work. Charcot called hysteria the great neurosis, it was also the approach of the classification experts. The importance of careful observation, definition and classification was emphasized. He not only documented the characteristic symptoms of hysteria in his writings, but also with drawings and photographs. Charcot focused on neurological damage-like hysteria symptoms, which are: movement paralysis, loss of sensation, convulsions, and forgetting. It was shown that these symptoms were psychological because they could be artificially triggered and removed by hypnosis (Micale, 1989, p. 228). Charcot does not link the symptoms of hysterical women to supernatural powers and tries to explain the causes of the symptoms. It provided an important step in the treatment of trauma

in psychiatry. Charcot tried to explain the causes of hysterical symptoms in young women as a result of violence, rape and torture. Charcot pioneered the medical treatment of hysteria, which has been pushed out of scientific research (Herman, 2016, p. 14).

Traumatic neurosis was first introduced as a topic of psychoanalysis in Budapest in 1918 as “war neurosis” at the 5th International Psychoanalytical Congress (Rappaport, 1968). Trauma stood out again after World War II. Freud came up with the idea that survival instincts can produce a neurosis without participation of sexuality. Rappaport (1968), states that, Freud unintentionally made the traumatic neurosis a shameful issue. In psychoanalytic literature traumatic neurosis was handled in terms of denial after World War II. Fairbairn (1943) and Kardiner (1941) mentioned that there is no such neurosis that is created by war. Grinker and Spiegel (1945) supporting their view by saying “traumatic neuroses do not constitute a separate disease entity, but consist of various neurotic reactions similar in cause and effect to all other neuroses and distinguished only by the sharpness and severity of the precipitating factors”. It mostly emphasized the old conflict, which was about losing control of ego triggered by trauma. Fairbairn (1952) from the relational psychoanalysis on the other hand, was an army psychiatrist during World War II and he spent much time with soldiers for the purpose of treatment. He explained the breakdown of soldiers’ as “infantile dependency on his objects” (p.79).

Literature also supports Freud’s suspicion as Brenner said (1953). Accordingly, “objective danger alone can give rise to neurosis without the participation of the deeper unconscious layers of the psychic apparatus, or that a terrifying experience can of itself produce neurosis in adult life” (Rappaport, 1968). As Freud (1920) stated “There is a repetition compulsion in psychic life that goes beyond the pleasure principle”. Rappaport (1968) supports the idea of Freud by saying “these psychic traumata go beyond the concept of traumatic neurosis, and, even more, that they go beyond any human concept.”

1.2.ADULT ONSET TRAUMA

In psychoanalytic literature, trauma is mostly used for childhood trauma, which includes intense sense of abandonment and helplessness. Additionally, it is perceived as early sexual abuse or narcissistic injuries (Boulanger, 2002). However, the adult survivors of trauma cannot find a place for themselves in the psychoanalytic view. Psychoanalysts, for the most part, try to make sense of adult onset trauma in terms of childhood experiences.

Effects of trauma are completely different for children and adults (Felsen, 2017). According to Davies and Frawley (1994) and Bromberg (1998); when children are exposed to a traumatic event, they dissociate for the purpose of protecting themselves against fragmentation. The trauma becomes the part of self and splitting serves children to live in a more “safe” world. However, it differs in adults. Adults don’t have the capacity of dissociation as much as children (Boulanger, 2008). That’s why they cannot dissociate as much as children in the case of a traumatic event. And according to Kohut (1984), Auerhan (1989) and Hermann (1992) their psychic structure is threatened, when they faced a traumatic experience. Dissociation doesn’t serve as splitting in adulthood in the face of trauma. Conversely, the adult self perceives a traumatic event as strange and disturbing. It is such an experience that as Krystal (1978) described they are “overwhelmed by the terror of annihilation, the self, unable to act in its own best interests, loses its capacity to reflect on what is happening, growing numb and lifeless.”

Adult survivors of trauma were aware of what was happening unlike the children (Boulanger, 2008). Peskin et al. (1997) states that “Despite attempts to defend against it, adult-onset trauma pervades every self-state and manifests in daily life in a spectrum of phenomena, ranging from symptoms and fragments of intrusive experiences, through various degrees of enactments in relationships, in social and political attitudes, and in pervasive life themes.”.

Psychoanalysis has a strict notion of psychic structure (Boulanger, 2002). This strict structure has almost no flexibility. It is fixed and solid most of the time. It is such a structure that cannot be come loose. On the other hand; unlike to this fixed structure some psychoanalytic approaches embrace more flexible model. The approach sees the person as a fluid being rather than a fixed structure. As Boulanger (2002) states, Ogdan doesn't accept the traditional fixation idea and also it is such an approach that perceives paranoid schizoid positions and depressive position as a changeable state, rather than as fixed signs of developments. Philips (1994) says that: "Contingency is the enemy of fixity".

The traditional view of psychoanalysis has great difficulty in uniting internal and external experiences (Boulanger, 2002). Trauma is perceived as only internal and depends on how people give meaning and respond to it, rather than accepting external events alone. Arlow (1984) says that what constitutes trauma is unconscious fantasies and fears, not the actual event. That's why the main point becomes the response of a person, not the event itself.

On the other hand, relational psychoanalysis provided an alternative way to give meaning to trauma to be able to understand adult onset trauma. Of course, they were criticized for giving too much importance to the reality, conscious and interpersonal experience rather than unconscious and fantasy (Boulanger, 2002). "But trauma may be equally challenging to the relational analyst, for catastrophes can uproot central aspects of self-experience, profoundly altering the psyche's relations with its objects, and thereby contaminating intersubjective space" (Boulanger, 2002).

The contemporary psychoanalytic view on adult onset trauma provides a new perception by those interested in both phenomenological experience of adult survivors and their symptoms (Boulanger, 2002). This new approach pays attention both to the external findings and intra-subjective issues by integrating different views (Felsen, 2017). Boulanger (2002) emphasises the importance of taking a dialectical view on adult onset trauma to protect us from being stuck in

either the individual or in the event itself. Felsen (2017) states that, “Findings from trauma studies, as well as psychoanalytic conceptualizations regarding adult-onset trauma, emphasize the central role of the availability of a relational, adequately responsive intersubjective matrix for the capacity to achieve intrapsychic and interpersonal reintegration following traumatic exposure.” Such a view allows us to perceive trauma from a broader perspective, also helps to avoid previous failures and denials about the reality of traumatic events (Felsen, 2017).

1.3.SENSORY MEMORIES AND TRAUMATIC EVENTS

*“Horror, horror, horror! Tongue nor heart cannot conceive, nor name thee.
Confusion now hath made his masterpiece” (Shakespeare, 1997).*

The most challenging experiences in life are traumatic experiences and trauma is completely pre-word (van der Kolk, 2018, p.43). While very difficult experiences neutralize the functions of the language and the left brain that makes the thinking; they activate the right brain, where the sensations are experienced. Therefore, traumatic experiences are experienced on the body and when they are remembered, they are re-experienced through sensations and the body again. Sounds, smells and images can be integrated in minds when people experienced a traumatic event, but the event itself cannot be integrated into the personal history of people in a chronologic timeline (van der Kolk, 2018, p.43).

According to APA (2000) traumatic experiences cause some individuals to develop post-traumatic stress disorder and people develop such reactions as “hyper-arousal, intrusive thoughts and memories avoidance of trauma reminding stimuli, and trauma related memories or thoughts”. Researches on neuro-functional alterations related to trauma show that the amygdala activity increases and prefrontal activities decrease, in the face of threatening (Rauch & Shin & Phelps, 2006). Also the activity of the hippocampus increases, which is associated with memory (Patel & Spreng & Shin & Girard, 2012).

Post-traumatic stress disorder (PTSD) symptoms are a result of impairment on the right hemisphere of the brain (Schoore, 2002). PTSD, which causes emotional disturbances, is associated with dysfunctions of the prefrontal cortex with regard to modulating the amygdala's functions, which in turn is responsible for regulating "unseen fear" and frightening things.

According to van der Kolk (2018) whether people remember or do not remember an event, how accurate their memories of this event are, depends on the meaning that they give to this event and how strong their emotions are at that time (p. 175). All people carry memories of certain people, songs, smells and places for a long time (van der Kolk, 2018). For example most people remember what they were doing and what they saw on September 11, but they don't remember September 10. While people forget about daily events, they remember exciting moments of life or rarely forget about humiliations and injuries (van der Kolk, 2018). Adrenaline, which people secrete against possible threats, helps them to dig these events into their minds (van der Kolk, 2018).

The Hebbian concept assumes that "an excitatory link will be formed or strengthened when two neural units that it connects are simultaneously active during a behaviorally relevant task" (Elbert et al., 2011). Traumatic events are also one of the strongest types of connections as they constitute a danger to life or integrity of the body integrity. As a result of recurrent exposure to traumatic stimulus, neural networks related to trauma strengthen and "become connected with various sensory memories (Schauer & Elbert, 2010; Schauer, Neuner, & Elbert, 2011) to form a "trauma network" of "hot memory." Trauma survivors become sensitive to cues such as smells or sights related to traumatic experience. In addition when people are exposed to more traumatic events, it is more likely that different representations in sensory memory are linked (Elbert et al., 2011). On the other hand, episodic memories, which are related to a timeline of the event, are more likely to disappear from the hot memory content (Elbert et al., 2011).

While hot memories related to traumatic experience such as; a smell, a sight or a memory stimulate the fear network; cold memories become lost.

“The horror becomes omnipresent, is not perceived just as a memory but becomes present in the “here” and “now.” The inability to assign explicit cold memory to the implicit hot reminders of traumatic stress is at the core of trauma-related illness including PTSD and related forms of depression” (Elbert et al., 2011).

Matz et al. (2010) states that torture victims perceive “arousing material more intensely than neutral stimuli” (as cited in Elbert et al., 2011). “Activity then shifts rapidly from analysis in sensory regions to areas related to emotional responding. This shift has also been observed in individuals with a high childhood stress load.”

Van der Kolk (2018) states that it is not possible to observe what happened during the traumatic experience, but in the laboratory it can be revitalized. When people hear memory related sounds, see the images and feel the senses related to trauma, it becomes revived. In this case, when the memory hears real sounds of a traumatic event; images and senses are revived. As a result of this, the frontal lobe, which provides people with the ability to verbalize their feelings and create the sense of place; and the thalamus, which integrates incoming information, both become inactive. At this point, the emotional brain, which is not under a conscious control and unable to communicate with words, takes over. The emotional brain (limbic area and brainstem), sensory stimulation, body physiology and muscle movement show a changing activation. In ordinary situations it makes two memory systems cooperate. However, excessive stimulation not only changes the balance between them, but also interrupts the relationship between regular storage and other necessary brain areas that allow the integration of incoming information such as the hippocampus and thalamus (van der Kolk, 2018).

As a result, the effects of traumatic experience are not regulated as consistent logical narratives, they continue to exist in sensory and emotional tracks, such as fragmented images, sounds, and physical perceptions (van der Kolk, 2018).

Van der Kolk (1994) designed a study with his colleagues about how people remember good and bad memories. According to the results of his study there was a significant difference in how people talk about their good and traumatic memories. These differences included both how these memories are designed and how people react to them. Good memories such as; birthdays or wedding ceremonies were well remembered by participants in a chronological line. On the other hand, traumatic memories were irregular. Participants remembered some details very vividly such as; the smell or a scar of a perpetrator but they were not able to remember a sequence of events and other important details. Most of the participants stated that they were experiencing extreme flashbacks. They were crushed under images, sounds, emotions, and sensations (p. 193-194). These findings proved the studies of Janet and his colleagues about the binary process of mind. Traumatic memories were different from other memories. They were not integrated into people's life stories.

These changes in the structure of the brain are discussed in relation to dissociation in the trauma literature (Karuse-Utz & Frost & Winter & Elzinga, 2017). Dissociation has been defined as a "disruption of and/or discontinuity in the normal, subjective integration of one or more aspects of psychological functioning, including – but not limited to – memory, identity, consciousness, perception, and motor control" (Spiegel & Loewenstein & Lewis-Fernandez & Sar & Simeon & Vermetten, 2011). Krystal and colleagues (1995) state the importance of brain areas such as; thalamus, limbic and frontal regions on dissociation. In addition, studies show the significant effect of the hippocampus and parahippocampal regions for understanding of altered memory processing during dissociative states (Bremner, 2006; Bremner, 1999; Elzinga & Bremner, 2002). Van der Kolk and Fisler (1995) explain the nature of traumatic memories as a form of dissociation. According to Nemiah (1995), van der Kolk and van der

Hart (1989) dissociation means the splitting of experience. Janet explains dissociation as people's reaction to life events which are too bizarre, terrifying or overstimulating (Davies&Frawley, 1994, p.31). As a result of these experiences people "split off from consciousness into a separate system of fixed ideas" (Davies & Frawley, 1994, p.31). Therefore, traumatic experiences are stored in memory as fragmented rather than integrated units. According to Van der Kolk and Fisler (1995), dissociation contains four elements in it, which are; "the sensory and emotional fragmentation of experience, depersonalization and derealization at the moment of the trauma, ongoing depersonalization and 'spacing out' in everyday life, and containing the traumatic memories within distinct ego states". It is not necessary that all traumatized people, who have vivid sensory memories related to their traumatic experiences, experience depersonalization, derealisation or dissociative disorders. Christianson (1982) states that traumatized people experience a significant restriction of their consciousness and as a result of it they focus on central perceptual details. Experiencing high arousal events causes explicit memory to fail and people are exposed to a speechless terror as a result (Van der Kolk & Fisler, 1995).

Janet (1909) states that "Forgetting the event which precipitated the emotion has frequently been found to accompany intense emotional experiences in the form of continuous and retrograde amnesia" (p. 1607). Janet (1919) claims that when experiences are intense, memory is not able to integrate as a narrative and people become "unable to make the recital which we call narrative memory, and yet he remains confronted by the difficult situation" (Janet 1919/1925, p. 660). He called it as "a phobia of memory" (p. 661). This situation causes splitting off the traumatic memories from consciousness and blocks the synthesis.

"Janet claimed that the memory traces of the trauma linger as what he called 'unconscious fixed ideas' that cannot be 'liquidated' as long as they have not been translated into a personal narrative. Failure to organize the memory into a narrative lead to the intrusion of elements of the trauma into consciousness as terrifying perceptions, obsessional preoccupations

and as somatic re-experiences such as anxiety reactions” (Van der Kolk & Fislser, 1995).



SECTION TWO

ANNIVERSARY REACTION

2.1. DEATH OF A LOVED ONE

“Psychoanalysis began with the study of psychic trauma, and that investigation remains altogether relevant to the contemporary scene. Traumatic alteration of the personality is associated with the threat of personal injury or death, or with threatened or actual injury or loss of loved ones” (Blum, 2003).

As a life experience, loss of a loved one is one of the experiences that most people go through at some point of their lives (Zara, 2018). It is a process that affects people in different ways. Holmes and Rahe (1976) explain the loss of a loved one as one of the most stressful life events and define bereavement as the worst thing which can happen to someone. Feelings of sadness, mental distress or suffering, which are related to bereavement, follow people most of the time after the death of a close person. People usually engage some tasks to “acknowledge the reality of the loss, work through the emotional turmoil, adjust to the environment where the deceased is absent, and loosen the emotional ties with the deceased” (Lobb & Kristjanson & Aoun & Monterosso & Halkett & Davies, 2010; Rosenblatt & Walsh & Jackson, 1976; Worden & Davies & McCown, 1999).

The characteristics of the death reaction and mourning depend on the relation with the deceased person, type of death, social support, rituals of bereavement and characteristics of people, who experience the loss (Zara, 2018). According to Doka (1989), the loss of significant others such as; child, parent, spouse, sibling or a friend, whom one has a close and meaningful relationship with, is accepted as a traumatic experience. Moreover the manner of death has an important effect on how people experience it, according to studies (Zara, 2018).

APA (1994) provides a broader definition of trauma by DSM-IV. Learning about the death of a loved one is also included in traumatic experiences.

“Modern trauma theory conceptualizes trauma and traumatic responses as occurring along a continuum (Breslau & Kessler, 2001), with researchers elucidating the importance of differentiating between traumatic experiences when investigating the etiology, physiological responses, course and efficacious therapeutic interventions for the range of potential traumatic responses (Breslau & Kessler, 2001; Kelley, Weathers, McDevitt-Murphy, Eakin, & Flood, 2009)” (as cited in Jones & Cureton).

Moreover trauma definition with DSM-V becomes more related to explicit factors. Subjective responses following a traumatic event are no longer required (Jones & Cureton).

However, as Parkes (2001) stated, even if there are many investigations for many years, it is hard to make a universal consensual definition of “traumatic bereavement”. Therefore, investigating both the unexpected and anticipatory death of a loved one would be beneficial to better understand the phenomenon.

2.1.1. Unexpected Death of a Loved One

There are many studies that show unexpected death has a greater effect on people. Unexpected death of a loved one has some consequences about mental health issues and it is the most reported traumatic event in the US (Keyes & Pratt & Galea & McLaughlin & Koenen & Shear, 2014). According to Benjet et al. (2016); it is on the top of worldwide reported traumatic events (Kessler et al., 2016). It is also considered to be one of the most important causes of post-traumatic stress disorder (Atwoli et al., 2013; Breslau et al., 1998; Carmassi et al., 2014; Olaya et al., 2014) and other psychiatric disorders (Keyes et al., 2014). Both children and adults experience the unexpected loss of a close relationship as a very stressful life event.

A study by Keyes et al. (2014) was designed to search for the relation between the unexpected death of a loved one and first onset of lifetime mental issues such as; common anxiety, mood, and substance disorders. People were asked “Did someone very close to you ever die in a terrorist attack”, and “Not counting a

terrorist attack, did someone very close to you ever die unexpectedly, for example, they were killed in an accident, murdered, committed suicide, or had a fatal heart attack?" (Keyes et al., 2014) to ascertain their suitability for participation in the study. Other potential traumatic experiences of participants were identified and people, who were exposed to multiple deaths, such as on September 11, were removed from the study to be able to only measure the effect of the loss of a loved one. It is examined by structured interviews with adults living in the US. According to results the unexpected death of a loved one were defined as the worst traumatic experience by participants. Unexpected death was the most common traumatic experience and most likely to be rated as the respondent's worst one, regardless of other traumatic experiences. According to the results of the study it is found that major depressive episodes, panic disorder and PTSD increased after unexpected death. Additionally in later adult age groups increased incidence was found for manic episodes, phobias, generalized anxiety disorder and alcohol disorders (Keyes et al., 2014).

Another study about unexpected death of a loved one designed by Atwoli et al. (2016) looked for the relation between unexpected death of a close person and developing PTSD after this traumatic experience. According to results it was found that the risk of developing PTSD was significant in people who had lost their loved ones (Atwoli et al., 2016).

2.1.2. Anticipatory Death of a Loved One

Anticipatory death is defined as "length of time between the diagnosis of a terminal illness and the death of the individual" (Walker & Rebecca, 1996). Even though the unexpected death is seen as creating more effect and distress according to many studies; there is also research which shows the opposite, that the expected death of a loved one causes significant negative effects (Zara, 2018). On the one hand, it may be seen as beneficial for preparing death; stigmatization, multiple losses during the process and duration of terminal illness make the process quite difficult (Walker & Rebecca, 1996). According to Brown & Powell-Cope (1993)

and Rando (1986); expecting a loved person to die causes uncertainty for a long time and it is hard to cope with. People go through a challenging grief process due to the anticipatory death of their loved one.

To learn that one of their family members has a terminal disease is a very challenging process for people most of the time (Journal of Hospice and Palliative Nursing, 2014; Holley & Mast, 2009). It triggers lots of negative emotions such as; anxiety, fear, sorrow and uncertainty. According to Haley et al. (1997) it is a stressful process that affects people both psychologically and physically.

Rando (1986) defines it as “the phenomenon encompassing the processes of mourning, coping, interaction, planning, and psychosocial reorganization that are stimulated and begun in part in response to the awareness of the impending loss of a loved one (death) and in the recognition of associated losses in the past, present, and future” (p. 24). Anticipatory grief is a complex process that includes the loss of many things, which are both current losses because of the illness and thoughts of future loss of the loved one (Holley et al., 2009; Journal of Hospice & Palliative Nursing, 2014).

Caregivers have too many burdens which create too much distress for them (Holley et al., 2009; Journal of Hospice & Palliative Nursing, 2014). Being the caregiver as a family member, especially, is full of challenges such as; fear of losing a loved one and uncertainty of the situation. Most of the conditions that become the norm of chronic conditions are defined by prolonged illness before death. Therefore, stress and burden reach greater levels (Journal of Hospice & Palliative Nursing, 2014).

On the other hand, individual differences affect the consequences and how a person responds to being a caregiver. Aneshensel et al. (1995) and Pearlin et al. (1990) viewed these differences in a theoretical framework. As primary stressors; cognitive and physical impairments, behavioural problems and amount of required care are all accepted as higher levels of burden and these are strongly related to depression (Pinquart & Sorensen, 2005). As Pinquart and Sorensen (2005) stated

family conflicts and social conditions are accepted as secondary stressors. They also cause the increase of burden and depression. In addition the background context such as; gender, being a caregiver of spouse and physical health problems, that the caregiver may have, are associated with a high risk of depression and burden. Lastly, social support or relationship that the caregiver has, as mediating factors, have an important effect (Holley et al., 2009).

Even if these individual differences have an impact, “grief and anticipatory mourning are often overarching and commonly seen companions when caring for a loved one during a prolonged illness” (Journal of Hospice & Palliative Nursing, 2014). According to research of Journal of Hospice & Palliative Nursing (2014):

“Anticipatory mourning does not serve to diminish the grief experienced after the death. It does, however, seem to offer a means to develop coping skills that will be needed after the death. Most importantly, research has demonstrated that the experience of anticipatory mourning in caregivers strongly indicates the necessity to include bereavement and other support services both before and after the death of a loved one, who suffers from a protracted illness.”

Coelho and Barbosa (2017) reviewed 29 articles related to anticipatory grief for the purpose of synthesizing them. They aimed to understand experiences of people who become the caregivers of one their family members, who are likely to die. They identified ten themes, which explain the anticipatory grief characteristics, according to the studies. These characteristics are; “anticipation of death, emotional distress, intrapsychic and interpersonal protection, exclusive focus on the patient care, hope, ambivalence, personal losses, relational losses, end-of-life relational tasks and transition” (Coelho & Barbosa, 2017).

“Anticipatory grief is an ambivalent and very stressful event for most of the family caregivers. Family lives an extremely disturbing experience simultaneously to patient’s end-of-life trajectory not only because of the physical and emotional stress inherent to care providing but also due to

feelings of loss and separation caused by advanced disease and imminent death” (Coelho & Barbosa, 2017).

