Psychological Impacts of Mass Violence: Dersimi People Remembering 37-38.

27 August 2015

Student ID: 1345111

Module Code: Research Dissertation, 7PAGMRES

Word Count: 9,811

Mental Health Studies Programme

Institute of Psychiatry

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ACKNOWLEDGEMENTS

I would like to thank my first supervisor Orkideh Behrouzan for her patience and interest motivating me during and after this project and to my second supervisor Gillian Wiscarson for her valuable guidance.

I also appreciate Bulut Yıldırım for his support and guidance throughout this project.

I also would like to thank dearest friend Baturalp Özcan for his endless patient and psychological support before, during and after this project.

Finally, I would like to express my deep gratefulness to my Mother Fatma Kafkas and my Father Mehmet Ali Alp. Especially, my mom, as without her presence and support I would have never come this far.

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"Normality is fiction"
Michel Foucault

Abstract

Psychiatrists and psychologists have studied the impacts of mass violence on mental health for over 50 years. Anthropologists, philosophers, particularly medical anthropologists, have also contributed to this topic by taking attentions to the gaps in the conventional psychiatry literature. Nowadays, conventional psychiatrists and psychologists focus on the expected development of stress-related psychological pathologies and its treatment possibilities. In contrast, medical anthropologists and philosophers highlight the importance of culture and socio-political contexts on the effects of mass violence. Researchers have tried to conceptualize the psychological phenomena and support the theoretical framework for treatment of the consequences of mass violence on the mental health of those affected by generally focusing on Posttraumatic Stress Disorder (PTSD) and other trauma-related disorders. However, PTSD is still a dominant paradigm, the concept remains controversial. In contrast to controversial place of PTSD, it is still shaping the responses of international policy makers by developing psychological first-aid programmes mostly to identify and treat PTSD in societies that have undergone traumatic and violent political events. International policy makers justify their own existence in conflict areas mostly by employing controversial practices and concepts to identify and treat stress-related disorders. Therefore, that might be a concealing factor in discussions on PTSD and its treatment. Cultural constructions and conceptualizations have contributed to this psychiatric debate, by drawing attention to broader diagnosis and healing strategies in culturally diverse contexts. In order to appreciate the effects of culture, different interpretations of and healing strategies for trauma from an Alevi-Kurdish community, which was brutally exposed to mass political violence in 1937–1938 in Dersim (Tunceli), will be presented. Using comparative and critical perspectives, in this study author will discuss the impact of mass violence on mental health by providing a preliminary study of the ways that both cultural and historical determinants of psychological well-being can be maintained by a society's religious and cultural forms; and how they continue to shape their experience of violence.

Introduction

A World Health Organization report (WHO, 2002) on violence and health noted that 18.6% of violence-related deaths in 2000 were war related. The International Institute for Strategic Studies (IISS) recently studied armed conflicts globally and found that in 2008, 63-armed conflicts caused 56,000 fatalities, whereas 2014 in 42 war-related conflicts 180,000 people died. Therefore, although the number of armed conflicts is decreasing, the number of deaths from these is rising (IISS, 2015). These dramatically increasing levels of fatality rates should persuade mental health and social science professionals to re-evaluate their own positions toward developing more realistic models and approaches in responding to mental health and political violent conflicts. Interest in the psychological effects of human-made disasters has grown dramatically over the past 30 years, perhaps because of various aid programmes being developed by international policy makers to prevent or, if this is not possible, treat the results of political mass violence on