2.1.3. Psychodynamics of Mourning

Mourning was first defined in “Mourning and Melancholia”, (Freud, 1915) which is one of the primary sources to be able to understand loss and grief. Freud defines mourning as “the reaction to the loss of a loved person, or to the loss of some abstraction, which has taken place of one, such as one’s country, liberty, an ideal, and so on” (Freud, 1915, p. 18-19). Also Pollock (1975) defines mourning as “a natural process of adaptation to loss, can be expressed in many ways.”

According to Freud (1915) in front of the reality that a loved object no more exists, the divestment of libido from the attachment object is required. In the face of this requirement, a conflict reveals definitively about the divestment of libido. No one would voluntarily withdraw his/her investment. It is expected that reality overcomes this conflict, but it is not easy to do. It would be a painful process that is carried out day by day with divestment of libido from memories of the lost object. As a result of this process ego successfully separates from the loved object and mourning completed (Freud, 1915, p. 244).

The following years, Freud (1926) explained as extreme painful and related to economy of psychic energy. He stated that libido cannot be discharged because the attached figure is not there anymore and there is no chance of interaction to discharge the energy. He explains this painful separation as “the high and unsatisfiable cathexis of longing, which is concentrated on the object by the bereaved person during reproduction of the situations, in which he must undo the ties that bind him” (Freud, 1926, p. 172). The way of recovery is “redirection of libido from the memory of the lost person to available survivors with whom discharge can occur (recathexis), thereby removing the cause of the pain and renewing opportunities for pleasure in life” (as cited in Hagman, 1999).

Later Abraham (1927), Fenichel (1945) and Klein (1940) signified the importance of identification with the lost object on the mourning process. Abraham explained

its' important as a maintenance of relationship with the deceased person. In this way loss of a loved one becomes the central of object relation theory. Klein (1940) defined the mourning as a revival of the early mourning process in adult life. She connected the period of grief with the reality testing and in this context separates normal and abnormal mourning. However, she claimed that an early depressive position is reactive both in normal mourning and abnormal mourning and manic-depressive states. She said that people, who cannot feel safe in early childhood and cannot form their own internal objects, have difficulty in mourning and experience abnormal mourning. However, by normal mourning process people can integrate and regain the feeling of security in the inner world, which is scattered by losing someone they love (Klein, 1940). Even if it is an important explanation decathexis, continued to be emphasized; introjection and identification started to be accepted as the best explanation for unresolved mourning.

APA (1991) provides a better understanding for a standard psychoanalytic model of mourning and its major components in the recent edition of *Psychoanalytic Terms and Concepts*. Mourning is explained as a normal process in the face of any significant loss and it includes the restoration of psychic equilibrium. It is such a process that the bereaved person experiences the decreased interest to the outside world, "preoccupation with memories of the lost object, and diminished capacity to make new emotional investments" (as cited in Hagman, 1999). Bereaved people are expected to accept the loss with a reality test by accepting that the deceased person will not come back and recover their interrelated pleasure capacity. Even if people accept their loss, it is hard process the withdrawal of the libido from the attached figure. As a result of this, the mourner uses the defences of denial to carry the mental representation of the lost one and refuse the reality.

"Thus the object loss is turned into an ego loss. Through the stages of the mourning process, this ego loss is gradually healed and psychic equilibrium is restored. The work of mourning includes three successive, interrelated phases; the success of each affecting the understanding,

accepting and coping with the loss and the mourning proper, which involves withdrawal of attachment to and identification with the lost object (decathexis); and resumption of emotional life in harmony with one's level of maturity, which frequently involves establishing new relationships (recathexis)" (Moore & Fine, 1991, p.122).

On the other hand, a new psychoanalytic model of mourning explains it as:

"Mourning refers to a varied and diverse psychological response to the loss of an important other. Mourning involves the transformation of the meanings and effects associated with one's relationship to the lost person the goal of which is to permit one's survival without the other while at the same time insuring a continuing experience of relationship with the deceased. The work of mourning is rarely done in isolation and may involve active engagement with fellow mourners and other survivors. An important aspect of mourning is the experience of disruption in self-organization due to the loss of the function of the relationship with the other in sustaining self-experience. Thus mourning involves a reorganization of the survivor's sense of self as a key function of the process" (Hagman, 1999).

Moreover it is crucial to emphasize the importance of social support and rituals on the after death process (Zara, 2018). They both help people release their negative emotions. Deutsch (1937) pointed to the importance of expression of grief as completing the mourning process successfully. When people don't express their grief, bereavement turns out to be a pathological process. Volkan (1971) stated that a successful therapeutic way to resolve grief is abreaction of the suppressed effect. Also Pollock (1972, p.6-39) defines religious rituals and ceremonies related to death as a toll for separation from the lost love object. As rituals; talking about memories related to the lost person, visiting the graveyard or doing something special to memorize the deceased one play an important role on coping with the chaotic impact of loss (Zara, 2018).

2.2.ANNIVERSARY REACTION

“The holiest of all holidays are those; kept by ourselves in silence and apart; the secret anniversaries of the heart, when the full river of feeling overflows”
(Longfellow, 1863).

Mintz (1971) defined “The anniversary reaction is a time-specific psychological response arising on an anniversary of a psychologically significant experience, which the individual attempts to master through reliving rather than through remembering.” It is such a response that shows itself in behavioural changes, dreams, symptoms or in the analytic hour (Mintz, 1971). Pollock (1970) on the other hand, defines an anniversary reaction as “feelings of helplessness consequent to the loss of a loved one.” According to a study by Morgan and colleagues (1998) the loss of a close person’s life or witnessing loss of life are strong stimuli for developing anniversary reactions.

The concept of anniversary reaction exists from the very beginning of psychoanalysis (Mintz, 1971). Anna O., who is the first patient of psychoanalysis did her psychoanalytic work with Josef Breuer, using the talking cure (Hull & Lane & Gibbons, 1993). As Breuer and Freud (1895) explored the fact that she re-experiences her symptoms at the same time every day. After the death of her father, she developed symptoms and the “talking cure” was discovered thanks to Anna O.’s “daily anniversary reactions” related to her traumatic event (Hull et al., 1993). Freud signified the importance of anniversaries of important past events on the symptoms of patients. He (1895) first stated the phenomenon of anniversary reaction with respect to Elisabeth von R.’s traumatic memories reoccurring on exact anniversary dates. Freud expressed her situation as "vivid visual reproduction and expression of feelings" on the same dates of various past catastrophes (Azarian et al., 1999). Freud also stated (1918) that Wolf Man’s symptoms reoccurred at the time, which is 5:00 pm, when he saw the primal scene. Interestingly, it is also noted that Freud discovered the Oedipus Complex on the first anniversary of his father’s death (Mintz, 1971).

Until Freud (1920) described the repetition compulsion concept contrary to the pleasure principle, it is accepted that individuals have a drive to repeat their unmastered traumas. Dlin and Fisher (1979) pointed out that an anniversary reaction is likely to be repetition compulsion.

Even if the unconscious's complexity has been known for years, its temporal expression is not discussed much. Cohn (1957) defines time as "a creation and manifestation of the mind contributing to those vital symbols by, which the ego maintains its role as an organ of orientation, coherence, and relatedness" (p. 168). The role of time on psychic apparatus cannot reckon without psychoanalysis (Hull et al., 1993). Bergler and Roheim (1946) explain the passing of time as a reaction to the absence of a feeding mother. Orgel (1965) defines a patient, who lives accordingly to her inner slowed down clock rather than the external real-clock to avoid separation from her mother by slowing down body functions. On the other hand, Pollock states (1971):

“The anniversary reaction can be seen as a time-date-event linked response that seemingly has little to do with current objective time. The current time-date-age acts as the trigger, which allows the repressed unconscious to emerge into the present, and this in turn results in reactions and symptoms. There is a specificity of the time (date, age, holiday, event), which links to the originally traumatic situation, but the crucial factor in the pathogenic process is not the objective time measure but the repressed conflict. Reconstruction of the past involves repeating, some recalling and remembering, and understanding. I emphasize this because the anniversary date, though only a single day or event, has compressed into it many antecedent, concomitant, and consequent experiences. Thus the anniversary reaction far exceeds the temporal significance of the event itself.”

According to Meyerhoff (1960) the anniversary reaction as having intense remembering and act of recollections is seen as free from chronological time.

Even if it is seen as chronologically dependent on time, in fact it is timeless (Pollock, 1971). However, its emergence depends on time. Time or age may be a trigger for anniversary reaction, but emerging things are not required to be connected with time. Even if emerging materials are not bounded by time, it is important to follow the time as a triggering factor to find out about the anniversary reaction in analytic work. Working repression and externalized experience in analytic work helps the resolution of conflict (Pollock, 1971).

“The unconscious response or anniversary reaction, though independent of present time, is related to a past linkage of a time-event and existing personality structure. Nonetheless, the repressed elements are themselves timeless. Thus the contents of these repressed elements are not really affected by the ‘date they bear’. They are situated outside of the scope of time, though linked to time and age (time duration). In his paper, *The Unconscious*, Freud states that the events of the unconscious system are timeless. They are not ordered in time, are not changed by the passage of time, and have no relation to time” (Pollock, 1971).

2.2.1. Types of Anniversary Reactions

According to Birtchnell (1986), Dlin (1985) Mintz (1971) and Hull, Lane and Gibbons (1993) there are several types of anniversary reaction. Dlin (1985) categorized anniversary reactions into three types, which are; the single reaction, the repetitive reaction and the generational reaction (Hull et al., 1993).

“Birtchnell (1986) defines the single reaction as a type of anniversary phenomenon, in which the age of the individual is the key trigger for the reaction. He contends that such a reaction by its very nature can only occur once since it occurs at an age corresponding to the original traumatic event” (as cited in Gabriel, 1992). As an example of a single reaction; a woman, whose mother died at the age of 33, started using drugs when she reached that age.

Another type of anniversary is repetitive anniversary reactions, which is the topic of this dissertation thesis. It is defined by Dlin (1985) as; “nonspecific stress

responses that reoccur at times selected for unconscious reasons”. Pollock (1971) gave the examples of stimulants for anniversary reactions such as; a specific time of the day or week; or a holiday. As an example of repetitive anniversary reaction is a man, who has the fear of having severe heart disease as result of shortness in his breath at the anniversary of his father’s death because of heart conditions (Gabriel, 1992).

The last type of anniversary reaction defined by Dlin (1985) is generational anniversary reactions. It is defined as “symptoms (that) are precipitated in a parent when his or her child reaches the age at which the parent experienced a trauma, or the parent experiences an exacerbation of symptoms on reaching the age when his or her own parent died” (Dlin, 1985; Hilgard, 1952, 1969; Hilgard & Fisk, 1960; Hilgard & Newman, 1959) . A man, who lost his father at the age of 13, when his father was 39 years old, has a fear of dying when his child reaches the age of 13 (Gabriel, 1992). Also Zilboorg (1937) gave the example of “a girl, who committed suicide by jumping from a 14th floor window on the 14th anniversary of her mother's death.”

Pollock (1970) also defines two types of anniversary reactions in terms of time. One reflects the presence of unconscious sense of time, while other is a “reality type” anniversary reaction, which is not in the unconscious sense of time. Subjects are consciously aware of the occurrence of the event such as; birthdays, death dates or holidays, as trauma dates. This is also the topic of this dissertation thesis.

Another type Mintz (1971) offered is not dependent on a time or another conscious stimulus. Anniversary reactions emerge without any conscious stimuli. This latter type of anniversary reaction depends on an unconscious sense of time to provide symptoms.

2.2.2. Constituting Elements of Anniversary Reaction

According to Pollock (1970, 1971) there are two basic elements of anniversary reactions, which are: “identification with the lost object and the "trigger" function of anniversaries in releasing unconscious conflict”. On the other hand, Gabriel

(1992) explains anniversary reactions through four mechanisms and states that anniversary reactions originate from these elements, which are: trauma, incomplete mourning, identification, and an unconscious sense of time.

Traumatic experiences whether early onset or adult onset are seen as one of the most significant factors of anniversary reactions (Gabriel, 1992). Experiences that disrupt and violate one's psychic integrity causes a person to be overwhelmed by the feelings of weakness (Birtchell, 1986; Engel, 1975; Goin, Burgoyne & Goin, 1979; Hilgard & Fisk, 1960; Pollock, 1975). Haesler says (1986):

“Aside from trauma at a very early age and its sequelae, trauma that is experienced in later years of development may give rise to anniversary identification and subsequently to anniversary reactions if the traumatic experiences and their subsequent intrapsychic integration are linked to specific time, age and date related aspects or if the traumatic experience persists in the sense of a potentially disintegrating, dynamic complex in the unconscious that permanently requires defensive maneuvers” (p. 13).

Gabriel (1992) states that these reactions may be seen in therapy work.

Beside the traumatic experiences, anniversary reactions are shown up as a result of incomplete or pathological mourning. (Hull et al., 1993; Gabriel, 1992). Reappearance of the mourning process at the time of anniversaries is a repetition and an unconscious attempt to master the trauma (Gabriel, 1992). Blum (2003) states that, usually anxiety attacks occur at the anniversary reactions when the event is related to trauma; on the other hand, depressive responses are observed when anniversary reactions occur as a result of object loss.

As a result of incomplete mourning people, who have lost their loved ones, use the mechanisms of introjection or identification with the lost object (Hilgard, 1953; Hilgard & Fisk, 1960; Pollock, 1970). As Siggins defined (1966) identification may be in different forms such as; feeling or showing symptoms the same as the deceased person. Identification increases when the mourner comes close to the death date or death age of the deceased person (Shengold, 1989;

Gabriel, 1992) known as a “temporal trigger” (Hull et al., 1993). The importance of time for an anniversary reaction is stated by many theoreticians (Szekely, 1978; Mintz, 1971; and Pollock, 1970, 1971a, 1971b).

2.2.3. Experiencing Anniversary Reaction

Gabriel (1992), defines anniversary reaction as “psychological, somatic, and behavioural responses that occur at a specific time, usually the anniversary of a significant trauma or loss. The responses can be conscious or unconscious and are perceived to be attempts at mastery of the trauma. The anniversary effect refers to the recurrence of the reactions”. Pollock (1972) examines the concept of time related to anniversary reactions and states that it affects people whether consciously or not and arouses symptoms.

According to psychoanalytic literature, anniversary reactions correspond as a temporal trigger, which increases the effects of traumatic events and awakens the acute symptoms related to trauma such as; grief, anger, depression and despair (Rostila et al, 2015). It could also trigger the somatic symptoms, depression, psychosis, suicide or even homicide. Notably more suicide rates are seen before and after the anniversary date of a family member’s loss (Rostila et al, 2015).

A study designed by Echterling et al. (2012) looked for anniversary reactions of people, who lost their loved ones through an eight page survey with thirty-three participants. They explored changes in five domains including activities, emotions, cognitions, interpersonal interactions and somatic complaints, itself. The anniversary effect was found in all the five domains although it was stronger in thoughts, feelings and behaviours (Echterling & Marvin & Sundre, 2012).

Lots of theoreticians (Miller, 1978; Inman, 1967; Berliner, 1938; Bressler, 1956; Engel, 1955; Sifneos, 1964; Fischer et al., 1964; Weiss, Dlin, Rollin, Fischer, & Bepler, 1957; Yazmajian, 1982; Griffin, 1953; Ludwig, 1954; Macalpine, 1952) also mention the existence of somatic symptoms that emerge on anniversary dates such as; cancer and disseminated sclerosis, ulcerative colitis, coronary occlusions, hypertensive crises, irritable colon syndrome, lactation, migraine, ophthalmic

disorders, rheumatoid arthritis, urticarial and dermatological reactions. A study by Rostila et al. (2015) shows the relations between anniversary reactions, somatic symptoms, mortality and suicide rates.

Morgan and colleagues (1998, 1999) explored the occurrence of anniversary reactions in Gulf War veterans two years after the war. Anniversary reactions were seen mostly in people exposed to more severe types of trauma. Another study by Assanangkoenchai Tangboonngam, Sam-Angsri & Edwards (2007) investigated the anniversary reactions of victims of a flood in Thailand. Findings showed that people reported having gradual reductions in symptoms over time but a significant increase on the anniversary of the flood. All studies show that traumatic events, bereavement and loss have an important impact on people and that most also experience anniversary reactions.

Moreover, several studies show that the “time of death may be psychologically determined for many people, such that some people are able to “choose” the day, on which they die to correspond with “emotionally-invested deadlines” (Fischer & Dlin, 1972). This phenomenon is also recognized in birthdays and called “anniversary reaction,” “holiday blues,” “holiday syndrome,” “birthday blues” or “birthdate-deathdate phenomenon.”

It is important to note that, as Pietkiewicz and Smith (2014) state, including the IPA, most of the qualitative research does not accept the formulation of a hypothesis. The literature review here serves to determine the gap in literature and broaden the perspective and information of the primary investigator (Smith, Flowers & Larkin, 2009). As has been detailed in the sections above, the loss of a loved one is one of the most important and wounding experiences that a person may go through in a life time. Experiencing the death of loved one, the traumatic effects of this and the following mourning process have lots of inevitable reflections on people. Anniversaries of losses are also intriguing in terms of the time periods, which these mentioned effects re-awaken and continue to drive. In this context, I have attempted to understand and have a perspective on the

research questions of: “How do people experience the anniversary of a traumatic loss?” and “Do people undergo any changes or different experiences in their life at the time of the anniversary of their trauma? If so, what kinds of changes? At what other points in time do they recall having similar experiences?” In the following chapters, I present the methodology of this study, and the process that was followed to answer these questions.



SECTION THREE

METHOD

3.1. The Primary Investigator (PI)

I am the primary investigator (PI) and author of this dissertation thesis. I am a female student at the Istanbul Bilgi University Clinical Psychology Graduate Program Adult Track. I am especially interested in trauma as a field of work. When I chose my profession, the idea of working with trauma survivors had a big impact on my decision. Particularly loss and grieving processes, people's reactions to death of their loved ones, how they experience this period and its anniversaries attracted my interest.

Traumatic loss and mourning are also related to the personal history of mine. My grandmother's death, from long-term serious illnesses related to her lungs and heart which started when my mother was at a very early age, affected my family in a traumatic way. In addition, I am curious about how these traumatic experiences are carried by time and experienced by trauma survivors at anniversary times.

The aim of this study is to deeply examine personal experiences of people, who experience a traumatic loss of a significant other and subsequently how they experience the anniversary of this traumatic loss. Empirical study on this topic is sparse and the existing research focuses on the prevalence of anniversary reactions rather than attempting to understand the mechanism of the development of the phenomenon. Thus, this research is both aimed to develop a better understanding for the reader and provide some insight to trauma survivors with respect to anniversary reactions. Furthermore it is aimed to broaden the psychotherapists', especially those who work with trauma survivors, perspectives on the possible effects of anniversaries.

3.2. Participants

The criteria of participation in this study was to have experienced a traumatic death of a significant other and passed at least the first anniversary date, 6 participants were included. All the participants had experienced the loss of a first degree relative such as; mother, father, sibling and child. Two of them lost their mothers, two others lost their siblings, one of them lost her father and the remaining participant lost her child. The number of years elapsed on the loss also varied between participants. The mean of the time taken on loss is 8,6 years, ranging from 2 to 25 years.

Three male and three female participants, ranging between the ages of 25 and 54 were interviewed, the mean age being 36,5. All participants were from different professions such as; research assistant, English teacher, business man and two housewives. They had different levels of educational. There were two doctorate students, two with a graduate degree, one high-school graduate and one primary school graduate. The participants were mentioned with letters assigned randomly for confidentiality. (Table 1)

Table 1. Information of participants

Participant	Sex	Age	Lost Significant Other	The Time Passed since Loss
Mrs. P	F	31	Child	8 years
Mrs. E	F	47	Father	25 years
Mrs. N	F	54	Sibling	3 years
Mr. O	M	25	Sibling	12 years
Mr. H	M	33	Mother	2 years
Mr. L	M	29	Mother	2 years

3.3. Procedure

I reached the participants using convenience sampling. Following the İstanbul Bilgi University Ethics Committee's approval, I announced the study to the close environment. Then, my environment announced the research study to their close circle to find people, who had lost their close relatives and invite them to participate. The contact information of the volunteered participants was taken and I contacted them.

Six interviews were made with six participants. Interviews were made in private places such as; İstanbul Bilgi University Psychological Counselling Centre and participants' homes or offices.

To prevent any harm, volunteer participants self-reported Beck Scale for Suicide Ideation (Annex 3). BSSI was used for screening before the study. It was just a

preventive intervention and wasn't included in data analysis. All volunteers received 0 point from the BSSI, which means they weren't a suicide risk and they were therefore all interviewed.

Beck Scale for Suicide Ideation: The BSSI (1979) was developed by Beck, Kovacs and Weissman. It is a self-report, semi structured, 19- items clinical research instrument designed to assess suicidal intention. The BSSI's aim is to assess a patient's thoughts, plans and intent to commit suicide. All items are rated on a three-point scale (0 to 2). Higher scores show a greater suicide risk, and any positive response merits investigation. Cronbach alpha coefficient is .89, Interrater Reliability is .83 and the correlation between ideation scores and the Beck Depression Inventory item was .41.

The scale was translated to Turkish by Ozcelik, Ozdel, Bulut, Orsel (2014). According to validity and reliability examination in the Turkish version of BSSI Cronbach's alpha reliability is 0.84 and every item is positively correlated to the total scores on the BSSI. Inter-rater correlation is 0.94, Correlation coefficients for similar measures showed significant results [i.e., Suicidal Ideation Scale (SIS) ($r=0.40$) and Beck Hopelessness Scale (BHS) ($r=0.58$)].

All participants were voluntary and signed an informed consent form (Annex 1). I prepared the questions (Annex 2) which were put to the volunteer participants during interviews. Interviews lasted between 75 minutes to 140 minutes. All interviews were audio recorded with the permission of the participants and then transcribed.

3.4. Data Analysis

Interpretative Phenomenological Analysis (IPA: Smith & Osborn, 2003) (Smith & Flowers & Larkin, 2009) was used to reach the personal experiences of participants. All interviews' audio records were transcribed. The transcriptions of the interviews and the field notes were investigated very carefully. I coded interviews manually to pay extra attention to details.

While I was coding interviews, I followed some ways. First of all to be able to engage with data, I read and re-read the transcriptions many times. My aim for doing that was to understand participants' points of views and their meaning making processes.

After reading transcriptions many times, next step of analysis was taking "initial notes" (Smith, Flowers and Larkin, 2009) (Annex 4). While doing this, I divided a word file into three parts, put the transcript into the middle and started taking initial notes on the right margin of the transcript. In this part, I noted remarkable things as descriptives, linguistics and conceptual parts of the transcripts. Also, I noted my free associations to keep my assumptions in front of the eye. Most importantly, I noted and highlighted what stands out from the participants' point of views.

After initial noting, I then tried to find out emerging themes and noted them on the left margin of the transcript. It was very careful process and was proceeded by reading and re-reading the transcripts and initial notes. Gradually, a list of emergent themes appeared. In a separate word document, all emergent themes were listed (Annex 5). It was followed for each participant in a different word file. Mean number of emergent themes for each participant was 158. Number of emerging themes was reduced as discarding repeated themes.

Next step was printing six lists of emergent themes, one for each participant. I started to gather similar ones by examining all outputs. Then, I grouped the themes linked to its emergent themes and towards participants' attempts to make sense of their experiences (Annex 6, Annex 7).

Following this first level of grouping, themes were grouped under 'superordinate' themes. While doing this, it has taken into consideration that each cluster of themes shares a common pattern or connection with others. In the end, I arrived to 20 subthemes and five superordinate themes that are presented in Result section below.

3.4.1. Interpretative Phenomenological Analysis

IPA is one of the qualitative methods that is used for understanding life experiences of people (Smith & Flowers & Larkin, 2009). According to Willig and Rogers (2008), IPA is a detailed examination of one's personal experience. As Husserl states the aim of this method is not fixing experiences, but the aim is to get 'back to the things themselves'. Moreover it is important to choose major life experiences as an inspected topic of IPA, because when the life events are major, people start to reflect on its importance and what they have experienced related to the event. At this point, IPA is interested in these reflections in detail and investigates how people get through a major life experience in their own terms (Smith & Flowers & Larkin, 2009). As the PI, I specially chose IPA because the loss of a loved one carries people through a big transition and indeed, can be accepted as a major life experience. So anniversaries are, I believe, important to examine people's experience in detail to better understand the phenomena using IPA.

There are three key concepts of IPA, which are; phenomenology, hermeneutics and idiography (Smith & Flowers & Larkin, 2009). These concepts also have an important role on why I chose this method.

First of all; phenomenology, which is mainly a philosophical approach, provides us an access to lived experiences in a deep way. Husserl (2017), defines phenomenology as a careful examination of human experiences. While using IPA it is important to stay close to the experience of participants as much as we can (Frith & Gleeson, 2012). Therefore, it is a priority to understand participants' experiences rather than achieving an outcome. From this aspect, it is very similar to psychotherapy (Dean, Smith & Payne, 2006). Thus, I aimed in the study to understand the unique processes of each person's trauma anniversary by using IPA, which has the key element of phenomenology. Furthermore this technique is unique in its use of idiography, an approach in which I am deeply interested.

IPA also includes the process of interpretation and in this respect can be thought of as hermeneutics (Smith & Flowers & Larkin, 2009). Heidegger states that there are two meanings of context, which are; visible and hidden. “Thus for Heidegger, phenomenology is concerned in part with examining something, which may be latent, or disguised, as it emerges into the light” (Smith & Flowers & Larkin, 2009, p. 24). In this context, IPA provides a dialogue between text and the investigator. Sometimes our interpretations are related to topic rise before the new object is presented; sometimes they rise during the process (Smith & Flowers & Larkin, 2009). There might be different interpretations on the same topic while using IPA and as Gadamer says: “The hermeneutic task consists in not covering up this tension by attempting a naive assimilation but consciously bringing it out” (Gadamer, 2004, p273). This concept of IPA also engages my attention.

There are many alternative qualitative methods, but I used IPA due to my desire to “focus on personal meaning and sense-making in a particular context, for people, who share a particular experience” (Smith & Flowers & Larkin, 2009, p.45).

3.5. Validity

To increase validity, selected methods were followed. According to Lucy Yardley (2000) there are four principles of qualitative studies to provide validity, which are: sensitivity to context; commitment and rigour; transparency and coherence; impact and importance (Smith & Flowers & Larkin, 2009). It will be explained below, how these criteria show up in this study.

The first principle defined by Yardley is sensitivity to context. In fact, sensitivity to the context was applied from the start of study. I investigated both the inspected phenomenon and chosen method deeply which, I believe, demonstrates my commitment to context. Moreover, interviews were conducted very carefully. Participants were listened to attentively and careful attention was paid to important concepts related to chosen phenomenon. To be able to get as deep information as possible, participants were provided with a comfortable

environment such as their own homes or a psychotherapy room. It was also important to be aware of my personal influences as PI. Therefore, ethical considerations were followed very strictly and I stayed in touch with my supervisor at every stage of the study. In this manner, I gave place to many quotes from interviews and descriptions in the result section, to provide readers with the opportunity to evaluate findings and my interpretations.

The second principle defined by Yardley is commitment and rigour. Accordingly, an analysis process was carried out very carefully. Audiotapes were used during interviews to get definite information about participants' experiences. Transcriptions were read many times to increase objectivity. In addition, as Smith and Osborn (2003) state, triangulated investigators were included in the data analysis process to increase validity. In all steps of data analysis such as; finding emerging themes and forming superordinate themes, triangulated investigators such as my supervisor and peers were involved and analysis processes were carried out jointly until the research was finalised.

Yardley's third principle is transparency and coherence. To provide transparency each stage of study was explained clearly. According to feedbacks from my supervisor, each stage was reorganised to be able to submit a clear and transparent expression. Furthermore, redrafting served to provide a coherent study. Themes were reviewed many times with my supervisor to shape the study coherently.

Impact and importance is the last principle of Yardley. Empirical study on this phenomenon of anniversary reaction is very sparse and the existing research focuses on the prevalence of anniversary reactions rather than attempting to understand the mechanism of the development of the phenomenon. It is also crucial to state that all studies about the topic are quantitative. In order to deeply understand people's, change and experiences of this period, it is important to conduct qualitative research. I placed importance on understanding the participants experiences from their points of view, giving meaning to their reactions. I believe that this study can contribute to filling this gap in the current

literature on anniversary reactions. In addition it is important to state that achieving the only truth is not the main aim of this study. The aim of this study is primarily to reveal a relevant perspective on the stated phenomenon.



SECTION FOUR

RESULTS

A total of 20 themes emerged from the data analysis. Five super-ordinate themes were identified out of these 20 emerging themes. (Table 2).

Table 2: Superordinate and subordinate themes

<ol style="list-style-type: none">1. Issues related to experience of loss<ol style="list-style-type: none">A. Unexpected/Sudden deathB. Blaming others for deathC. Dreams related to lossD. Mourning process
<ol style="list-style-type: none">2. Recognizing anniversary date<ol style="list-style-type: none">A. Defining anniversary as an ordinary dayB. Trying to repress or avoid what comes with anniversaryC. Feeling of “anniversary is coming up”
<ol style="list-style-type: none">3. Changes at the time of anniversary<ol style="list-style-type: none">A. Emotional changes on trauma anniversaryB. Behavioural changes on trauma anniversaryC. Cognitive changes on trauma anniversaryD. Physical changes on trauma anniversaryE. Relational changes on trauma anniversaryF. Duration of anniversary reaction

4. Effects of sensations on anniversary reaction
 - A. How weather conditions influence anniversary reaction
 - B. How sounds influence anniversary reaction
 - C. How visuals influence anniversary reaction
5. Other times and situations as impactful as anniversary
 - A. Talking about memories, looking at the photos and personal items of the lost relative
 - B. Collective traumatic experiences
 - C. Special days such as religious festivals and birthdays
 - D. Dreams

In the results section, super-ordinate themes were handled according to how they were identified from data. Also sub-ordinate themes, which are related to super-ordinate themes and quotes from interviews, were covered to be able to discuss each theme in detail.

First super-ordinate theme, which is about how participants experience and perceive the death of their loved ones, their attitudes towards death and how they get through the grieving process, was discussed first. Then, is the interview continued with the second super-ordinate theme, which is about participants' perceptions and attitudes towards the anniversary of their loss. Moving on to the third super-ordinate theme, regarding changes in different areas of life, that people can go through while the anniversary date is coming and on the actual anniversary date. It is continued with sensations that enhance the impact of anniversary reactions and intensify the traumatic effect of loss at the anniversary date, the

fourth super-ordinate theme. Finally, other times and situations that people mark as intense as anniversary dates are explained as fifth super-ordinate theme.

4.1. ISSUES RELATED TO EXPERIENCE OF LOSS

The first super-ordinate theme, which is not directly related to the anniversary, is about the participants' perception of death and how they experience such an important life event. This theme also includes previous and later processes that participants go through related to loss of a significant other. I consider understanding people's attitudes towards the death of their loved ones important in order to be able to figure out their attitudes towards anniversary times. In addition, this super-ordinate theme shows how participants' grieving processes depend on their perception of loss and death. Thus I believe that as a first theme, experience of death, paves the way for investigating anniversary reactions.

4.1.1. Unexpected/Sudden Death

Most of the participants described their loss as unexpected and sudden. 5 participants out of 6 stated that they didn't expect to experience such a loss. Regardless of whether the person, who is lost, has a terminal illness or in intensive care; or regardless of the cause of death, people did not expect their significant ones to die. Both participants, who lost their loved ones because of a serious illness and instantaneous death defined their loss as unexpected:

"... the hospital said to us, you know, this is the way we normally do surgery with vascular congestion. They said, "Our doctors were experts in this regard, it is not a problem for us". Anyway, they did the surgery. Surgery lasted much longer than expected. It took 7-8 hours; normally it should last 4 hours. We were very hopeful about the result of the operation. At that time I realised that my mother was stressed and had been thinking of death but we did not consider it that much. We were always thinking that "She will have surgery and what should we do to help her recover after surgery". We never thought otherwise, no one even thought of it" (Mr. L) (p.13, 36).

"I remember it like yesterday. I was 22 years old. I wasn't married yet. It was the morning of the feast of Qurban Bayram. My father had gone to the eid prayer. He had a heart attack before he came to the house. He died. We were waiting for our father, so that we should celebrate the feast. We never expected such a thing. We made our preparations a day before; we had fun, feast excitement... We never expected this" (Mrs. E) (p. 2, 19).

"It turned out that the mass was cancerous; but thyroid cancer is not the kind that is usually fatal. One day, my brother started coughing and too much blood was brought-up. He was already bleeding when they found him. It was something so sudden. We didn't understand much, obviously. I strongly believed during his illness that he would certainly heal" (Mrs. N) (p.8, 18).

Following the perception of unexpected death, denial comes next for the participants in connection with it. Most of the participants didn't accept the death in the first moments, first days, even the first months of loss. They still had the hope that s/he is not dead:

"I touched her. Her body was not cold, but it was hot. I said, "Are you sure? Where there is life, there is hope. Maybe she's sleeping now." Because she was asleep, so she was not like a dead person. I don't know, as the saying goes, death didn't suit her. It really didn't" (Mrs. P) (p.11, 34).

"I still have some hope that my mother is not dead. The next day, we went to the cemetery early. When I saw my mother's grave, I lost myself. My sister was terrible, trying to scrape the soil. I was helping her to scrape. You actually cannot accept, because it is the last hope. Maybe she is living but you have done something wrong" (Mr. H) (p.8, 36).

Denial also shows itself in some life recovery fantasizes in Mr. O:

"I wonder if a person cannot be resurrected, at that time with childhood fantasies. I was thinking like this. There are Nascar car races in America. At that time, a racer suffered damage to the carotid artery. I don't know if it broke or not, but

with immediate intervention, he returned to life. Of course, when the damage is the same, after reading the news, I was thinking of whether my brother could not have been brought back to life. I asked too many questions "Was it such a difficult thing?" (Mr. O) (p. 18, 19)

4.1.2. Blaming others for death

Most of the participants (5 out of 6) have been blaming someone or something for the death. They almost have a belief that, if those blamed things could have been changed, death wouldn't have happened. All participants, who blame others for loss, actually blame medical doctors or hospitals. They have a suspicion about whether the medical doctor or hospital didn't make the necessary intervention to keep their relatives alive:

"On the last day, in the morning we went to see our mother. Blood was flowing all over. Her pillow had become reddish. I wondered if the hospital did not care, we discussed there with the staff. We thought about taking her to another hospital" (Mr. L) (p. 15, 11).

Some of them also blamed their other family members for the death. Mr. H. blamed his father for his mother's death and the restricted living conditions that his mother had to live under because of his father:

"I was mad at my father over there. I was very angry with him on the way. I thought "If you wanted, my mother would come, look, this is the conclusion." Maybe in that case, if we had taken her to another hospital in Istanbul, she would have survived" (Mr. H) (p. 8, 19).

Mrs. P blamed her husband for both not supporting her in the process of her daughter's illness and also for the loss:

"I'm so lonely. My husband didn't support me" (Mrs. P) (p. 3, 29).

One of the participants even blamed the deceased person:

“My brother went to do his military service. He froze specialist education course for 6 months. Why did he do this? Was it necessary? Was he in a hurry?” (Mr. O) (p. 8, 31)

“My brother, for example, was saying, “In the draw I took the paper which my hand touched first”.. I wish he had mixed them-up, I wish he had not taken that one. I am questioning all of these” (Mr. O) (p. 18, 8).

4.1.3. Dreams related to loss

Dreams had a very important place in the matter of death. Half of the participants talked about their dreams during interviews without even asking. Talking about dreams excited all participants, who mentioned them. Dreams were like connecting with the deceased person for them. They were talking about dreams like a means of getting news about both the future and the person they lost.

As opposed to describing death as sudden and unexpected, at the same time other participants stated that they felt as if they knew their relatives would die. This feeling was related to dreams most of the time. Mrs. P stated that she had a dream of showing the death of her daughter, before she got the news:

“I had a dream that I got news that my daughter was going to die. Then, I woke up. My daughter was standing up. She was dressed in white. You know, they always show, on TV, white dress is like that. She has brown hair, at 5-6 years old. She is giving me a flower. There is a man dressed in white with her. There is a flower. Then she shows the grave. After that, I also felt that I had tooth ache. I felt the tooth ache first; I was saying my tooth is too tiny. The dentist said that yes, it is tiny but it will always keep you in pain. Then I saw my daughter gave me flowers and showed me the tomb. I see her that way. Then I see her inside the tomb. Then I woke up” (Mrs. P) (p.11, 1).

Mr. O even stated that, he dreamed about the cause of his sibling’s death before he got news. Moreover, he said that his father and mother also dreamed that their son would die:

“I had previously dreamed that my brother was a martyr. And my mother and father saw also his death in their dreams. Of course, no one shared this with each other” (Mr. O) (p. 9, 22).

“In my dream, a thief comes into my brother's house. A thief comes in and cuts my brother's carotid artery with a knife. My brother was martyred like this in real life, by the way. The shrapnel fragment came into the carotid artery of my brother, and he died like this” (Mr. O) (p.9, 25).

Besides the pre-death process, dreams took a role in the participants' lives after death. Dreams that are seen after death functioned as a recovery process for some participants. Mrs. P dreamed her daughter as a healthy kid and breastfeed her. She stated that thanks to dreaming she was able to do, what she could not do while her daughter was alive:

“Then I dreamed about her, she was good. She was always good, so thank goodness. Once I saw her, she really seemed real. I took her from out of the grave and breast-fed her. She sucked, sucked, sucked but really seemed real. I was kissing, smelling her, and then I said I have to put you back. I woke up later. I mean, I really was relieved because of seeing her in my dream” (Mrs. P) (p.12, 5).

In addition, some participants dreamed that the lost relative warned them:

“Then one night in my dream I sat on his chair, I said I had my father here. I got up like this, the chair moved as if it were going to one side. Then suddenly there was a fog in front of the door of his room, the door was opened. I saw my dad up there, but it's very clear, as I see you. He said you are telling others that you are seeing me, that is why I'm not going to see you anymore. I haven't seen my father ever since” (Mrs. E) (p.4, 4).

“I wish she was with me. Or at least in my dream. I only did one thing once. I saw her in my dream, and she said that what I did wasn't right” (Mrs. P) (p. 16, 23).

4.1.4. Mourning process

Mourning is a multi-layered process that can be handled and experienced in many different ways. In my interviews, mourning showed up in four dimensions, which are; social support, denial, repression and statements, such as *“I was not able to grieve as I wished.”* Actually, all four dimensions are closely related to each other and social support shapes them all. People, who stated that they were not being able to grieve as they wished, also stated that they hadn’t had enough social support:

“No, I couldn't pass the mourning process the way I always wanted. I couldn't cry after my daughter passed away. If a person needs it, others should not prevent it. But my husband is not supportive at all” (Mrs. P) (p.13, 2).

“I didn't have my environment because I was here. In other words, if I was in my homeland, maybe I would give myself the target of bringing my mother's legacy to a better place. This could help me as a way of coping. But I tried to deal with it myself, alone. Of course, this has caused me to become stressful. I could not work. I had stomach problems” (Mr. L) (p. 17, 16).

Furthermore, social environment and supporting attitudes toward mourning were signed as important points by participants. Some of the participants mentioned that they’ve repressed their feelings and couldn’t grieve as they wished to not hurt their families:

“My sadness means my parents’ sadness. I couldn’t reflect my feelings to them because I didn’t want to make them sad. I just cried with my parents one or two times. So as I said I didn't grieve as I wished” (Mr. O) (p. 14, 5).

“I mean, I didn't tell anybody. If I was sorry, I didn't show it outwardly. I didn't show my feelings to my family” (Mrs. E) (p. 7, 20).

On the other hand, participants, who were supported by their environment about both emotional difficulties and grieving, felt freer to mourn:

“I'm actually living a lot more of those emotional things with other people. I mean, when I'm with my friends. In a way that the subject turns, so something is

or evokes feelings. I mean, I'm experiencing these feelings. It's not a very long lasting thing. It is like I'm feeling emotional now but it will pass. I do not have a constant feeling in a corner of my mind of being closed in, or a constant feeling of absence. I do not curse death. It's a natural thing” (Mrs. N) (p. 11, 38).

“I had friends, who are supportive. I also have my aunt, we are close. I mean, conversation with friends helped me a lot. The environment in our work is close and supportive. We go to dinner with friends, we go out together in the evening every day. I share a lot with them. I feel more comfortable with them compared to my brothers. Even when I go to my homeland, I miss this environment. I mean, they took care of me and it really helped” (Mr. H) (p.21, 8).

In addition, I have observed during interviews that denial and repression both play an important role in determining how people mourn. People, who had denied and repressed the loss more, had more difficulties in mourning. Participants, who expressed that they had kept their pain to themselves, and didn't feel free to cry or grieve, were more likely to repress or deny the process. For instance, Mrs. E stated not only did she not show her sadness to anyone, but she also couldn't remember many things during interviews about loss and said that she had many health problems:

“We had lots of health problems in my family. But I believe that all illnesses are given by Allah. I trust Allah. Even if I'm sick I am not about to die. I am not angry at life when I face with a difficulty. I don't mind, I go on with my life. For example, I have a brain tumor. When I heard it first I was choked. But then, when I left hospital, I continued my life happily, joyfully” (Mrs. E) (p.1, 27).

“I don't remember what I felt” (Mrs. E) (p.3, 5).

“I don't reflect my feelings to anyone. I do not reflect to my family even if I live some problems. You're asking me now, but I can't recall it” (Mrs. E) (p.7, 19).

Both her difficulties on recalling and illnesses made me think of repression. Likewise, Mr. O as a person stated that he was not able to mourn as he wished and also stated that he observed a rise about his anger issues since he lost his brother:

“Maybe if I had received psychological treatment, maybe now, my anger, my sudden changes of emotions...” (Mr. O) (p.13, 35).

“I was not like this. It intensified when I was in high school, towards the end of puberty. My anger, fights, conflicts with family etc. I couldn’t express my suffering because I didn’t want to upset my family” (Mr. O) (p.13, 36).

This also gives rise to thought that he repressed his feeling of sadness and displaced it with the anger. Both of these participants that I have exemplified had problems with showing their feelings and grieving freely. Accordingly, they had difficulties in mourning.

Participants, who had difficulties to mourn were also likely to describe anniversaries of loss as “nothing happens”, which I will express in the next section.

4.2. RECOGNIZING THE ANNIVERSARY DATE

All of the participants expressed that they remember and recognize the anniversary date when it comes up:

“I notice it every year when it comes. Because she passed away in January. It was too cold” (Mrs. P) (p.16, 6).

“Of course, I notice it” (Mrs. N) (p. 12, 34).

“My family gave a Mevlut (religious meeting) on the last anniversary. They are like this. I know, that is the anniversary day, I notice it” (Mr. L) (p.19, 38).

However, they disagreed on how they gave meaning to the date. Three subjects (Mrs. P, Mr. H, Mrs. N) defined anniversaries as “ordinary” or “normal” days. Even if they recognize the date, they stated, there were no differences at

anniversary days compared to other days of the year. However, these three participants differed from each other. While Mrs. P and Mr. H were claiming that anniversary times have absolutely no difference for them, Mrs. N was also mentioning that she experiences some changes, when the anniversary is approaching. She only mentioned that she spends “the day” of the anniversary like her other days. Mr. H also stated that he experiences some changes but he didn’t relate these changes with the anniversary at first. Then he started to question, whether these changes were about the anniversary. Furthermore, two other participants (Mrs. E and Mr. O) stated that something happens at anniversaries but they try to avoid things that come with the anniversary or try to not reflect on what they experience. On the other hand, three of the participants (Mr. L, Mrs. N and Mr. H) claimed that something happens on anniversaries. As I specified before, Mr. H and Mrs. N were also included in this group of people. Although Mr. H defined the anniversary as “an ordinary day” at first, he defined it differently as the interview progressed and Mrs. N also pointed out her feeling of “the anniversary is coming up”. When I asked Mrs. N and Mr. L about the anniversary, they both mentioned the feeling of “the anniversary is coming up” as soon as I asked and they were aware of that feeling.

4.2.1. Defining the anniversary day as an ordinary day

Three of the participants answered “It is just an ordinary day” or “Nothing happens” in response to the question of “How do your anniversary dates go?”:

“I don't care about the anniversary. Rather than the anniversary, I was more affected when we came together to pray or when I go to her grave. When I go home at Bayram, I know that I remember the anniversary of the death, but that day I do not feel anything extra. For example, when do I feel? When I talk about something related to my mother, when we meet at the Bayram, or when I see her in my dream. I feel a lot of pain. So apart from these, her anniversary, it does not affect me. That's what's in the family” (Mr. H) (p.22, 9).

“I mean; it is a normal day. I do not care. Yes, I feel sad but it is a normal day”
(Mrs. P) (p. 16, 22).

Mrs. N also defined that “the day” of the anniversary is ordinary, even if she experienced the feeling that the anniversary is coming. While she was saying ordinary, she was just talking about the fact that she does not make any special activities on the date that she lost her brother:

“There is no special thing for that day, as I said there isn’t something special”
(Mrs. N) (p. 14, 5).

When Mr. H and Mrs. P explained anniversary dates as “ordinary”, I asked them to put aside the anniversaries and think about the month or the season that they lost their relatives. Then, they started to talk about some changes or difficulties that they have been experiencing at that time of year:

“I feel it in that season. Something is coming” (Mr. H) (p.22, 23).

“I feel very sorry. If she were here, maybe it would be very different” (Mrs. P) (p.17, 1).

Mr. H, who did not mention about the anniversary as a possible cause of these changes, at some point of the interview, wondered if these difficulties and changes he experienced were related to the anniversary:

“May was a month that I used to love. I was glad that it would soon be the summer holiday. May is not same for me anymore. Now it is the month that I lost my mother. Actually, mostly the weather affects me. I used to like it. I don’t like it recently. Is it about my mother? Now, I wonder when you asked me about this”
(Mr. H) (p.22, 30).

It was interesting that, Mrs. P, who was defined anniversary as a normal day, mentioned her fantasies about the vitality of her daughter:

“It makes me feel relaxed to bake a cake at the time. I spend time like this. It makes me comfortable. It is a beautiful thing not an ordinary cake. It is good to give the cake vitality” (Mrs. P) (p.17, 10).

“Every year I say that my daughter has reached this age at anniversaries. She is at the same age as my cousin's children. They are alive” (Mrs. P) (p. 16, 8).

Actually while participants were talking about changes and difficulties at the month or season of anniversary, they were not thinking that the changes they were experiencing are related to trauma. Even if all of the participants stated that they had difficulties, some of them were not aware of the causes of these changes that they were passing through. For this reason, their experiences sound to me like they were struggling in problems without awareness and this makes it difficult to process trauma.

As was expressed in the previous section, this can be also related to mourning. People, who are not aware of what is happening to themselves or others, who prefer to avoid and repress the difficulties are seen as having difficulties in mourning.

In addition, it was remarkable that when questions about the anniversary were put to participants, some of them were more likely to understand it as a single day, rather than a process. Pointing out a wider time frame helped them to think about it.

4.2.2. Trying to repress or avoid what comes with the anniversary

Two of the participants did appear to recognize that they had some changes and difficulties on anniversary dates but they were tending to repress or avoid these signs:

“I try to not remember these times and not to have flashback.” (Mr. O) (p. 15, 34)

“Yes, of course. Flashbacks are coming but I try to resist them. At these times, flashbacks are so intense. I mean when I was at middle school and high school. I

was like let's go to the cemetery, let's water the grave. I was same, when it was his birthdays. Here, let's go to the grave, let's water the flowers. Actually with changes in the period my thoughts have begun to change as well. In fact I live that pain everyday. Therefore, for me, now the anniversary has no more significant impact compared to my high school years. I just think of it at the anniversaries; He would be at this age if my brother had lived, I have the same thought on his birthdays. Apart from these thoughts I'm trying not to think about it much more. I'm trying to not make flashbacks and not re-live that day. I want to do something different, at anniversary times because it is hard for me to remember. Like he was killed at half past five, we got this news at half past ten. We did not sleep all night etc. We have buried him on the 3rd of September etc. I was going back to the day he died and repeating the same things, but now I think in a different way. I try to not live these days so intensely” (Mr. O) (p. 16, 1).

Mr. O stated that he avoids remembering too much to protect himself as quoted above.

Both of the participants referred to the fact that they do not want to demoralise their family with their own pain. Here, I want to emphasize the importance of social support again and its role in mourning:

“It was hard with my mother. My mother was already very miserable. But you're trying not to show her your sadness when you see her that way. She is already very upset. She got up and went out on the balconies to cry, at nights” (Mrs. E) (p. 2, 32).

“I mean, I didn't tell anybody. If I'm sorry I cried, even though I cried, I did not show” (Mrs. E) (p.3, 1).

“We had a drink together with my cousins. For example, because of the impact of alcohol, I began to cry there, even though my cousin's friends were there. Of course, we were talking about my brother. I started to cry very intensely under the influence of alcohol. Or I cry when I'm alone, when I have such intense feelings. But other than that, I don't share my feelings with anyone. That was because of

the alcohol. I hadn't drunk, I would have kept it to myself and wouldn't cry possibly" (Mr. O) (p.14, 15).

At this point, health problems stand out. Denial, repression and somatization are also part of avoidance. Participants, who were less aware of their trauma or trying to escape it and its effects, were most likely to somatize and have serious illnesses:

"Well, we've been having a lot of sickness" (Mrs. E) (p. 1, 30).

4.2.3. Feeling of "the anniversary is coming up"

Half of the participants referred to the feeling of "something is coming". Two of the participants stated that they have some changes on anniversaries. These two participants defined it as a having the feeling of "the anniversary is coming up". People, who mentioned about "the anniversary is coming up" feeling, expressed it as something is coming while the anniversary is nearing and they feel it:

"I've noticed that, it has been once so far, now it is slowly coming back again. I do not want to talk, I don't talk. Other people also recognize it" (Mr. L) (p. 22, 13).

"I feel like I'm going to experience same things, I'm going to do the same things again. Because I live these things more inside me, I feel like they will grow in me. I realize, I feel that it's coming" (Mr. L) (p. 24, 35).

" I have been in this very emotional state in recent weeks. A friend of me said "do you realise that the anniversary of your brother's death is coming; maybe you are like this because of it". Even though his death anniversary is coming... I said maybe it is something seasonal. But my friend said "the anniversary of your brother's death is nearing, probably they are related". It might be. It is a month and a half to the anniversary of my brother's death. I'm getting worse on those anniversaries, and more intense" (Mrs. N) (p. 12, 21).

Even if Mr. H defined the anniversary as a normal day, at some point of the interview he also mentioned the feeling of “something is coming”:

“It was spring when she died. It was raining. I feel it in that season. Something is coming. It was a little rainy when she died. It was hot, but not too much. I feel a little bit upset, sad in this kind of weather. But not too much” (Mr. H) (p.22, 23).

Participants also stated that it starts a few months before the anniversary date:

“But I can't say it's decreasing on the anniversary. On the anniversary, the same things, emotional difficulties begin 1-1.5 months before” (Mrs. N) (p.16, 21).

“So my mother's anniversary actually starts on June 16th. So it starts with June 16th and by September I am really depressed” (Mr. L) (p.20, 16).

Two participants, who have this feeling of “the anniversary in coming”, described it in different ways. Both defined some changes and difficulties that they have been going through at those times. These changes will be handled in the next section.

In addition, participants that have this feeling were more aware of things that were waiting for them and were able to define them one by one. That is why; I observed that they were more ready and strong to embrace the pain compared to the other 4 participants. Therefore, it was more doable for them to stake a claim on grieving as opposed to participants that describe the anniversary times as ordinary days.

People, who had this feeling had more connections with their psychology. Mrs. N has received psychotherapy for years and had some insight about her previous and current issues. Also Mr. L tends to think about himself and was questioning his condition a lot. He mentioned many times that he had “existential questions” and thought about them a lot. In addition, he said that he had had some psychology talks with his ex-fiancée, who was a clinical psychologist. Thus, I can say that, a correlation stands out with having insight and the feeling of “the anniversary is coming out”:

“Like I said, the therapist that I went to had a very positive effect on me. One of the positive effects was that she helped me to make peace with my mother. Not make peace but seeing her point. She asked me to consider how healthy my mother was at that time. Maybe she was depressed. This sentence really helped me. I never thought of my mother’s condition” (Mrs. N) (p. 4, 7).

“With that sentence of the therapist, I started to do it for my own family. Rather than criticizing myself, I try to understand the reasons and have tried to solve my problems by understanding them. But I’ve used medication for a long time” (Mrs. N) (p. 4, 15).

“I’m a questioning person. You know, some people are stolid, or they do things with a fatalistic understanding. I cannot stop myself from thinking, unfortunately, I cannot stop myself from thinking deeply. My brain works like that, so I ask questions, I’m stuck in unanswered questions. And there are no answers, there really are none. Well, you’re always pointing at something when you dig, when you’re digging up, you have two choices to prefer. Whichever way you choose your life will be shaped according to it” (Mr. L) (p.19, 21).

4.3. CHANGES AT THE TIME OF THE ANNIVERSARY

The third super-ordinate theme is the most common theme that contains all of the six participants in terms of understanding the anniversary reaction. The main concern of this study is to understand what kind of processes people are going through on the anniversaries of their loved ones. What are they experiencing? Are they experiencing any change in this period? How do they feel? How do they think? How do they behave and relate to others? How is their physical health? Are these different from other times of the year? Do they re-traumatize themselves consciously or on an unconscious level? Are people aware of changes, if they exist? And if these happen, how long does it take? In this section, answers to these questions will be given.

All of the participants had experienced some changes at the time of the anniversaries. Changes occur in 5 areas, which are; emotional, cognitive,

behavioural, physical and relational areas. Some participants experience changes in all areas that are mentioned; but, some of them experience only a few. People often have negative references to these changes as “difficulties” or “changes in a bad way”. Furthermore, even if the changes are in the same areas, there are differences in the way they experience it.

While some of the participants relate these changes to the anniversary, others don't. However, even if they do not relate these changes to the anniversary, they all state that they experience some changes at that time. Also its duration varies from person to person.

4.3.1. Emotional changes on trauma anniversary

This sub-ordinate theme contains one of the most common changes among participants, at the time of the trauma anniversary. All 6 participants defined that they have some changes in their effect at that time of the year:

“I feel it, I feel sorry. I feel so sorry. If she was alive, it would be different. You know, maybe I'd take her to school, do homework with her, go to a theatre that she would love or a cinema or a park. It was going to be different. Because my my neighbours had children at the same age. You know, I don't want to compare. I'm sometime just saying if only, but unfortunately it doesn't happen with if only” (Mrs. P) (p.17, 1).

“Not before that day. But that day I feel much gloomier. You know, the thought of he died today” (Mrs. E) (p. 7, 8).

“In that season, I can say that I become more emotional or melancholic. But not too much” (Mr. H) (p.22, 26).

“Yeah, well, not happy. Unhappy, tense, stressed. I feel like I've lost my route. Don't know what to do. You know, there aren't any targets. I go where life leads me to. Now go to what you've got, go where the wind blows you. I have no targets or goals. The goals are how I can help my family a little more, how I want to relieve some more burdens, so I want to go” (Mr. L) (p.22, 3).

“8 years ago, I lost my father and lost my brother 3 years ago. For example, my father's loss didn't cause much trauma, but the loss of my brother created a lot of things. But the first months of the loss, it was such an acceptable thing or it was easy to understand. You know, it was very normal or it was something like that. But then, the emotions that I thought I was aware of them but probably repressed at first, intensified. It was probably because of repression that in a certain period of time, they intensified and I had a very intense crying crises, I have lived such things. Now I'm close to the anniversary and experiencing the same emotional state. I mean, about a half a year later, something like my brother's anniversary. I don't know what else I'm going to tell you about” (Mrs. N) (p.2, 2).

Even if all participants experience the same mood change effects, it differed from person to person in the manner of experiencing and its intensity. While some of them defined it as stagnation, excitement, loss, sadness, sensuality and pessimism:

“I used to close myself home at first, but not later. At first, I'd be very pessimistic, like I wish she would live. It's like a little earlier. You know, like that. I don't know, it's somehow different” (Mrs. P) (p.18, 3).

Others defined it as anger, impatience, stress, tension, crying crises, emotional tides, intensifying emotions:

“Yeah, it's stressful and nervous” (Mr. L) (p.23, 6).

“You know, when you try to remember the birthday of a friend, your best friend, you always remember it. So these days are like that for me. So in general it is so painful and something hard. You know, that distraction, anger, impatience” (Mrs. N) (p.15, 13).

“And especially in this cemetery it is much stronger. I think things like: what if he hadn't died? why were we chosen? was my brother too good for this worl?, was it was necessary to experience this? There I experience it more intensely. Like this. Of course you look at the other soldiers and other martyrs. Edirnekapi Martyrs Cemetery is a very tidy place. It's not like a regular graveyard. I don't know if

you've been there before or you haven't. Its a much tidier place. As a matter of fact, they all have a different story, there are different coincidences, there are different things, there is a little somehow, sometimes you are angry with the state, with the PKK. If we didn't live in this country, would it be better? Should my brother have escaped from military service? My brother graduated from university and froze his Wise Man education for 6 months. Why did he freeze it for 6 months, was it necessary? Was he in a hurry? If it were today I would say to my brother, don't go but I had no chance of interfering then. I couldn't understand, I couldn't know” (Mr. O) (p.17, 27).

Mr. H also stated that he had been experiencing the same feelings as the day he lost his mother.

Furthermore, most of the participants stated that there are times, they felt in the same way; but they were much more intense on the anniversaries:

“Maybe I experience it a little bit worse for my brother’s loss on anniversaries but other than that, I also get very bad from time to time” (Mrs. N) (p. 1, 45).

“So it's more intense, I mean, more often. For example, if it comes to my mind once in a month in a normal time, comes my mind every day in anniversary periods” (Mrs. N) (p.12, 38).

Looking at photos and thinking about memories were also included in the change effect process for some participants:

“When I look at his photo, on that day, I look at his photo, because it is the anniversary. Then, I cry, cry” (Mrs. E) (p.7, 11).

4.3.2. Behavioural changes on the trauma anniversary

The other most common sub-ordinate theme, which was seen in all 6 participants, was changes in behaviours on the trauma anniversary. First off all, the rituals performed at the anniversary as a behavioural change are seen in all 5 participants. Regardless of whether people are religious or not, all participants had been

performing some kinds of rituals on anniversaries. All rituals harbour remembrance in them. Usually rituals were carried out within a community such as; reading Quran with friends or family, organizing a breakfast with work friends, sharing photos at social media:

“I never forget. If I don't get it on May 21, I will have a reading of the Quran a week before or a week later. I already read Quran for him every Thursday night. I organise the Quran to be read in my house on every anniversary for my father” (Mrs. E) (p.7, 3).

“You know, I invite all my neighbours to my home and read Quran with them every year” (Mrs. E) (p.8, 27).

“In other words, because I was not a faithful person, I don't do something such as Mevlut or something. I'm not creating an environment to share. But I'm doing something, for example, I'm not a faithful person, but it's an occasion maybe. I prepare breakfast for colleagues in my school. My brother was a religious man. I mean, it's not because of his beliefs, but actually what I do to have a memorial for him, frankly. I'm sharing a thing with people. I mean, I don't tell everyone that it is my brother's anniversary, we have an assistant that I organize it together with in our school, he tells everyone. Everybody prays for him if they want to, so I'm doing something like that. I'm not doing anything very special. I'm not telling anyone; I don't share it on the anniversary of my brother's death” (Mrs. N) (p.14, 13).

“Of course here again, I repost social media posts and change my profile picture in accordance with the day. I have some things that I do” (Mr. O) (p.16, 37).

However, some preferred to be alone, while performing rituals:

“Making a cake. It makes me feel relaxed to make cake at the time. I spend time like this. It makes me comfortable” (Mrs. P) (p.17, 8).

“So my brothers and sisters, etc., when the anniversary is coming, their ways of coping on anniversaries like, let's do Mevlut, or some charity work for mother, or

let's visit her grave etc. They handle it that way; I am not like that. I feel so internally; I mean I live it inside. Or I know in my heart. I know she loved me, and I loved her. You know, I read Quran for her on anniversaries again. Sometimes, you know I mentioned about existential inquiries, I even read it for her even though I do not feel like doing it. I doubt myself, but I read it for her, I'll read again on her anniversary. So my coping path is usually internal. I put them in, my own inquiries, my questions, my answers, what I can do, what I can't do. I do not have another way” (Mr. L) (p.25, 12).

Another two of the participants stated that, although they had been performing some rituals before, they decided to remove these from anniversary. These lapsed rituals include; grave visit, watering grave or watering flowers. They all related to grave and they mentioned the grave as only a “symbol”. So they both mentioned about an inner remembrance of a lost relative. It was not only for decreasing pain, it was also to spread the memory all year round:

“When I went to my hometown, I visited my mother's grave twice or three times. I don't want to go there too much anymore. In early times I used to want to visit her grave frequently, so it was like you know it was kind of a new house of her. As if she does not feel alone in that house, feel foreign, feel like supporting her. I say so, I would make an analogy like that. I always wanted to visit more. I felt safe and happy when I went there. Not happy but safe. It's like I was going to her to take advice. Actually, there's no such thing, but it is a feeling. So I don't really mean it. In time, this has also reduced but not completely disappeared because I still miss to visit her grave. But in time, it has diminished. Because you're leaving, you know, there's nothing more than a pile of stones. So my thoughts evolved into more like doing more concrete things for her. I said, my sister, my brothers, they do concrete things for their anniversary. Charities, grave visit etc. etc. This way they feel what they were doing, send her a message. It's not like that for me, it's more internal for me” (Mr. L) (p.25, 20).

“I was thinking many things, I was going back and repeating the same things. But today I'm actually trying to distribute the pain that I'm actually trying to spread it over more days. Well, I'm not trying to live that day so intensely. The cemetery has become a little more symbolic for me. So the body is not important anymore, the important thing is the soul. I do not need to go there too much to commemorate his body in such a way, either in anniversaries or in normal times. I have photos of him, his computer, there is a special room in my mom's house for his clothes, I have his computer correspondence” (Mr. O) (p. 16, 14).

“Especially the anniversary was very different for me, so it was different than now, but I am trying to not attribute a special meaning to that day. Maybe I'm trying to repress it, but I'm trying not to put too much extra meaning in that day” (Mr. O) (p. 16, 25).

Furthermore, there were two different reactions to anniversaries in behavioural domain. While some of the participants were decreasing their activities during this period and switching to a more tranquil life, even staying home all the time; some of them were increasing their activities and throwing themselves out. Going outside was a way of getting away from pain for a participant, who was engaging in different activities to stop thinking about it:

“At that time, I was getting calm. I was slowing down. Well, I was just a little bit less interested in my relationships. I was closing in on me a little more. I was trying not to do too many things. So an activity, etc. there may be something that I felt like doing, however my brother was killed 10 years ago, the thought of was I going to do that on that day my brother got killed. That's why I was trying to be a little quieter in those days” (Mr. O) (p.19, 3).

“I used to close myself home at first, but not later. At first, I'd be very pessimistic, like I would wish she was alive. It's like a little earlier. You know, like that. I don't know, it's somehow different” (Mrs. P) (p.18, 3).

“I can't stay home, I mean, I cannot stay at home. You know, I don't want to stay alone, regardless of the weather, I go outside. Home bothers me. But I also do not

talk about that issue. I mean, I don't talk about it. In fact, I go out, do things, sometimes even when friends want to leave early, when they want to go home, I think of something that I go home and do what? Then, I start to insist on staying outside a little more. Normally, I am not a kind of person, who insists. But then I realize that if I go home, what am I going to do? Then I start to say come and sit as we do, let's come and do this too. But what I'm saying is, what I am looking for is not funny things. Because entertainment hurts me at that times. I cannot even do normal things such as cooking. I can't even do the usual thing. What I do the most there is to chat, take a walk. That's what I do now. I want to walk away from home like that. This summer, I almost never cooked at home. But this is not connected with it, it may be related to other circumstances” (Mr. L) (p. 26, 11).

“I'm sitting outside with friends, but I'm not talking about it. They don't realize, it is the anniversary. So I walk, I walk more. You know, this is usually one of my ways of coping. I go for a long walk and I try to put myself on the bed as very exhausted. You know, it is like to shut off my brain from thinking constantly” (Mr. L) (p. 23, 1).

Another differential change during this period was checking the calendar and clock. Its aim was explained as checking how long has it been to “that day”. Participants also stated that they were reviving in their heads what they were doing each hour in that day. Participants said that remembering that much detail did not feel good at all:

“I mean, I don't look at things like the date or calendar normally. But in the mourning months now, I'm looking at something like now, what day is today? What were we doing today, where were we 2 years ago? Were we in Izmir or Istanbul? What we were doing? Was my mother in surgery? etc. because I look at the calendar. Normally I don't look much at the calendar. I don't care how long months or weeks pass. But at that time, I become careful. It happens without being conscious. So I do not look at it especially like a robot. With improvisation, it's pushing you to do it, your emotions push you to do it” (Mr. L) (p.25, 6).

Some of the behavioural changes were also related to changes in cognitive functions. People, who experienced cognitive changes, were coping with them by changing their behaviours, which will be explained in next session:

“I just think of it at the anniversaries; He would be at this age if my brother had lived, or on birthdays. I'm trying not to think much of anything except his age. I'm trying to not make flashbacks and not live that day. Because I want to do something a little bit different. Because I had a lot of hard times in the early days, I was thinking like at five and a half this year we got this news. He was killed at half past five, we got this news at half past ten. We did not sleep that night, I did not know, we have buried him on 3rd of September etc. I was thinking many things, I was going back and repeating the same things. But today I'm actually trying to distribute the pain that I'm actually trying to spread it over more days” (Mr. O) (p.16, 1).

4.3.3. Cognitive changes on trauma anniversary

Changes in cognitive functions on anniversaries are a common sub-theme for five participants. These changes have occurred in different ways for each person just like other sub-themes. The most common change was flashbacks, which were seen in three participants. People defined flashbacks as “intense recalls”, “anomalous remembering”, “feeling like reliving the same things”, “revitalization of happenings punctually” and “feeling the brain does not shut down”:

“I mean, even if I don't think of her at that moment in my conscious, I feel that I'm thinking about her unconsciously. So I can't work, I'm bored, I want to sleep. Even when you sleep, your brain doesn't stop. You want to run, but you can't escape. There is such a situation on the anniversaries” (Mr. L) (p.21, 33).

“I mean, other than my normal everyday life or anomalous remembering of my brother, I don't have many different things. I was not like: third of September is coming, we have to do this, we need to do something with my family. I do not get a thought like these” (Mr. O) (p.18, 28).

Also some participants, who didn't state that they had flashbacks on anniversaries, had flashbacks during interviews while they were talking about the anniversary:

"I cannot say a lot of things. Actually now, it is passing like a storyboard in front of my eyes when my father died. The moment he died came to my mind, actually. We were waiting for my father to come, so we could celebrate. My brother was there first. The grocery store's wife said that something happened to my father. That's how I went down, what I did, how I'm not aware of my head at all. I don't know how I landed. I don't know how I went down the stairs to the garden. I came to see my father there. (Mrs. E) (p. 8, 2)

Most of the participants that had flashbacks (2 out of 3) stated that it was an effort to avoid it:

"I'm trying to not make flashbacks and not live that day. Because I want to do something a little bit different. I'm actually trying to distribute the pain that I'm actually trying to spread it over more days" (Mr. O) (p.16, 9).

"So I walk, I walk more. You know, this is usually one of my ways of coping. I go for a long walk and I try to put myself to bed as very exhausted. You know, it is like to shut off my brain from thinking constantly" (Mr. L) (p. 23, 2).

However, Mr. L described a feeling that is "not being able to escape":

"I mean, even if I don't think of her at that moment in my conscious, I feel that I'm thinking about her unconsciously. So I can't work, I'm bored, I want to sleep. Even when you sleep, your brain doesn't stop. You want to run, but you can't escape. There is such a situation on the anniversaries" (Mr. L) (p.21, 33).

Other cognitive changes that are defined by participants are; drowsiness, messy mind, dirty mind, lethargic mind, decreased desire for work, impassivity, somnolence, feeling lost, feeling like a ghost and experiencing concentration problems:

“I'm allergic to house dust, but I'm also affected by moisture. Humidity affects me a lot. It's as if I have a weakness, a fatigue, sometimes sleeping problems. You're sleepy, but you're sleepless. Such an emotionless, insensitivity. It's like your mind isn't cleaned, you always feel numb. If you're going to do something like this, you're going to sleep in a place like this, in a drier place, maybe because the doctor said, supposing that your mind will recover. So your mind is always scattered” (Mr. H) (p. 25, 15).

“I mean, I don't care about work too much anymore. Actually, in summer, you have to think about academic work while students leave school. You know, you are academics, it's time to do more things like reading books. I don't think so much like this anymore or I really don't get into such a little excitement. It's as normal as if nothing. Actually, I noticed this, is that it brought me extra excitement. That month, spring. So schools will end, students leave, school will be empty, will be more relaxed. Both academic and worklife. There are no instructors. It doesn't bring me such excitement as before” (Mr. H) (p. 23, 3).

“So I become more pensive. More pensive. I can't concentrate on my work. I mean, even if I don't think of her at that moment in my conscious, I feel that I'm thinking about her unconsciously. So I can't work, I'm bored, I want to sleep. Even when you sleep, you sleep, but your brain doesn't stop. You want to run, you can't escape. There is such a situation on the anniversary” (Mr. L) (p. 21, 33).

“Yeah, well, not happy. Unhappy, tense, stressed. I feel like I've lost my route. I don't know what to do. You know, there aren't any targets. I go where life leads me to. Now go to what you've got, go where the wind blows you. I have no targets or goals. The goals are how I can help my family a little more, how I want to relieve some more burdens, so I want to go” (Mr. L) (p.22, 3).

“So I remember when I felt like a ghost walking around. I did not know what to do, I could not make a decision, so I was in such a position” (Mr. L) (p. 23, 24).

Furthermore, some participants have said that they have settled accounts and made some calculations on anniversaries:

“So last anniversary, my sister's situation was a little sad. My two sisters. One of my sister's state of health is getting worse and worse, so every anniversary reminds you of these, so it makes you think about these as much as you think your mother. It's been a year, a year ago, how was my sister's health, how is she now? You're looking at it. Inevitably, it is a natural process, but the mother's death has accelerated her and you associate it with her. I'm looking at my older sister, a year ago she was psychologically better, now I've come from my hometown, she is worse. She is bored, diminished tolerance, says that there is always an emptiness in her, she cannot sleep, when she sleep she has bad dreams, etc. Each year actually leads to an account with your family. That accounting is how you managed that legacy so far. When you make that accounting, you see it, you see the result. Of course you're bored. 2 years passed if I had good news about my sisters in those two years, it would be different. For example, 2 of them got married after 2 years. I mean, it wouldn't be like this if it had been normal life there. If they had a normal life, so you didn't have these inquiries, so you wouldn't go into questioning. Of course, you did miss your mother, you could live your existential problems again, but otherwise would not be so much of a burden. You wouldn't have thoughts about the problematic inheritance, so you wouldn't have to think” (Mr. L) (p.24, 6).

“Every year I say that my daughter has reached this age at anniversaries. She at is the same age as my cousin's children. They live” (Mrs. P) (p. 16, 8).

“I just think of it at the anniversaries; He would be at this age if my brother had lived, or I thought the same way on his birthdays. I'm trying not to think much of anything else except this. I'm trying to not make flashbacks and not live that day” (Mr. O) (p.16, 7).

4.3.4. Physical changes on trauma anniversary

Physical changes, on the anniversary, was a common sub-theme for 3 of the participants. Mostly it exhibits itself in people as physical illnesses but sometimes

as serious accidents. When the change is a physical illness, people were less likely to relate it with the anniversary.

Illnesses, which were corresponding to the anniversary were referred by participants as; stomach upset such as heartburn, brain tumors, spring allergies and fatigue. Participants also mentioned problems with sleep and appetite. However, most of the participants (2 out of 3) that had experienced physical changes at those times did not relate it to the anniversary. They just explained their illnesses as coincidental.

Mrs. E, who has a brain tumor, discovered that she had a tumor, at the time of the anniversary of her father's death, as she had been going to the doctor for a check-up every year around that time. Her husband also had a serious occupational accident and risked losing his legs a month before the anniversary with the surgery in the anniversary month. Even if she didn't associate to anniversary, it may be related:

"My illnesses came in May. I wonder that's why I may have forgotten the anniversary this year. It was like I'm going to get MRI, I'm going to do something. Well, I had a tumor on my head" (Mrs. E) (p. 9, 23).

"I don't remember the month of 2016. Then here is 2017. I'm trying to remember. That's when I received the radiotherapy, in May. I remember it was May 18th. I had the Gamalife treatment. They did it 8 times a day. After 2-3 days, we immediately started radiotherapy. We did it. We had control over 3 months, 6 months, 9 months. He said, come here again in May, I had MRI for control. I wonder if I forgot the anniversary because of it. Maybe it was because of that" (Mrs. E) (p. 10, 2).

"My husband had an accident at work. I guess that was in April. He has had 3 major surgeries following the accident. First was in May, then in January. He had another operation in 2018, and I think it was in February. We manufacture rack, steel rack. Such a roll, what they call it. 400 kg of iron roll was knocked down on his leg. His vein was severed when it rolled over. We had a lot of difficulties in the

first surgery. We went to many different hospitals and they almost amputated his foot. That was so bad. So we've been through a lot of bad things. So we've had 3 surgeries from then on. It was 2012. Then a few years later, he had another operation in February 2018” (Mrs. E) (p. 10, 11).

It was also interesting that she used the words of remembering and forgetting during interviews very often. Also she stated that she had got her brain locked up and she has such a serious disease with her brain, which is a tumor:

“When you ask like this, nothing comes to mind” (Mrs. E) (p. 1, 17).

“Yeah yeah. I must have forgotten, I never remembered. I can't even remember my wedding anniversary. I didn't remember this year” (Mrs. E) (p. 9, 8).

“Maybe I will remember later, what you're asking me. I cannot think, I've got my brain locked up” (Mrs. E) (p.7, 21).

Moreover, while she was talking about anniversaries, she remembered that she had missed making a mevlut organization on her father's last anniversary and at first couldn't remember the reason. Then, she remained fixed on this issue and tried to remember why she forgot. Then she remembered that she had a control for her brain tumor at the anniversary time of her father's death:

“Why didn't I invite people that day? I was thinking of it and I can't remember. I do not remember. Here I cannot remember trying to remember this May. What happened in May? I didn't get what it was. I am thinking but cannot remember” (Mrs. E) (p.8, 31).

“What was it? Did I forget it? Was it because I was busy? I can't remember anything. I remember when I told my neighbour, I was going to have a Quran reading in May, I told my neighbours from the next building. But I can't remember why. I remember the place, I know I talked about it. But why didn't I do anything? Possibly I forgot that it was May 21? I do not remember” (Mrs. E) (p. 9, 3).

On the contrary, one of these two participants started to question, whether it is related to the anniversary at one point. He also mentioned that, even if he had spring allergies before, it had intensified in the last 3 years, which means since his mother's death. Spring had a critical importance for this participant. For the participant, who spent his school years far away from the family; the spring months aroused excitement to him as a representation of reunion with his mother. Ironically, the spring month was also the month he lost his mother:

"I become lethargic. I feel very weak probably because of my hay fever. The weather becomes more humid in May or April, with the spring" (Mr. H) (p. 25, 6).

"My allergy wasn't that intense before. It has increased more recently. I mean, my mother, for example, I felt the effect of it a year before she passed away, but after my mother's death, it increased more and more. It has also recently increased more. It's increasing more in spring" (Mr. H) (p. 25, 9).

"I'm allergic to house dust, but I'm also affected by moisture. Humidity affects me a lot. I feel a weakness, a fatigue, sometimes have sleeping problems. You're sleepy, but you can't sleep. Such a heavy headedness. It's like your mind isn't cleaned, you always feel numb. If you're going to do something like this, you're going to sleep in a place like this, in a drier place, maybe because the doctor said, hoping that your mind will recover. So your mind is always unfocused" (Mr. H) (p. 25, 16).

"May was a month that I used to love. I would be glad that it would be the summer holiday soon. May is not same for me anymore. It is the month that I lost my mother now. Actually, mostly the weather affects me. I used to like it. I don't like it now. Is it about my mother? Now, I wonder when you asked me about this" (Mr. H) (p.22, 30).

The remaining participant Mr. L, who also experienced physical changes on anniversaries mentioned that those physical changes he was experiencing, such as stomach upset and problems with appetite, were related to the anniversary:

“It's not headaches, but I have problems with my stomach, I feel more stressed in those times, then I have a stomach upset and indigestion like symptoms. I've been eating less without being aware of it. Or eat the food for the sake of filling my stomach, I do not really know what I eat. You know, I don't have the taste of it anyway. I'm eating something. At that time, I have no desire to do something for myself either” (Mr. L) (p. 22, 25)

4.3.5. Relational changes on trauma anniversary

Relational changes on the trauma anniversary were another sub-theme that was common for all 5 participants. There were two kinds of changes about relations, which were divergence and convergence. While some participants prefer to stay alone, the others choose to be with people. However some of them had both.

Two participants stated that they isolated themselves from society and didn't want to interact with others. Mrs. P even said that she didn't want anyone to be happy:

“I used to close myself up at home at first, but not later” (Mrs. P) (p.18, 3)

“I don't know, maybe. Actually, maybe you can look for malice here. If I am not happy, I don't want other people to be happy” (Mrs. P) (p. 18, 16).

“Well, I was just a little bit less interested in my relationships. I was closing in a little more. I've been trying not to do things too much. So an activity, etc.” (Mr. O) (p.19, 3).

However, even if Mr. O isolates himself from the environment and does not prefer face-to-face interaction, he prefers to share it with people through online platforms such as social media:

“Of course here again, I repost social media posts and change my profile picture in accordance with that day. I have some things that I do” (Mr. O) (p.16, 37).

On the other hand, the remaining three participants prefer to be with other people. In addition, this changes in itself. Some of them were doing things related to loss while they united people, but some were not. For example, Mrs. E does something

related to loss when she unites with people on anniversaries. She gathers all the neighbours together and reads the Quran for her dad:

“I have a Quran reading in my house on every anniversary of my father’s death” (Mrs. E) (p.7, 4).

“You know, I invite all my neighbours to my home and read Quran with them every year” (Mrs. E) (p.8, 27).

In addition, Mrs. N stated that she shares her pain with her friends. In a similar manner to Mrs. E, she also gathers her colleagues and prepares a breakfast for them every year on anniversaries:

“I’m actually living a lot more of those emotional things with others. I mean, when I’m with my friends” (Mrs. N) (p. 11, 38).

“I mean, it’s not because of his beliefs, but actually what I do to memorialize him, frankly. I’m sharing a thing with people. I mean, I don’t tell everyone that it is my brother’s (death) anniversary, we have an assistant with whom I organize it together, in our school, he tells everyone. Everybody prays for my brother if they want to, so I’m doing something like that” (Mrs. N) (p.14, 17).

When we look at Mr. L and Mrs. N, there were some commonalities and differences about their relational changes. Both were showing either isolation or intimacy in their relations. They both stated that they didn’t want to talk to their family members on anniversaries:

“Actually, the most obvious thing is that I don’t want to talk to my mother about my brother” (Mrs. N) (p.16, 1).

“As I said, I don’t talk to my mother about it. Also, I speak rarely with my husband about my brother at home” (Mrs. N) (p. 13, 11).

“My family held a Mevlut on the last anniversary. This is their way. I know, that is the anniversary day, I notice it. I didn’t call the house. So I didn’t call, I couldn’t call, I couldn’t call home, I didn’t. After 2 or 3 days they called me. Of course, the

thing in their minds was that 'he forgot the anniversary, he didn't call, he's already gone, we're already dealing with so much trouble, he's disobedient to his mother' or something. However, I am aware, I did not forget, I did not" (Mr. L) (p.19, 38).

On the other hand, they preferred to have other people around at that time. However, it was serving different aims for both. While Mrs. N unites with friends to share her pain and mourn, Mr. L unites with friends to not think about his mother and not to stay alone:

"I'm sitting outside with friends, but I'm not talking about it. They don't realize, it is the anniversary. So I walk, I walk more. You know, this is usually one of my ways of coping. I go for a long walk and I try to go to bed exhausted. You know, it is like to shut off my brain from thinking constantly" (Mr. L) (p. 23, 1).

It was also important to state that, Mr. L had an emotional break up on the first anniversary of his mother's death. He broke up with his fiancée and stated that it could be related to the anniversary:

"There is, of course. There is absolutely (a connection). When it was the first anniversary, I brokeup with her. We have not yet passed the acceptance process, while having a problematic inheritance, while not knowing how to manage it, while you have suspicions about their behaviors. Because at that time, you would be more protective of your own family. And their wishes etc. Now, maybe it's normal, but it wasn't normal at that time. It may be related to it because my family give importance to complete an anniversary as they get closer in that process. We are culturally like that. If a wedding to be done, its near the anniversary, it must pass. For example, my uncle's daughter was engaged, but she was not married. She married after my mother's anniversary. It was a problem that my girlfriend's family didn't respect, while my cousin obeyed our anniversary. The anniversary is so important. This caused the problem. I don't see how I don't respect it as her son, while other's respect" (Mr. L) (p. 24, 9).

“It must have done. So I remember when I felt like a ghost walking around. I did not know what to do, I could not make a decision, so I was in such a position. I think my decision was not a right decision. But that anniversary has made me take this decision” (Mr. L) (p. 23, 24).

4.3.6. Duration of anniversary reaction

After explaining what changes the participants have experienced, it is also important to state how long it takes. I mentioned about the feeling of “anniversary is coming up” in the second super-ordinate theme, which is recognizing the anniversary date. In this super-ordinate theme, I handled the duration of this feeling according to each participant, who stated that they were experiencing it. However, as was explained in the third super-ordinate theme, even if people didn’t have such a feeling, they all had been experiencing some changes during anniversary periods. Even if all 6 participants experienced it, the duration of the anniversary reaction changed from person to person.

Mrs. N stated that these changes start 1,5 to 2 months before the anniversary:

“1,5 to 2 months ago. So obviously, it's getting more and more intense until that day” (Mrs. N) (p. 13, 1).

Mrs. E and Mr. O started to experience those changes 1 month before the anniversary. Also Mr. O, who lost his brother in September, stated that he recognizes it in August and experiences some changes. He stated that it especially intensifies in the anniversary week:

“Yes of course, especially in August” (Mr. O) (p. 18, 27).

“They're not only on the anniversary, but you remember more on the anniversary. So this is not something happening every day, but something was certainly happening that day. It is more intense that day we received the news and the day we buried him. On 1st, 2nd and 3rd September, a little bit more that week” (Mr. O) (p. 16, 37).

"1 week. 4 days 5 days 1 week. First week of September" (Mr. O) (p. 19, 9).

"I said, "I become sad on May." I don't feel that much sad about it a month later, or two months later, when I think of my father. But May is a little different" (Mrs. E) (p. 7, 31).

Mr. L said that his anniversary reaction starts with the beginning of his mother's disease process, which covers almost 4 months:

"So my mother's anniversary actually starts on June 16th. I mean, when she first came to Izmir. When I looked back at the moment on June 16, they came from our homeland to Izmir. My brother was a teacher there. So I've was on my way here on June 15th. We arrived in Izmir on the morning of June 16th, almost at the same time. I always remember that on 16th of June. They were at home, so I went home in the morning. I traveled that night to Izmir. It was morning. I went, I knocked on the door, and my mother heard my voice. I remember her smile when she opened the door immediately. I don't forget her smile. I always remember. She wasn't expecting that I would come. I went for the weekend, for 2 days. But I didn't trust my brothers about handling her treatment process. I went to the doctors I arranged the appointments, and the process was longer and longer. We couldn't find a donor, we tried so hard to find a donor. I stayed there, till the end. So it starts with June 16th and I'm getting quite fed-up by September" (Mr. L) (p.20, 16).

Also some participants referred to the seasonal change. They stated that they were experiencing changes during all seasons that they lost their loved ones:

"Only that season, I become unpleasant. I mean, it's something I don't really think about" (Mr. H) (p. 23, 15).

"I mean; it includes all summer" (Mr. L) (p. 20, 34).

4.4. EFFECTS OF SENSATIONS ON ANNIVERSARY REACTION

Sensations were also one of the most determinative super-ordinate themes to be able to explain anniversary reactions. It was common for half of the participants. While participants were talking about their trauma anniversary during interviews, most of them started to remember and talk about the sensations that they have experienced at the time of traumatic experiences such as; getting the news of the death or the moment of burial. Weather conditions, visuals or sounds were remembered by participants, while talking about the anniversary. They also stated that these sensations have a dual effect. First of all, sensations function as a reminder of the anniversary. For example, changes in the weather conditions can remind them of their loss. Secondly, sensations, which are related to the anniversary become more vivid and annoying on anniversary times. For example, while a sound, which is related to the anniversary, is less annoying at other times, it becomes insufferable at anniversary times. On the other hand, sensations as reminders were desirable for some. Sensations were perceived as signs of a connection with the lost relative, even if it is painful.

4.4.1. How weather conditions influence the anniversary reaction

Weather conditions or seasonal changes have an important effect on the anniversary reaction for most of the participants (4 out of 6). The arrival of the season of their loved one's death or the weather that is similar to the day of the loss, awaken some issues related to trauma and loss. The change of weather reminds most of the participants of the loss of their loved ones:

“Because she passed away in January. It was too cold. When we went to the grave, everyone was freezing like ice. We were trembling. The snow wasn't there yet, it was cold, like the top of a mountain” (Mrs. P) (p. 16, 7).

“It was spring when she died. It was raining. I feel it in that season. Something is coming. it was a little rainy when she died. It was hot, but not too much. I feel a little bit upset, sad on this kind of weather. But not too much” (Mr. H) (p. 22, 23).

“I mean; it includes all summer” (Mr. L) (p. 20, 34).

Even if some participants are not aware of it or state that they don't place a big importance on anniversary times, they experience some changes with the arrival of the season of death. As I mentioned before, when I asked participants, who defined anniversaries as ordinary days to put aside the anniversaries and think about the month or the season that they lost their relatives, they started to talk about some changes or difficulties that they get through in the season of the anniversary. Some of them described these changes as seasonal, while others described them as related to the anniversary:

"Then I was in this very emotional state in the last weeks. A friend of mine told me that your brother's anniversary was coming; maybe you are like this because of it. While his death anniversary was coming... I said maybe it is something seasonal. But my friend said that the anniversary of your brother's death is nearing, probably they are related. It might be. It is the anniversary of my brother's death after a month and a half. I'm getting worse on those anniversaries, and become more intense" (Mrs. N) (p. 12, 21).

"I become weak. (I feel) a lot of weakness is coming. It is because I'm allergic. The city I live in becomes more humid in May or April, with the spring" (Mr. H) (p. 25, 6).

"Allergy wasn't that much intense before. It has increased more recently. I mean, my mother, for example, I felt the effect of it a year before she passed away, but after my mother's death, it increased more and more. It has also recently increased more. It's increasing more in spring" (Mr. H) (p. 25, 9).

The season of loss was critically important for Mr. H. He lost his mother in May, so in spring. For the participant, who spent his school years far away from the family; the spring months had a meaning of reunion with mother and aroused excitement in him. However, he stated that spring makes him feel depressed rather than elated since his mother's death. On the one hand because he had lots of difficulties in the spring, he identified these difficulties as "spring allergies":

“May was a month that I used to love. I would be glad that the summer holiday is coming. May is not the same for me anymore. It is the month that I lost my mother now. Actually, mostly the weather affects me. I used to like it. I don't like it now. Is it about my mother? Now, I wonder when you asked me about this” (Mr. H) (p.22, 30).

As I mentioned before, some participants desire the reminders of loss on anniversaries. Mrs. P, who lost her daughter during the winter season and buried her in the rainy weather; said that she wanted the weather to be cold, closed and rainy on anniversaries just like the day she lost her daughter:

“Back then, I was crying. As I said, I was wishing that weather became dark, raining, lightning, I was always saying these things. Let me get wet in the rain, my husband leaves me alone” (Mrs. P) (p. 18, 32).

4.4.2. How sounds influence anniversary reaction

Effects of sounds were pointed out by one participant, Mr. L. He said that the evening azan was recited at the time of the news of the death and stated that it was very uncomfortable to hear the azan of the evening. He said that it was uncomfortable all the time and reminded him of his mother. However, when the anniversary season came up, the sound of the evening azan became insufferably annoying for him:

“That day, it was afternoon, it was near noon, when we saw her that way. After that, it was Saturday and I remember that we buried her on October 16th, when she passed away on the 15th. I remember the 15th evening that the azan was being called when they told us that she died” (Mr. L) (p. 15, 18).

“I feel the tension when I hear it. You know the tension that I think of my mother's condition. I want to be over it soon, you know, that call of the azan” (Mr. L) (p.21, 27).

4.4.3. How visuals influence anniversary reaction

Visuals were also in the senses category that have an effect on anniversaries. It was defined by Mrs. P. As mentioned before, she lost her daughter during the winter season and cloudy weather. She defined the day as dark and rainy. As well as weather conditions, a dark sky, which is related to visuals, has an impact. She also desires that she wants the sky to be constantly dark during the anniversary time:

“I wish, it would be dark all the time” (Mrs. P) (p. 18, 19).

“As I said, I was wishing that the weather became dark, raining, lightning, I was always saying these things” (Mrs. P) (p. 18, 32).

4.5. OTHER TIMES AND SITUATIONS AS IMPACTFUL AS THE ANNIVERSARY

While participants were talking about their loss and anniversary reactions, most of them mentioned other events or situations that affect them as much as anniversaries. Some participants even claimed that these events or situations affect them much more than the anniversary. Looking at the photos and personal items of the deceased relative; talking about memories; special days such as feasts and birthdays; dreaming about the loss of a relative and collective traumatic experiences that come across the duration of loss or illness, were the situations that people defined at least as significant as the anniversary.

4.5.1. Talking about memories, looking at the photos and personal items of the lost relative

While talking about anniversary times, 4 of the participants stated that they experience the same difficulties at anniversary times or even have more difficulties:

“Obviously like I said there is nothing specific that I'm feeling so strongly about. It's just the season that is unpleasant. I mean, it's something I don't really think about. Or more like I said when it comes to memories about her. When she comes to my dreams or I go to my sisters and talk about her. Sometimes I feel it more,

when I see her photos or something. So other than that I don't know” (Mr. H) (p. 23, 15).

“I have photos of him, his computer, there is a special room in my mom's house for his clothes, I have his computer correspondence. The top floor is where my brother has all his belongings, we have his military uniforms, clothes there. We have made a room for him. When you see things a little bit more, for example, when I get there, on that floor, when I see them actually it has an impact greater than the anniversary for me” (Mr. O) (p.16, 16).

“But there is something that might be important to you, for example, we never talk to my mother, we rarely talk about my brother. For example, I still do not look at the photos, I do not want to look more precisely. I can only look at our childhood photos. I mean, I can't look at the photographs reminding me of his final appearance, so I don't want to look” (Mrs. N) (p.13, 5).

Furthermore, these commemoration behaviours increase for some participants on anniversaries and with the anniversary it has a greater effect:

“Occasionally. When I tidy up my closet, I see a photo of him when I get something. I keep it inside in my closet with a frame. When I see it, I show it to my little son to let him know his grandfather. They know their grandfather, even if they didn't meet him. They like it even though he is dead” (Mrs. E) (p. 9, 15).

“When I look at his picture, on that day, I look at his picture, because it is the anniversary. Then, I cry, cry” (Mrs. E) (p.7, 11).

4.5.2. Collective Traumatic Experiences

Two of the participants brought my attention to the importance of collective traumatic experiences such as the October 10 Ankara Rail Terminal Explosion and July 15 coup attempt that overlap with their loss or illness process. They both stated these trauma's anniversaries also has the same effect as their relatives' anniversaries:

“Yeah, I think about it. It's always like this, and then it was the 15th of July. The night of that military coup. We were in İzmir. So every 15th of July that the whole country, naturally, thinks that what they were doing on that day. I remember when I was in the kitchen with my mom. I remember very well what we did that day. It's actually another anniversary for me. So when people think about the state that day, you're thinking about your mother” (Mr. L) (p. 20, 34).

“I mean, maybe. There may be absent mindedness. Yes, it is possible. But if I tell you something, the year I lost our brother was the same year as the October 10th terminal massacre. We lost my brother a month and a half after it. They are very overlapping. Yeah, it's important. I lost my friend from college. Not a very close friend I've not met very often since but we met at college. Then there was a pretty young woman, who was younger than my daughter. We went to her funeral with a friend. I felt so bad out there, at the funeral. I went to my friend's funeral. So all the events overlapped so much. So this period is a hard period for example tomorrow is October 10. October 10, I have a lot of pain about it. So these always come together. So it's not just about my brother, it's not only about my brother's loss” (Mrs. N) (p. 14, 34).

4.5.3. Special days such as feasts and birthdays

Special days when all family members come together, have an important effect on people, who have lost their loved ones. While Mr. H placed importance on the religious feasts (Eid, known as Bayram in Turkey), Mr. O talked about the effect of birthdays:

“I don't care about the anniversary. Rather than the anniversary, I am more affected when we came together or when I go to her grave. When I go home at Bayram feasts, I know that I remember the anniversary of the death, but that day I do not feel anything extra. For example, when do I feel? When I talk about something related to my mother, when we meet at Bayram, or when I see her in my dream. I feel a big absence. So apart from these, her anniversary, it does not affect me. That's how it is in my family” (Mr. H) (p.22, 9).

“It is also same on his birthday. His birthday is also in December. Here, I say let's go to the grave, water flowers” (Mr. O) (p. 16, 4).

“Birthdays are a little better than the day he died. That is to say, the better in terms of how the person feels, because it is a good day. I also calculate that my brother would have been 30 years old today if my brother had been alive. So apart from that, I was going to the grave, watering it, that was the best gift that I could give. I didn't have any other gifts to give. Other than that, we're not doing anything different on birthdays. We don't cut a cake to commemorate him, we never did something like that” (Mr. O) (p. 19, 12).

4.5.4. Dreams

Most of the participants did identify with the importance of dreams in the process of mourning and death. Mr. H also defined dreams, which are seen after death, as reminders and more moving than anniversaries:

“For example, when do I feel? When I talk about something related to my mother, when we meet at Bayram, or when I see her in my dream. I feel a big absence” (Mr. H) (p.22, 9).

“When she comes to my dream or I go to my sisters and talk about her. Sometimes I feel it more, when I see her photos or something. So other than that I don't know” (Mr. H) (p. 23, 17).

SECTION FIVE

DISCUSSION

The main purpose of this study is to make an in-depth examination of the personal experiences that people who have lost a loved one, may have on the anniversary of this loss. For this purpose, I identified and interviewed 6 participants, who lost their first degree relatives such as; parents, children, siblings, and spouse in the wake of death and had passed at least the first anniversary. The age range of participants is between 25 and 54 (mean of 36,5). While some participants had experienced the sudden death of their loved ones such as, from a heart attack or an accident; some others experience anticipatory death because of some terminal illnesses such as, cancer, chronic kidney failure and genetic muscular diseases. In addition, the time passed since the loss ranges between 2 to 25 years. I applied semi-structured in-depth interviews to participants to be able to understand their personal experiences. Some of the participants had experienced different traumatic experiences before, but in this study I only focused on the effects of loss of the loved one and primarily the anniversaries. Interpretative Phenomenological Analysis (IPA: Smith & Osborn, 2003) (Smith & Flowers & Larkin, 2009) was used for this purpose. As a result of these interviews five super-ordinate and twenty sub-ordinate themes emerged.

Super-ordinate themes were:

- a) Issues related to experience of loss
- b) Recognizing anniversary date
- c) Changes at the time of anniversary
- d) Effects of sensations on anniversary reactions
- e) Other times and situations as impactful as anniversaries

Sub-ordinate themes were:

- a1) Unexpected/sudden death

- a2) Blaming others for death
- a3) Dreams related to loss
- a4) Mourning process
- b1) Defining the anniversary as an ordinary day
- b2) Trying to repress or avoid what comes with the anniversary
- b3) Feeling of “anniversary is coming up”
- c1) Emotional changes on the trauma anniversary
- c2) Behavioural changes on the trauma anniversary
- c3) Cognitive changes on the trauma anniversary
- c4) Physical changes on the trauma anniversary
- c5) Relational changes on the trauma anniversary
- c6) Duration of the anniversary reaction
- d1) How weather conditions influence the anniversary reaction
- d2) How sounds influence the anniversary reaction
- d3) How visuals influence the anniversary reaction
- e1) Talking about memories, looking at the photos and personal items of the lost relative
- e2) Collective traumatic experiences
- e3) Special days such as feasts and birthdays
- e4) Dreams

In order to place this study into a broader context, this section examines whether the findings of this study are compatible with previous studies and literature. The

findings of this study have much in common with the previous research, studies and ideas. However, as a result of the nature of IPA, which provides a very unique perspective of each participant, I identified some differences with existing findings (Smith, Flowers & Larkin, 2009). I would like to introduce both commonalities and new findings among the emerging themes to provide a wider point of view to the phenomenon of anniversary reactions. For this purpose, I will take a look each super-ordinate theme respectively. I would like to state that, as with the findings, the discussion section is also my perspective and can be debated upon.

First of all, as the first super-ordinate theme, I will take a look the issues related to the initial experience of loss. Before understanding the anniversary reaction and its effects, how people deal with the actual death and its consequences is an important point to examine. Their attitude towards death plays an important role in determining the mourning process and the subsequent anniversary reactions. In the literature, death is divided into two for the close environment of deceased person: anticipatory and unexpected death. Anticipatory death is a concept used to describe patients, who have terminal illnesses and die after a period of illness. According to much research and literature, sudden death is more traumatic than expected ones (Keyes & Pratt & Galea & McLaughlin & Koenen & Shear, 2014). However, there are also some sources claim that anticipatory death is at least as traumatic as sudden death because of various factors during the disease process such as; stigmatization because of illness, experiencing multiple loses during the illness process, its uncertainty and duration (Walker & Rebecca, 1996). The results I have found in terms of difficulties and traumatic effects of both sudden and anticipatory death are compatible with the literature. I interviewed people who had lost their loved ones because of terminal illnesses such as; cancer, muscular disease and liver failure; and from unexpected events such as accidents or terror attacks and in the process I did find a difference between the literature and the results of my study. In the literature, as stated above, the experience of death is divided into two in relation to the disease process, sudden and expected.

The findings of the study pointed to another way. Almost all participants that I interviewed experience their loss as sudden and unexpected, irrespective of the experience of the disease process. Although the person had a long period of illness and was treated for a long time, the participants do not expect their loved ones to die.

The participants, who lost their relatives suddenly and unexpectedly, were looking for someone to blame, according to my findings. Some blamed their relatives, while others hospitals and physicians for losing their loved ones. Pollock (1961) mentions the feeling of anger against the death and displaced others. It is the displacement of hostility to the deceased and often directed to doctors and hospital staff (Pollock, 1961). Dickey et al. (2003) focus on the “culture of blame” to understand the people’s attitudes towards medical staff in the face of death. A study by Graham et al. (1987) shows that women, who have a fatal birth mostly blame the medical personnel for their children’s death. There is a concept as “sudden infant death syndrome” (Friedman et al., 1979) to explain the phenomenon of people’s response to the death of their baby. In addition, Cimete and Kuguoglu (2006), who studied the grief responses of Turkish families, showed that people, who have experienced loss of their loved ones have a tendency to blame both others and themselves for the death, which is compatible with the results of study. According to findings of my study, participants don’t blame themselves for the death of their relatives, but they mention about their feelings of guilt and regret because of the things they don't do for relatives. Bowlby (1961) mentions about feeling guilty because of the phantasies of having destroyed the love object. Freud explains it as: “guilt is the expression of the conflict of ambivalence, the eternal struggle between Eros and the destructive or death instinct” (as cited in Klein, 1940). The guilt feelings of the participants may be related to these stated in literature.

Moreover, dreams have an important place in the process of death and mourning (Wright et al., 2014). Many people, who lost their loved one’s experience vivid and meaningful dreams as a reflection of the mourning process. Dreams also have

an important place in psychoanalytic work (Hebbrecht, 2013). Even if most of the patients do dream, it is seen more in those who are traumatized and experienced unresolved mourning. Ogden (2004) states “coming to life emotionally is synonymous with becoming increasingly able to dream one’s experience, that is to dream oneself into existence” (as cited in Hebbrecht, 2013). Volkan (1981) named this kind of dream as “frozen dreams”. Patients describe these kinds of dreams as slides, which have images one after another. The contexts of dreams are mostly like denying aggression towards the deceased person and ways to bring him/her back. “The conflict between the wish to do so and the dread of success is handled by “freezing” the conflict and averting resolution” (as cited in Hebbrecht, 2013).

Several studies show the relationship between dreams related to the deceased person and the bereaved (Kalish, 1973; Gerber, 1979). According to Barret (1991), Garfield et al. (1996), Belicki (2002); there are some types of dreams related to bereavement, which are mostly shaped between reunion and separation. Most common themes, which emerge in dreams are; “the deceased is still living and interacting with the dreamer, the dreamer is reliving the death of the deceased, and dreams, in which the deceased communicates a message to the dreamer” (Wright et al., 2014). These three themes also emerged in my study. Most of the participants of this study mentioned that they dream about the deceased person, interact with him/her and they believe that the deceased person sends messages to them through dreams. In addition, some of my participants stated that the deceased person warns them about some specific topics through dreams, which may be accepted as a message. In addition, some of my participants said they saw dreams informing them that their deceased relatives would die before they got the actual news of the death. There are studies in the literature that are compatible with this (Paquette, 2015).

The process of death is followed by mourning. Dreams and emotions mentioned above are part of the mourning process. Participants as mourning people, experience them in a concentrated manner. Their mourning processes are also significant in order to be able to understand the phenomenon. They all go through

different grief processes according to their internal and external conditions. However, I was not able to explore the early life experiences and previous traumas of participants because of the limitations of the thesis. Evaluations and examinations of early experiences are important points for understanding what an individual experiences in the loss of a loved one. Freud (1915) defines mourning as “the reaction to the loss of a loved person, or to the loss of some abstraction, which has taken place of one, such as one’s country, liberty, an ideal, and so on” (Freud, 1915, p. 18-19). Also Pollock (1975) defined mourning as “a natural process of adaptation to loss, can be expressed in many ways.” After losing a loved one, libido cannot be discharged because the significant one no more exists. Freud mentions that after the loss of the beloved object, the invested energy must be withdrawn from him/her and speaks of the difficulty of it. Denial of death and repression can follow this difficulty. Pollock (1961) mentions that keeping the loss object as a spoken and visualized and denying the truth that s/he does not exist, blocks the mourning process. “Variations of this denial of separation may be manifested by the displacement of cathexis from the object onto auxiliaries, which are reminders of the departed” (Pollock, 1961). Freud (1915) also mentions that using the mechanism of repression causes pathological mourning. In the results section of the study, the difficulty of mourning of participants, who deny death and suppress their feelings, has been mentioned. There were participants in this study, who said they couldn't grieve as they wanted. Pollock (1961) states that being unable to mourn fully, is linked to denying death. He mentions that mourning will not happen unless death is accepted.

Freud accepted the way of recovery as “redirection of libido from the memory of the lost person to available survivors with whom discharge can occur (recathexis), thereby removing the cause of the pain and renewing opportunities for pleasure in life” (as cited in Hagman, 1999). The results revealed the importance of social support in mourning. According to the results, social support was strongly related to being able to mourn fully. Participants of this study, who have social support were less denying, less repressing, and felt more free to grieve. Withdrawing

investment in lost objects and investing in other people, as Freud mentioned (1915), may be linked to social support. When people found someone else to invest in, it became easier to mourn.

The second super-ordinate theme that I would like to discuss in this section is recognizing the anniversary date. Mintz (1971) defines the anniversary reaction as a psychological stimulation on the anniversary of a particular event. The person tries to master this event by revealing it. It is such a response that shows itself in behavioural changes, dreams, symptoms or in the analytic hour (Mintz, 1971). On the other hand, Pollock (1970) describes it as a feeling of helplessness as a result of the loss of a significant other. When people experience a traumatic event or an incomplete mourning, the trauma anniversary reaction may develop as a result of it, as a mechanism to be able master it. Pollock (1970) divides the anniversary into two in terms of time. One reflects the presence of an unconscious sense of time, while the other has a stimulus, which is reality type. In this type of anniversary reaction people become aware of the date.

“A reality occasion that the patient is aware of, such as a birthday or holiday, may create a current conflict, which is then associatively linked to a specific earlier conflict, with its revival via symptoms, behaviour, dreams, and so forth. This type of anniversary reaction operates phenomenologically as does any other adaptation to current and past experience, with a conscious time symbol, the equivalent of any psychic stimulus, which serves to reawaken repressed unresolved earlier conflict. The anniversary nature of the experience lies in the reproduction of an adaptation to that conflict on a specific date. This phenomenon does not necessarily require the existence of an unconscious sense of time” (Mintz, 1971).

The subject of this study is to examine the anniversary reactions due to a certain time stimulus, which is the death date of a loved one. All participants defined that they notice every year when it approaches. Some participants mentioned about the

feeling of “anniversary is coming” that they understand the forth-coming anniversary and that they would experience different experiences again. Pollock (1970), talks about one of his patients, a thirty-two years old female, who was pregnant. Her father passed away on May 17th, when she was eleven. She also lost her fiancée years before in the summer time. The patient wasn’t able to mourn both her father and fiancée. She had a fear of experiencing what her father experienced and became very anxious. Plock (1970) states what his patient said in a session: “*We are close to May-I am pregnant -What will happen to me?*” She was aware of the date and fearful for things that may be awaiting her. In addition, the study of Echterling et al. (2012), shows that more than half of the participants dreaded and almost half of the participants were tense and apprehensive about the upcoming anniversary. The results of my study show that some participants were expecting to be tense on the anniversary, in accordance with the literature which identifies it as the “feeling of the anniversary is coming”.

On the other hand, some of the participants described the anniversary as an unimportant and ordinary day and insisted that the date was no different from other days. I have not found evidence of similar conclusions in the literature, but I believe this is about denying mourning, as I mentioned above. Since the anniversary reaction is defined as the repetition and re-experiencing of the mourning (Pollock, 1970), when it reappears on the mourning anniversary, it would be a way of denial and repression to say nothing happens. The reason why I believe this is not to imply something that the participants did not say, but the findings show that when they were told that "just think about what happened at that time, never mind the anniversary", they talked about the many difficulties they get through at that specific time. The results of the study also show that the participants, who define the anniversary as an ordinary day cannot complete the grieving process.

The third super-ordinate theme I would like to focus on is changes at the time of the anniversary. According to the results of the study, participants experience many changes on their anniversaries. These are collected into five components;

emotional, behavioural, cognitive, physical and relational changes. The duration of these changes will vary from participant to participant. These changes experienced at the anniversary times of the losses are also compatible with those found in the literature.

In the normal mourning process, time functions as a healer in the face of changes in the object world and internal representations (Knafo, 2004). On the other hand, some experiences are moved to the future life as a fixation. Traumatic memory, which replaces the centre of an unconscious fantasy, may be the cause. People have a strong drive to repeat their unresolved traumas to master them. Freud (1920) explains it in the repetition compulsion mechanism. The anniversary reaction can also be seen as a form of repetition compulsion (Dlin & Fisher, 1979).

Weiss (1958) defines the anniversary reaction as a set of psychological and physical symptoms, which emerge in a specific time of the year. Some somatic symptoms may also rise on anniversaries as physical changes (Hull et al., 1993; Morgan, 1998). “A wide variety of illnesses including amenorrhea, chest pain, depression, mania, hypertension, anxiety, hysteria, psychosis, grief, filicidal impulses, asthma, and dermatitis have reportedly been precipitated on the anniversary of past traumatic events (Beratis et al., 1994; Cavenar et al. 1977; Green, 1982; Miller, 1978; Sanger, 1970; Weiss, 1958)” (as cited in Hull et al., 1993). Morgan (1998), states that there are similarities between the diseases which emerge on the anniversary, and the illness of the person, who is lost, for example, suffering from chest pain on the anniversary of the death of a relative, who died from heart disease.

In addition, a study by Echterling et al. (2012) shows that people, who lost their loved one's, experience changes in five domains of life on anniversary dates of their loved ones' death which is similar to the findings of this study. According to the results of many studies, people experience the biggest change in the domain of behaviour such as; crying, praying, increased sleeping, decreased eating, talking

more and an increase in thoughts about the event. Changes in emotional, cognitive, physical and relational areas are also observed. Flashbacks, problems with concentrating, more unwanted thoughts, more dreams related to death, remembering memories as cognitive changes; feeling more helpless, nervous, exhausted, angry and overwhelmed as emotional changes; spending more time with family, friends or a faith-based group or spending less time with a support group as relational changes; increase in headaches as physical changes are seen in participants.

I think it would be good to discuss case examples from the literature to better understand these changes. First patients of psychoanalysis, who are Anna O., Wolf Man and Elizabeth von R. are good examples of anniversary reactions as individuals, who develop symptoms in the anniversary of their traumas (Mintz, 1971).

One of Mintz's patients, a 36 years old mother of four who suffers from obesity, lost her father on October 11, 22 years previously, when she was 14 years old. The client had begun her analysis on October 9 and was talking about the fear of losing her husband. At the age of 18, the patient had had a pre-marriage pregnancy, but she felt very embarrassed because her father told her not to do anything that would embarrass him before he died. The problem of obesity had also begun in her first pregnancy because she fantasied that the health problems from obesity may cause an abortion. The client, who gave birth a few days after the death anniversary of her father, had not fallen under the weight of her father since then and named the newborn after him. Mintz (1971) found significance in her fear of losing her husband, her date of giving birth, the date that she chose to start therapy, her weight cycle and some of the major dynamics with the anniversary reaction.

Pollock (1970) mentions a concept, which is called "nemesis" and refers to the fantasy of 'cyclical living' related to past traumatic experiences. It is a belief that people will follow the cycle of a deceased or sick person. As an example of this

Pollock gives Ezra Pound's life because she lost her grandmother when she was twelve and experiences changes in twelve year cycles.

One of Mintz's other patients was a woman, who had to flee from Austria in May when she was 14 years old, due to Nazi Persecution. She also remembered that she was exposed to an anti-Semitic act of an Austrian man before the announcement of the Anschluss. Then the patient, who had become pregnant, was forced to have an abortion because of war conditions. After the patient started therapy, she realized how depressed she felt on one May morning. When she looked back, she actually saw that for all of the month of May she was generally depressed. Then, the patient attributed her depressive thoughts to not having a baby because she was single and then realized that she would have given birth in May if the baby had not died. Therefore, she was mourning every May on the anniversary of her baby's birth even twenty years later. Another patient is a 34 year old woman, who suffers from anorexia nervosa. The birth of her brother is significant for the patient with anorexia nervosa when she looked at her life experiences. The patient was married on the birthday of her brother and had had a dream: "I left a food store. Mother and Father held me and kept me from going down a dark alley. Then my brother kicked me in the stomach" (Mintz, 1971).

Freud mentions "five o'clock depression" of one of his patients. His patient, who saw the primal scene at five o'clock when he was ten years old, develops some changes such as; feeling depressed, attacks of fever or languor and malaria. These are accepted as "daily anniversaries of his loss of the oedipal mother". Pollock (1970) also mentions a man, who is in his thirties and experiencing depressive feelings and anxiety every Thursday afternoon. It was appeared in therapy that, when he was fourteen, he lost her mother suddenly on a Thursday afternoon.

All of these case examples and findings from the literature shows that people experience significant changes on their anniversary times and these are compatible with my findings. Furthermore, all these findings clearly reveal the importance of the relation between being aware of the anniversary reactions and

being in the therapy process. People find it hard to name the cause of their experiences before starting therapy. I have a very similar situation in my participants. Only two of them believed that the changes they had experienced were due to the anniversary reaction. One of the two participants had gone to therapy in the past and the other was interested in psychology. However, although other participants spoke of the changes that occurred on the anniversary date, they did not relate them to the anniversary or had difficulty in relating them.

The fourth super-ordinate theme that I would like to take a look at is effects of sensations on the anniversary reaction. When talking about the anniversaries of their losses, the participants spoke of the reminiscent effect of the senses. When they received the news of death, or when they buried their loved ones; the weather, the sounds they heard and the images they saw were still clearly remembered. They said that when they took these stimuli again, they felt the same as those times. They also stated that arriving in the season of losing their relatives or the exposure to these stimuli on the anniversary of those times, significantly increased the anniversary effect.

Morgan et al. (1998) stated that when people are strongly affected by a traumatic event, they become “sensitized” as a result of this event. They develop similar reactions later if they are faced with the reminders of this traumatic situation because of this sensitization. This reminiscent effect is found important in the case of the anniversary reaction (Morgan et al., 1998). Theoreticians have different ideas on which circumstances or stimulants have determinant effects on arousing an anniversary reaction. As we have mentioned much, many authors have emphasized the importance of age to develop an anniversary reaction, but some also value the nature of the event or the date of it (Morgan et al., 1998). As Morgan et al. (1998) mentioned “regardless of emphasis, there remains a consensus that the distress of the patient is meaningfully connected to a specific, previously experienced traumatic event”. Here, the importance of the experiences, people and the possibility of recurrence is mentioned. It may be possible to consider this in the case of repetition of external conditions.

In addition, the effects of sensations on traumatic experiences are quite remarkable in literature (van der Kolk, 2018; Elbert et al., 2011; Matz et al., 2010; Nilsen et al., 2016). Van der Kolk (2018) defines traumatic experiences as pre-word. Traumatic experiences activate the right brain and block the functions of the left brain such as; language, decision making and thinking. As a result, when people are getting through a traumatic experience, they experience it through their body and sensations. Therefore, when these experiences are remembered, the function of sensations is very important. Traumatized people remember and re-experience their experiences through their body and sensations such as; sounds, smells and images because these are integrated as a whole experience (van der Kolk, 2018, p.43).

According to Hebbian concept when two nerves are active at the same time during a behavioural task, a neural connection is established and strengthened (Elbert et al., 2011). Traumatic events are the times when nervous connections are most intensified as events that damage human integrity. As a result of the intensity of these experiences, neural networks become strengthened and “become connected with various sensory memories (Schauer & Elbert, 2010; Schauer, Neuner, & Elbert, 2011) to form a “trauma network” of “hot memory.” Therefore, traumatized people became more sensitive to sensory cues such as smells or sights, which are reminders of past trauma. In addition, according to Elbert et al. (2011), people who are more exposed to the trauma, connect more sensory stimuli related to events. Van der Kolk (2018) defined sensory memories, such as; fragmented images, sounds, and physical perceptions as a way of coding traumatic events, because these kinds of events are not likely to code in logical narratives.

There is a link between traumatic memory and dissociation (Slavin & Plock, 1997; Davies & Frawley, 1994). Davies and Frawley (1994) states that it is proven that there are significant differences between normal and traumatic memory and what happens in traumatic memory is an unconscious process. Piaget (1962) argued that dissociation occurs when an active failure of semantic memory

led to the organization of sensory memory. He stated that: "It is precisely because there is no immediate accommodation that there is complete dissociation of the inner activity from the external world. As the external world is solely represented by images, it is assimilated without resistance (i.e. unattached to other memories) to the unconscious ego." To validate patients' dissociative memories some of the theoreticians believe that; the solution is not hidden behind memory (Slavin, 1997). According to Slavin and Pollock (1994) "capacity for a narrative memory" is the key component for people to have their own story "in a sense of coherence and continuity" and it is developed in the infancy and childhood (as cited in Slavin, 1997). Thanks to this narrative memory people are able to differentiate from others and develop an individualized and separate sense of self (Slavin, 1997).

Although there are many sources of traumatic experiences recorded in sensory memory, its connection with the anniversary response and its effect on its formation are not found in the literature. Therefore, sensory memory's arousing effect of the anniversary response can be considered as a new finding.

The last super-ordinate theme that I will discuss in this section is other times and situations as impactful as anniversaries. Participants mentioned four situations affecting them at least as much as the anniversary times, if not more. These are: when the participants talk about memories of the person they lost, looking at their photographs and belongings; on the date of a mass trauma close to the anniversary of death; special days such as birthdays, holidays and feasts, and when they dreamed about the deceased person.

In the literature the effect of some special days such as; Christmas, Thanksgiving, New Year Day, religious or national days and birthdays on people are mentioned many times (Mintz, 1971; Pollock, 1971). The effect of these days is known as the "holiday syndrome". Even these are accepted as a kind of anniversary response that has a certain time, which is called "reality type" in the previous literature. Cattell (1955) defines holiday syndrome as a set of responses which starts with

Thanksgiving and then continues with Christmas and New Year Day. In the reality type, in which people have a certain time stimulus such as holidays and birthdays, a conflict may arouse related to past and unresolved conflicts on that specific date (Mintz, 1971). People may get anxious and regressive, develop some symptoms, behaviours and dreams related to past conflicts, or may feel helpless, irritable and depressed (Mintz, 1971; Pollock, 1971). In addition, some of them expect a solution for conflicts and get nostalgic (Pollock, 1971). People may act out scenarios within their close environment such as; family members or love object, as a result of these memories that emerge (Pollock, 1971).

Cattell (1955) says that people, who experienced death of one or both parent, disruption of family or divorce of parents have holiday syndrome. The woman mentioned previously, who escaped the Nazi Holocaust and developed some symptoms on the assumed birth date of her baby, who she had aborted, is a good example of this (Mintz, 1971). Pollock (1971) also mentions the same patient and talks about her dreams of floating babies accompanying her symptoms. Symptoms of her begin on the fantasied second birthday of the baby. Later in the analysis, the patient appeared to have a brother, who died at the age of 2, when she was 5 years old, again on the day the baby supposedly would have been born.

“The patients have feelings of being unloved, unwanted, or not belonging to a family group, and react to the holiday season with the appearance of symptoms (Pollock, 1971). Rosenbaum (1962) has also described such holiday symptoms, especially in relationship to Thanksgiving—a feast that permits a regression toward the oral level. This oral regression can be used defensively against predominantly cephalic conflicts. In addition to the oral regression, hostile family interactions, especially among siblings, may be seen with the ‘gathering of the clan’” (as cited in Pollock, 1971).

Although people refuse the effect of holidays, the symptoms that occur at this time are quite evident (Pollock, 1971). As mentioned above, the emergence of these symptoms on holidays are closely related to the fact that the family comes

together on those special days. These holidays, in which the intimacy of the family increases, makes it possible to reveal and remember past problems or losses in the family, or develop symptoms related to these. It is also important that holidays include names related to father such as; “God, Christ and Santa Claus” (Pollock, 1971).

“Eisenbud (1941), writing on negative reactions to Christmas, associates it with the ‘greatest relaxation on the part of the superego of society’. Sterba (1944) emphasizes Christmas as an acting-out of childbirth in the family. He notes that the legend of St. Nicholas is associated with childbirth. Boyer (1955) has observed that depressions occurring during the Christmas season are primarily the result of reawakened conflicts related to unresolved sibling rivalries-competition stimulated by the new born Christ, the favourite of his mother” (Pollock, 1971).

As Pollock (1971) stated holiday reactions also occur on national and religious holidays. Jackel (1966) discusses the ideas of having children, who come into analysis when the analysis is interrupted due to these holidays. It is found to be related with pre-oedipal issues, and seen in both males and females. It is seen as an effort to unit mother and child again in the face of separation to avoid that separation anxiety, which appears in the analytic setting.

Pollock (1971) states that even if there are some triggering external factors for the appearance of the mentioned symptoms such as; dates, holidays or specific times; the most important factor for emergence of them is “internal unconscious determinants”. Therefore, we can say that the past lives, traumas and losses of the people are very important for developing the holiday effect. People are trying to master their unresolved issues on such dates, just like the anniversary response. Theoreticians often mention in the literature Christianity and special occasions of that specific culture, we have the equivalent on the Muslim feast of Eid, known as Bayram in Turkey, and can expect to see the same effect. The results of my study show that participants develop symptoms on holidays and feasts. In addition, the

participants experienced similar experiences in the history of mass trauma. This is an issue not found in the literature, but I think it is based on a similar mechanism with the holiday effect. Moreover, dreams of participants have a similar effect on them. The effects of dreams on death are discussed at the beginning of this chapter. Difficulties and changes that are mentioned also manifest themselves on anniversaries and at other times for participants with the emergence of dreams.

To sum up, in this study, the experience of people losing their loved ones and the anniversary of this loss was discussed in depth. Although I have reached many results in the study compatible with the literature, I have also reached some unanticipated results. This study has created an opportunity to examine participants' anniversary response experiences more deeply because of the lack of a qualitative study on this phenomenon. In Turkey and other countries, more qualitative and quantitative studies on this subject in future research, can help provide a better and broader perspective on mentioned phenomenon. In addition, during analysis I had to leave out the past experiences and traumas of the participants as a limitation of this study. Of course, how people experience a loss and the processes that follow cannot be independent of their past experiences. Therefore, I suggest it would be useful to consider this in future researches. Also it was a limitation that the themes emerged were the ones generated by a particular PI and supervising advisors, other researchers might have interpreted the material differently. Furthermore, I did not examine all types of anniversary reactions and this study has only been done with people, who experienced significant loss, it is important to keep in mind that the anniversary reaction is important for all people, who have experienced traumatic experiences. Also, when some participants told me that anniversary is ordinary for them, I told them "leave the anniversaries aside, think about what is happening to you at that time or season, just think about it". This may be another important limitation of study because some participants may have had a priming effect because of this second question. In addition, the participants of this study were people who had lost their father, mother, children and siblings. In the literature, I found that the loss of

spouses also had great effects on people. In future studies it may be good to organize a study with those who have lost their spouses, to have a perspective on their experiences on anniversary reactions. This would provide a rich contribution. In addition, although I did not initially start to investigate the effects of dreams and sensations on anniversary reactions, these were the themes that were frequently repeated by the interviewees. In future studies, the effects of these two concepts on anniversary reactions can be examined in more detail. Lastly, it was a limitation that the fact that the study was conducted with 6 people prevents generalizability due to the low number of participants.

This study may also be very useful for clinical implications. In this study, deep knowledge of how people experience both death and anniversaries has been achieved. The loss of a loved one has quite devastating effects on people regardless of the cause of death. Although the traumatic effects of sudden death in the literature are generally emphasized, all kinds of deaths affect people deeply. It is quite important to keep this in mind as psychotherapists especially on the effects of the losses that we think of as a normal death or an expected death. It is necessary to do in-depth clinical work on people whose loved ones are suffering from terminal illness or those who have experienced “expected” loss, on the traumatic effects of these important and wounding processes. This study shows that the process of completing the mourning is time-consuming and contains many elements. On the other hand, incomplete mourning, challenges people in many different ways and increases the severity of anniversary reactions. The dreams of people in the mourning process are important and another component that should be worked into the therapy process. In the process of mourning, dreams can be significant working tools that gives the clinicians clues about the clients’ inner worlds that many clients cannot express. It is also very valuable for clinicians working with people in the mourning process to take this into consideration and have a good evaluation of the conditions of the mourning person. The process of death and grieving is very decisive for the following processes and the development of anniversary response.

It is interesting that although all of the participants are aware of their anniversaries, the majority are unaware of its effects. Although they all have many difficulties on anniversaries, they mostly associate them with other external factors. Not being aware of the connection causes them to suffer from a number of difficulties without really understanding the origins. The importance of a therapy process to become aware of the anniversary reaction is evident, both in this study and in other literature. Almost all of the case examples included in the literature and participants of this study did not realize that they had developed an anniversary response until they had gone through a therapy process. Therefore, it would not be wrong to say that the therapy process is a very significant mechanism to recognize and work on this phenomenon. The fact that therapists are very well informed of this concept and that they are alert to this issue on the anniversary of their patients is very critical in order for patients to process the anniversary reaction and not to sabotage themselves. People experience many difficulties in multiple areas such as; emotional, cognitive, behavioural, physical and relational, on the anniversaries of losses. However, these experiences differ greatly from person to person. Therefore, clinicians should be aware of the fact that there are various types of anniversary reactions and how their clients may be responding to it. Moreover, it is essential to keep in mind that the anniversary is not just a day, but a period. It would be beneficial to the therapy process for therapists to be observant of the time a few months before and a few months after the anniversary date. It is necessary to bear in mind that it is not an abnormal situation to experience an anniversary reaction on anniversaries of past traumatic experiences, but being aware of this phenomenon and working on it is critical for people to be less harmed and to be able to master their past traumas.

Moreover, it is useful to pay attention to other important dates such as; festivals, birthdays or mass traumas and reminders of anniversaries such as; sensory stimuli, dreams and memories. While exposure to these stimuli on the anniversary dates increases the effect of the anniversary, it will affect people out-with the anniversary times when they encounter these stimuli. Additionally it is relevant to

consider the effects of the loss season as a factor affecting many people. Dreams of anniversary times can also have clues about the mourning and traumatic process of the patient. To consider the dates of birthdays, special days and mass traumas, which are experienced as a second anniversary for people, when working with clients who have suffered significant personal losses, is another meaningful source

Furthermore, the literature tells us that there are various reactions to the anniversary. Factors such as reaching the age of the person lost can create an anniversary response in people. The anniversary reaction is not only repeated once a year; it is such a phenomenon that sometimes can emerge at a specific time of the day or we sometimes experience it when our children reach the age of our trauma. It is essential to think about the anniversary response as a rich concept that includes all these variables. It should be noted that, even though this study has only been done with people, who experienced significant loss, the anniversary reaction is important for all people, who have experienced traumatic experiences. Therefore, most of this information can be taken into consideration when working with trauma survivors.

CONCLUSION

If I take death into my life, acknowledge it, and face it squarely, I will free myself from the anxiety of death and the pettiness of life and only then will I be free to become myself (Heidegger, 2013).

This is the first qualitative study that I am aware of, to directly investigate the phenomenon of the anniversary reaction. This study provides a perspective into how the anniversary response develops in people and what effects it can have on their spiritual well-being in relation to anniversaries. This dissertation reveals that people experience many changes and stresses in emotional, behavioural, cognitive, relational and physical spheres at the time of the anniversaries of significant losses. How people reacted to the anniversary, although they had some common points, were quite personal and varied from person to person. While some wanted to escape the intensity of the pain, others desired to live with it. As the reactions were quite different, the duration of the anniversary response and its intensity varied amongst people. In addition, the perceptions of death, mourning processes and the importance of social support were found, in this study, to determine anniversary response. Moreover, the current work demonstrates that other times can be as effective as the anniversary response. Accordingly, birthdays, holidays, feasts or the days of mass trauma also created the anniversary effect for people.

Finally I would also like to touch on how this work has affected me. Although this study was pretty difficult for me, it was also quite special and impressive. Witnessing people's encounter with death, listening to how they process it or their difficulties on processing it, seeing their real sufferings and then witnessing its long-term effects on anniversary times amazed me. While death is usually a matter of avoidance, I have listened and worked on the loss of many people's loved ones. This work has enabled me to examine the relationship between people and death, and most importantly provides me to observe my relationship to death. Although it was sometimes painful to perform interviews, read them over and

over again, working on themes and then write it down; I am very glad to have done such a work because it gives me the opportunity to be engaged in such an important life issue.



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Annex 1: Informed Consent Form

Gönüllü Onam Formu

Bu çalışma Prof. Dr. Hale Bolak Boratav danışmanlığında, İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Öğrencisi Sena Nur Dönmez tarafından travmatik kayıp yaşamış kişilerin kayıplarının yıldönümlerinde ne gibi süreçlerden geçtiklerini anlamak üzere yapılmaktadır.

Bu çalışmaya katılım gönüllülük esasına dayanmaktadır. Çalışmaya katılmayı kabul ederseniz sizinle yaklaşık 1 – 1,5 saat sürecek bir görüşme yapılacaktır. Bu görüşmelerde size yaşadığınız kayıpla ve bu süreci nasıl geçirdiğinizle ilgili bir takım sorular yöneltilenektir. Bütün görüşmeler daha sonra çalışmada kullanılmak üzere ses kayıt cihazı ile kayıt altına alınacaktır.

Çalışmanın sonunda sizin ve kayıp yaşayan diğer insanların bu süreci nasıl geçirdiğine ve yıldönümlerindeki tepkilerine dair bilgi edinme şansımız olacaktır. Bu bilgiler kayıp sürecinden sonra zorluk yaşayan ve yıldönümü tepkisi geliştiren insanları daha iyi anlayıp, yardımcı olabilmek açısından oldukça faydalı olacaktır. Görüşme esnasında size yöneltilen sorular zaman zaman kötü hissetmenize sebep olabilir. Bu duygular yoğunlaşırsa görüşmeye ara verme veya sonlandırmayı talep edebilirsiniz.

Bu formu imzalayarak araştırmaya katılım için onay vermiş olacaksınız. Bununla birlikte kimlik bilgileriniz çalışmanın herhangi bir aşamasında açıkça kullanılmayacaktır. Görüşmede verdiğiniz cevaplar ve araştırma süresince görsel/işitsel cihaz kullanılarak edinilen her türlü bilgi yalnızca bu çalışma kapsamında kullanılacak, başka hiçbir amaç için kullanılmayacaktır. Dönem sonunda tüm kayıtlar silinecektir. Görüşmeden sonra herhangi bir soru ve probleminiz olduğu takdirde; Sena Nur Dönmez (senadonmez.93@gmail.com) ile iletişime geçebilirsiniz. Tez danışmanı ile görüşmek isterseniz hale.boaratav@bilgi.edu.tr adresinden kendisine ulaşabilirsiniz.

Bu bilgilendirilmiş onam belgesini okudum ve anladım. İstedğim zaman bu arařtırmadan çekilebileceđimi biliyorum. Bu arařtırmaya katılmayı kabul ediyorum ve bu onay belgesini kendi hür irademle imzalıyorum.

Katılımcı Adı Soyadı:

Tarih ve İmza:

Adres ve Telefon:



Annex 2: Interview Questions

1. Kendinizi biraz tanıtır mısınız?
 - a. Demografik bilgilerin alınması.
 - b. Kendinizi nasıl tanımlarsınız?
 - c. Çevrenizdeki insanlarla ilişkilerinizden bahsedebilir misiniz?
 - d. Hayattaki zorluklar karşısında ne gibi tepkileriniz olur? Bir örnek verebilir misiniz?
2. Kaybınızdan bahseder misiniz?
 - a. Ne zaman ve nasıl oldu?
 - b. Kayıpla bağlantılı olarak yaşadığınız zorluklar oldu mu? Varsa nelerdir? (duygusal, bilişsel, davranışsal, ilişkisel, fiziksel)
 - c. Kayıp sonrasında bu zorluklarla nasıl başa çıktınız?
 - d. Bu dönemde çevrenizde size destek olacak kişiler var mıydı?
 - e. Kayıpla alakalı herhangi bir psikolojik/psikiyatrik yardım aldınız mı?
3. Bu kayıpla yaşamak sizin için nasıl?
 - a. Bu kaybın sizin (kişiliğiniz) üzerinizde ne gibi etkileri oldu?
 - b. Bu kaybın hayatınız üzerinde ne gibi etkileri oldu?
 - c. Bu kaybın sizin ve hayatınız üzerindeki etkisini nasıl anlamdırırsınız?
4. Kaybınızın yıldönümlerini nasıl yaşıyorsunuz?
 - a. Kaybınızın yıldönümü yaklaşırken bunun farkında oluyor musunuz?
 - b. Bu dönemi nasıl geçirmeyi tercih ediyorsunuz?
 - c. Bu dönemde yaşadığınız zorluklar oluyor mu?
 - a. Bu dönemde size iyi geldiğini düşündüğünüz şeyler var mı, varsa nelerdir?
 - b. Bu dönemin yakınlarında (öncesinde veya sonrasında) büyük veya sizi etkileyen olaylar yaşadığınız oldu mu?
5. Kaybınızın yıldönümünde kendinizde deneyimlediğiniz herhangi bir farklılık var mı?
 - c. Bu dönemde davranışlarınızda herhangi bir değişiklik oluyor mu?
 - d. Bu dönemde duygularınızda herhangi bir değişiklik oluyor mu?
 - e. Bu dönemde bilişsel işlevlerinizde herhangi bir değişiklik oluyor mu?

- f. Bu dönemde diđer dönemlerden farklı olarak fiziksel herhangi bir rahatsızlık yaşadığınız oluyor mu?
- g. Bu dönemde ilişkilerinizde gözlemediğiniz deęişiklikleriniz oluyor mu?
- h. Bu deęişiklikleri deneyimlediğiniz yıldönümünüzden farklı bir zaman dilimi var mı?
- i. Kaybınızın ilk yıldönümü ile sonraki yıldönümleri arasında sizin açınızdan farklılıklar oldu mu, nelerdir?



Annex 3: Beck Scale for Suicide Ideation

The reliability and validity of the Turkish Version of the Beck Scale for Suicide Ideation (Turkish BSSI)

İNTİHAR DÜŞÜNCESİ ÖLÇEĞİ (BECK)		
İsim:	Cevap	Puan
1. Yaşama arzusu	Orta veya şiddetli	0
	Zayıf	1
	Yok	2
2. Ölme arzusu	Yok	0
	Zayıf	1
	Orta veya şiddetli	2
3. Yaşam / ölüm için nedenler	Yaşam ölümden ağır basıyor	0
	Yaşam ve ölüm için nedenler eşit	1
	Ölmek yaşamaktan ağır basıyor	2
4. Aktif intihar girişiminde bulunma arzusu	Yok	0
	Zayıf	1
	Orta veya şiddetli	2
5. Pasif intihar girişimi	Yaşamını kurtarmak için gerekli önlemleri alıyor	0
	Yaşamayı ölmeyi şansa bırakıyor	1
	Hayatını korumaktan ve sürdürmekten kaçıyor	2
6. İntihar düşüncesinin/isteğinin Süresi	Kısa ve geçici dönemler	0
	Uzun dönemler	1
	Kesintisiz veya neredeyse sürekli	2
7. İntihar düşüncesinin sıklığı	Nadiren	0
	Aralıklı	1
	Kalıcı ya da sürekli	2
8. Düşünce ve isteğe karşı tutum	Kabul etmeyen	0
	Kararsız ilgisiz	1
	Kabul eden	2
9. İntihar eylemi ve eylem isteği üzerinde kontrol	Kontrol duygusu var	0
	Kontrolden emin değil	1
	Kontrol duygusu yok	2
10. Aktif girişimden caydırıcılar (örnek; aile, din, geri dönüşüzlük)	Caydırıcı nedeniyle girişimde bulunmama	0
	Caydırıcılar hakkında biraz endişe	1
	Caydırıcılar hakkında hiç yada çok az endişe	2
11. Düşünülen girişim için neden	Çevreyi etkilemek, dikkat çekmek ve ya intikam	0
	Kaçma ve etkileme isteğinin birleşimi	1
	Problem çözme için kaçma	2
12. Yöntem: Düşünülen girişimin özgüllük ve planlaması	Üzerinde düşünülmemiş	0
	Düşünülmüş ama detaylar çalışılmamış	1
	Detaylar çalışılmış ve çok iyi planlanmış	2
13. Yöntem: Düşünülen girişim için uygunluk ve fırsat	Yönteme ulaşamıyor ve ya fırsat yok	0
	Yöntem zaman ve çaba istiyor, fırsat hazır değil	1
	Yöntem ve fırsat erişilebilir	2a
14. Girişimi gerçekleştirmek için 'kapasite' hissi	Yöntem ve fırsat gelecekte erişilebilir	2b
	Cesaret yok, çok zayıf, yetersiz	0
	Cesaret ve yeterlilikten emin değil	1
15. Güncel girişim beklentisi/ öngörüsü	Cesaret ve yeterlilikten emin	2
	Yok	0
	Emin değil, belirsiz	1
16. Düşünülen girişim için güncel hazırlık	Evet	2
	Yok	0
	Kısmen	1
17. İntihar Notu	Tam	2
	Yok	0
	Başlamış ama tamamlamamış, sadece düşünce	1
18. Ölüm beklentisi içinde yapılan son eylemler	Tamamlamış	2
	Yok	0
	Düşünmüş ve bazı düzenlemeler yapmış	1
19. Tasarlanan girişimin gizlenmesi yada aldatıcı bir tavır sergilenmesi	Kesin planlar yada düzenlemeler yapmış	2
	Tasarımları açıkça belli	0
	Açıklamayı erteliyor	1
	Yalan söylemeye,aldatmaya, gizli tutmaya çalışma	2

Annex 4: Initial Noting and Emerging Themes

EMERGING THEMES	VERBATIM	INITIAL NOTES
Kendi ailesini olumlama	<p>S:Ben önce sizi biraz tanımak istiyorum. Nasıl birisiniz, kaç yaşındasınız, neler yaparsınız bunları biraz duymak isterim sizden.</p> <p>K1: Ben şu an 31 yaşındayım. 21 yaşında evlendim; Adana’da yetiştim; lise mezunuyum. En büyükleri bendim 5 kardeşten. Gayet iyi bir aileden geldim çok şükür. Evlendiğim zaman, hani ilk hamileliğimden falan bahsedeyim. Düşüklerim oluyordu, 2 tane düşüğüm oldu. Ardından üçüncüde biz tam aşılama düşünüyorken ki hastahaneye gittim aşılama yaptırmak için, doktorum orada hamile olduğumu söylemişti. (Gülümseyerek anlatıyor)</p>	<p>Normal text = descriptive</p> <p><i>Italic= dilsel</i></p> <p><u>Underlined= conceptual</u></p> <p>Bold= serbest çağrışım</p> <p>Yellow highlighted= what stands out</p> <p>Gayet iyi bir aileden geldim çok şükür.</p>
Mucize/Kızını bir mucize olarak algılama	<p>Böyle bir şeydi, diğer vefat eden kızımın gelişi de kendisi gibi mucizeydi yani. Ondan sonra, 8 ay yaşadı. Hastalığını öğrendiğimizde yani 5 aydan sonra hareketsizliği tamamen gitmişti. Kafasını bile</p>	<p>Böyle bir şeydi, diğer vefat eden kızımın gelişi de kendisi gibi mucizeydi yani.</p>

<p>Ölümcül hastalık/Ağır hastalık/Ölüm</p> <p>Tek başına kalmak/Yalnız bırakılmışlık</p> <p>Eşin desteği yok</p>	<p>çeviremiyordu.</p> <p>S: Neydi kızınızın hastalığı?</p> <p>K1: Spinal Muskuler Atrofi, tip 1 en ağır olanı. Ondan sonra... (duraksadı) Kas hastaları içinde en ağır ve en öldürücü olanı hatta dünyada. Eee 7,5 ay işte bir hafta kalmıştı 8 ay olacaktı vefat etti. Çok zor zamanlardan geçtik. Ee şöyle bir durum var, ben tek başıma şey yaptım. Çünkü baba bu konuda biraz ee destek değil. Hani onun destek olmaması daha çok zorlaştırdı. Ondan sonra... Adana'ya götürdüm, hani ailenin sürekli hastahanelere götürüyordum “var bu çocukta bir şey” diyordum. Hani aileden gelen işte hani ee “çocukta bir şey yok”, “bu kadın neden sürekli çocuğu hastahaneye götürüyor daha da hasta edecek” gibisinden.</p>	<p>Spinal Muskuler Atrofi, tip 1 en ağır olanı. Ondan sonra... (duraksadı) Kas hastaları içinde en ağır ve en öldürücü olanı hatta dünyada.</p> <p>Ben tek başıma şey yaptım. Çünkü baba bu konuda biraz ee destek değil. Hani onun destek olmaması daha çok zorlaştırdı.</p>
<p>Ailenin suçlamaları</p> <p>Ölümcül hastalık</p>	<p>Biraz eşimin başında bu sefer ben dırdır ettim sonra Adana'ya gittim, orada araştırmasını yaptırdım. Dediler ki: “Bir şey var, rahatsız bu</p>	<p>Hani aileden gelen işte hani ee “çocukta bir şey yok”, “bu kadın neden sürekli çocuğu hastahaneye götürüyor daha da hasta edecek” gibisinden.</p> <p>Dediler ki: “Bir şey var, rahatsız bu çocuk,</p>

<p>Ailenin baskısı</p> <p>Ailenin suçlamaları</p> <p>Hastalığı sır olarak saklama/gizleme</p> <p>Damgalanma korkusu</p>	<p>çocuk, ölümcül.” ama çözemiyorlardı.</p> <p>Çukurova Üniversitesi’nde yapıldı. Ardından işte ee buraya geldik bir son tahlili kalmıştı; ama baya kalmıştık orada bir 2-3 aya randevu verdiler. Biz de burada özele geldik, yaptırdık. O hastalığın olduğunu öğrendik. Sonra 1-1,5 ay içerisinde vefat etti. Ardından bir oğlum var. Çok şükür iyi; ama o da taşıyıcı ve ailenin haberi yok.</p> <p>Aileye söylemedik çünkü hani aile dediğim bir tek anne baba yani dedeler ve büyükanneler falan biliyor. Geri dışında geri kalan kimse bilmiyor; çünkü hani çocuğa lakap falan takarlar. He bunu söylemeyecek miyiz, söyleyeceğiz. Belli bir yaşını aldıktan sonra sen de taşıyıcısın, yarın öbür gün evlendiğinde senin de çocuğunda olabilir.</p>	<p>ölümcül.”</p> <p>Ardından bir oğlum var. Çok şükür iyi; ama o da taşıyıcı ve ailenin haberi yok. Geri dışında geri kalan kimse bilmiyor; çünkü hani çocuğa lakap falan takarlar.</p>
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Annex 5: Emerging Themes

1. Kendi ailesini olumlama
2. Mucize
3. Kızımı bir mucize olarak algılama.
4. Ölümcül hastalık
5. Ölüm
6. Yalnız bırakılmışlık. (yalnızım)
7. Eşin desteği yok.
8. Ailenin suçlamaları
9. Yalnız mücadele
10. Ölümcül hastalık
11. Damgalanma korkusu
12. Ailenin baskısı
13. Ailenin suçlamaları
14. Hastalığı sır olarak saklama/gizleme
15. Hastalığı sır olarak saklama
16. Damgalanma korkusu
17. Hastalığı sır olarak saklama/gizleme
18. Kızımı mucize/sürpriz olarak algılama
19. Hasta çocuklarına yüklediği anlamlar (mucize, sürpriz, güçlü)
20. Eşinin işleri zorlaştırması
21. Eşe isyan
22. Yalnız bırakılmışlık
23. Mücadele
24. Ölen çocuk yerine de mücadele
25. Çocuğun denek olması
26. Denek olma
27. Denek/kobay olma
28. Babanın desteği.
29. Çaresizlik
30. Risk alma
31. İnanç
32. Teslimiyet
33. Cansız bebek/bez bebek/ cansız bebeği canlandırma arzusu
34. Tek başına kalmak
35. Yalnızlık
36. Hastahane olmak
37. Yalnızlık
38. Eşin yokluğu
39. Zorluk çıkarıcı eş
40. Her şeye yetmeye çalışan anne
41. Eşi anlama çabası
42. Yalnızlık
43. Kızına yüklediği mana
44. Adanmış bir hayat
45. Çaresiz kadın imajı
46. Evliliğinin sorumluluğunu almama(2)
47. Karşılıksız verme
48. İlişkilerde hassaslaşma
49. Alınan biri haline gelme
50. Yardım almaya dair ihtiyacından utanma.
51. Tüm güçlülük fantezileri?
52. Allaha sığınma
53. Psikologtan yardım almak zayıflık/inanç eksikliği?
54. Kızımın vefatı beni yıkmadı/yardım almama gerek yoktu. Güçlüydüm, kaldırdım.
55. Damgalanma korkusu

56. Çocuklarından ayrılmaya dair kaygı
57. Yalnız bırakılma
58. Eşinden destek alamama
59. Deli damgası
60. Eşin desteğinin olmaması ve depresyon
61. Ağır doktasyon
62. İzolasyon
63. Karanlık istiyor
64. Babanın desteği
65. Yardıma olan ihtiyacı reddetme/inkar.
66. Ben güçsüz değilim/yıkılmadım/tümgüçlü lük?
67. Psikoloğa ihtiyacım yok.
68. Babanın desteği
69. İhtiyacım yok, güçlüyüm.
70. Zayıflığın, yardıma ihtiyacın reddi/inkar.
71. Eşin yalnız bırakması ölümden daha ağır
72. Ailenin anlayışlı olması
73. Daha alıngan biri haline gelme
74. İnsanlarla olan sorunlarını yok sayma/inkar
75. Yalnızlık/eşin desteği
76. Yorgunluk
77. Tükenmişlik
78. Ayrılmak istemiyor eşinden/eşi düzelsin
79. Hayat zor/hastalıklar ve maddiyat
80. hastahanedeki gereken ilgi ve bakım verilmedi.
81. Yalnız mücadele
82. Soğuk
83. Yağmur
84. Bitmiş/tükenmiş/ruh gibi
85. Yalnızlık
86. Ölümle ilgili görülen rüya
87. Öleceğini biliyordum
88. Çocuğa yüklenen büyük mana
89. Ölümün inkarı/uyuyor
90. Ölüm gayet iyiydi/güzeldi (linguistic)
91. Öldükten sonra rüyada görmek
92. Yasın tutulamaması
93. Yas sürecinin istenilen şekilde geçirilememesi
94. Mezarlıkta huzur bulmak
95. Eşinin anlayışsızlığı ve yalnız bırakması (yas sürecinde de)
96. Kıza yüklenen mana
97. Tutulamayan yas
98. Eşin anlayışsızlığı/destek olmaması
99. Tek başına kalmak
100. Kimseden destek bulamama/insanlar kötü/insanlık ölmüş
101. Bütün doğumlar çocuklar hastalıklı
102. Neşeyi kaybetmek/kendi ile ilgilenmemek
103. Yıldönümünü fark etmek
104. Soğuk/Buz gibi
105. Yıldönümlerinde kızının yaşını hesaplama
106. Yaşasaydı diye düşünme
107. Ölüme şükretmek/İnkar?/Şanslıyım

108. Hasta kız ve ölen kız birbirine karışıyor (2)
109. Yıldönümü normal bir gün / fark etmiyor
110. Rüya görmek
111. Karalar bağlamıyorum/normal/sıradan
112. Ölüm normal bir şey
113. Kızım yaşasaydı
114. Yaşasaydı şu yaşta olacaktı
115. Kıyaslama
116. Yıldönümlerinde pasta yapmak (doğum günü?)
117. Pastaya canlılık vermek
118. İlk yıldönümleri eve kapanma/karamsarlık
119. Yağmur yağsın
120. Soğuk olsun
121. Karanlık olsun
122. Ben mutlu değilim insanlar da olmasın
123. Karanlık
124. Yağmur
125. Islanmak
126. İlk zamanlar ağırdı
127. Karanlık
128. Yağmur
129. Islanmak
130. İnsanlar uzak olsun

Annex 6: Grouping Themes First Stage

1. KİŞİLİK ÖZELLİKLERİ ve İLİŞKİLER
 - 1.1. İlişkilerde karşılıksız verme/Verici olma (3)
 - 1.2. Adanmışlık (3)
 - 1.3. Alınan bir insana dönüşme (3)
 - 1.4. İlişkilerdeki problemleri yok sayma/inkar etme (2)
2. İNKAR
 - 2.1. Yardıma olan ihtiyacın inkarı (5)
 - 2.2. Problemlerin inkarı (2)
 - 2.3. Ölümün inkarı/uyuyor (1)
 - 2.4. İlk yıldönümüne denk gelen hamilelik
3. YALNIZLIK
 - 3.1. Yalnız bırakılmışlık (9)
 - 3.2. Yalnız mücadele etmek (2)
 - 3.3. Romantik partnerin desteğinin olmaması (9)
 - 3.4. Romantik partnerin zorluk çıkarması (4)
 - 3.5. Sosyal destek bulamama (2)
4. DAMGALANMA KORKUSU
 - 4.1. Genetik/ölümcül bir hastalığa sahip olmak (2)
 - 4.2. Denek olmak (3)
 - 4.3. Damgalanma korkusu (3)
 - 4.4. Ailenin suçlamaları (3)
 - 4.5. Hastalıkları/Problemleri sır olarak saklama (3)
5. HASTALIĞIN İNKARI ve HASTA YAKINLARIN YÜCELEŞTİRİLMESİ
 - 5.1. Hastanın “mucize” olarak tanımlanması (4)
6. HASTALIK ve KAYIP SÜRECİNİN ETKİLERİ
 - 6.1. Yorgunluk (1)
 - 6.2. Tükenmişlik (3)
 - 6.3. Depresif ruh hali/Depresyon (2)
7. ÖLÜM İÇİN BİRİLERİNİN SUÇLANMASI
 - 7.1. Doktor ve hastahânenin suçlanması (1)
8. TUTULAMAYAN YAS
 - 8.1. Yas sürecinin istenilen şekilde geçirilememesi (3)
9. YARDIMA OLAN İHTİYACIN REDDİ/TÜMGÜÇLÜLÜK FANTEZİLERİ (5)
10. MEVSİM/HAVA DURUMU İLE YILDÖNÜMÜ BAĞLANTISI
 - 10.1. Karanlık/Karanlık olsun (4)

- 10.2. Soğuk/Soğuk olsun (3)
- 10.3. Yağmurlu /Yağmur yağsın (4)
- 10.4. Islanmak istiyorum (2)
11. RÜYALAR
 - 11.1. Öleceğini biliyordum/Rüyamda gördüm (2)
 - 11.2. Öldükten sonra rüyada görmek (2)
 - 11.3. Rüyada ölen kişi tarafından bir konuda uyarılmak (1)
12. YILDÖNÜMLERİNİN FARKINDA OLMAK (1)
13. YILDÖNÜMÜNÜN “SIRADAN BİR GÜN” OLARAK TANIMLANMASI (3)
14. YILDÖNÜMLERİNDE RUH HALİNDEKİ DEĞİŞİMLER
 - 14.1. Eve kapanma isteği (1)
 - 14.2. Karamsarlık (1)
 - 14.3. İnsanların mutlu olmasını istememe (1)
15. YILDÖNÜMLERİNDE İLİŞKİLERDEKİ DEĞİŞİMLER
 - 15.1. Eve kapanma isteği (1)
 - 15.2. İnsanlar uzak dursun arzusu (1)
16. YILDÖNÜMLERİNDE CANLILIĞA DAİR MESELELER
 - 16.1. Yıldönümünde yaş hesaplama (2)
 - 16.2. “Yaşasaydı” diye düşünme (2)
 - 16.3. Yıldönümünde pasta yapmak (1)

Annex 7: Grouping Themes Second Stage

1. İlişkilerde Verici Olma (Giver)
 - A. İlişkilerde karşılıksız verici olma (K1, K3, K4, K6)
 - B. Kendini ilişkiye adanmak (K1)
 - C. Verici yapısından dolayı insanlar tarafından kullanıldığını düşünme (K3)
 - D. Yardım almayı sevmeyen ama çok yardım eden (K6)
2. Geçmiş Travmalar ve Zorluklar
 - A. Anne-babanın terki (K6)
 - B. Babanın kaybı (K6)
 - C. Ankara Gar Patlamasında bir tanıdığını kaybetmek (K6)
 - D. Meme kanseri geçmişi (K6)
 - E. Depresyon geçmişi (K6)
 - F. 15 Temmuz Darbe Girişimi (K5)
 - G. Eşin iş kazası geçirmesi ve bacağını kaybetme tehlikesi yaşaması (K2)
 - H. Engelli kız kardeşlere sahip olmak (K5)
 - I. “Mahrumiyet bölgesinde”/Toplumdan uzak yaşamak (K4)
3. Ölüme Dair
 - A. Ani ölüm/ Beklenmedik Ölüm (K2, K3, K4, K5, K6)
 - B. Öleceğini anladım, biliyordum hissi (K1, K3, K4)
 - C. Ölümle ilgili rüya (Ölmeden önce ve öldükten sonra) (K1, K2, K3)
 - D. Sosyal desteğin olmasının olumlu etkisi(K4,K6)/ Sosyal desteği yetersiz bulma-olmamasının olumsuz etkisi (K2, K5, K1)
 - E. Ölüm için hastanenin ve doktorların suçlanması (K1, K3, K4, K5, K6)
4. Yıldönümlerini Fark Etmek/Hatırlamak (K1, K2, K3, K4, K5, K6)
5. Yıldönümleri Sıradan, Normal Bir Gün/ Bir şey olmuyor (K1, K4)
6. Yıldönümlerinde Olan Şeyleri İstememe (K3, K2)
7. “Yıldönümü Geliyor” Hissi (K5, K6)
8. Yıldönümünde Ritüeller (K1, K2, K3, K5, K6)
 - A. Pasta yapmak (K1)
 - B. Kuran Okutmak (K2)
 - C. Kuran Okumak (K5)
 - D. Mezar Ziyareti (K3, K5)
 - E. Sosyal Medyada Fotoğraf Paylaşımı (K3)
 - F. Fotoğraflara bakmak, anılarla meşguliyet (K2, K3)
 - G. Kahvaltı vermek (K6)

9. Toplumsal Travmaların Yıldönümüne Etkisi
 - A. 15 Temmuz Darbe Girişimi (K5)
 - B. Ankara Gar Patlaması (K6)

10. Duyuların (Sensations) Travma Yıldönümüne Etkisi
 - A. Hava durumunun/ Mevsimin yıldönümünü hatırlatması, etkisini arttırması (K1, K4, K5, K6)
 - B. Ölüm anında duyulan seslerin tekrar duyulmasının etkisi (akşam ezanı) (K5)
 - C. Görsel-Işığın etkisi (karanlık-aydınlık) (K1)
11. Travma Yıldönümünde Duygu Durumunda Değişimler
 - A. Durgunlaşma/Heyecan Kaybı (K4, K3)
 - B. Hüzün (K4)
 - C. Duygusallık (K4)
 - D. Öfke (K6)
 - E. Sabırsızlık (K6)
 - F. Ağlama/Ağlama krizleri (K6, K2)
 - G. Duygusal Gelgitler(K6)
 - H. Yoğunlaşan Duygular (K6, K2, K3)
 - I. Karamsarlık (K1)
 - J. İnsanların mutlu olmasını istememe (K1)
 - K. Mutsuzluk (K5)
 - L. Gerginlik (K5)
 - M. Stres (K5)
 - N. Vefat ettiği döneme benzer hisler hissetmek (K5)
12. Travma Yıldönümünde Bilişsel İşlevlerde Değişimler
 - A. Yoğun Flashbackler (K3,K5, K6)
 - B. Hep aklında olması (K5,K6)
 - C. Aynı şeyleri yeniden yaşıyor gibi hissetmek (K3)
 - D. Normal yaşantı, anormal hatırlama (K3)
 - E. Saati saatine olayı zihninde canlandırma (K3, K5)
 - F. Mülakat esnasında yıldönümü hakkında konuşurken flashback yaşamak (K2, K5)
 - G. Dalgınlasmak (K5, K6)
 - H. Dağınık/Kirli/Uyuşuk Zihin (K4)
 - I. Konsantrasyon Bozukluğu (K5, K4)
 - J. Çalışma isteğinde azalma (K4)
 - K. Vurdumduymazlık (K4)
 - L. Beynin susmaması hissi (K5)
 - M. Uyku hali (K5, K4)

- N. Kaçamama hissi (K5)
- O. Düşünmekten kaçınmaya çalışma (K5, K3)
- P. Rotasını kaybetmiş/hayalet gibi hissetmek (K5)
- Q. Her sene neler değişti diye bir muhasebe yapmak (K5)
- R. Aileye dair sorumlulukların hatırlanması (K5)
- S. Yaş hesaplama, yaşasaydı kaç yaşında olacaktı diye düşünme (K3, K1)

13. Travma Yıldönümünde İlişkisel Değişimler

- A. Aile bireyleri ile konuşmaktan kaçınmak (K5, K6)
- B. Ayrılık yaşamak (romantik partnerden) (K5)
- C. İzolasyon (K3, K1)
- D. Kaybedilen kişi hakkında kimseyle konuşmak istememek (K5)
- E. Kaybedilen kişiyi tanıyan aile dışından insanlarla başka konularda konuşmak (K5)
- F. Yalnız kalamama, kendini evden dışarı atarak insanlarla olmak istemek (K5)

14. Travma Yıldönümünde Fiziksel Değişimler

- A. Bahar alerjisi (anne Mayıs ayında vefat etti ve daha önce olan alerji annenin vefatından sonra yoğunlaştı) (K4)
- B. Halsizlik (K4)
- C. Yorgunluk (K4)
- D. Uyku Problemleri (K4)
- E. Mide rahatsızlıkları (ekşime, yanma) (K5)
- F. Açlık hissetmeme (K5)
- G. Tat alamama (K5)
- H. Yemek yapmak istememe (K5)
- I. Yıldönümüne denk gelen ciddi rahatsızlıklar ve kazalar (Beyin tümörü, iş kazası) (K2)

15. Travma Yıldönümünde Davranışsal Değişimler

- A. Eve kapanma isteği (K1)
- B. Ritüeller (K1, K2, K3, K4, K5, K6)
- C. Ritüelleri zamanla ortadan kaldırmak/hatırlamamak için (K5, K3)
- D. Daha sakin bir yaşama geçmek/Aktivitelerde azalma (K3)
- E. Evden uzaklaşma, dışarı çıkma (K5)
- F. Kendini yorarak düşünmeyi önleme (K5)
- G. Takvim ve saati kontrol ederek an an ne olduğunu düşünme (K5, K3)

16. Yıldönümü Etkisinin Süresi

- A. 1 ay önceden başlıyor (K2, K3)

- B. 1 hafta boyunca çok yoğun oluyor (K3)
 - C. 1,5-2 ay önceden başlıyor (K6)
 - D. Hastalık süreciyle başlıyor (K5)
 - E. “Yıldönümü geliyor/yaklaşıyor hissi” (K5, K6)
17. Yıldönümü Kadar Etkili Olan Diğer Zamanlar
- A. Anıları konuşmak ve fotoğraflara bakılması (K3,K4, K2, K6)
 - B. Özel günler (Bayram, doğum günü) (K3,K4)
 - C. Rüyada görmek (K4)



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

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


Başvuru Sahibi / Applicant: Sena Nur Dönmez

Proje Başlığı / Project Title: Anniversary of Bereavement: Phenomenology of
Anniversary Reactions on Traumatic Loss of a Loved One

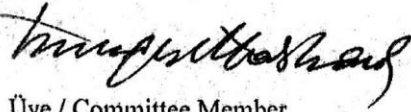
Proje No. / Project Number: 2019-20024-50

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 Nisan 2019

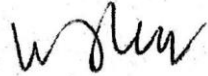

Kurul Başkanı / Committee Chair

Doç. Dr. İtir Erhart



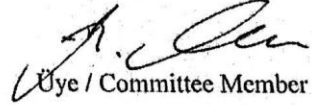
Üye / Committee Member

Prof. Dr. Turgut Tarhanlı

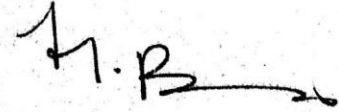


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Prof. Dr. Koray Akay


Üye / Committee Member

Prof. Dr. Aslı Tunç



Üye / Committee Member

Prof. Dr. Hale Bolak Boratav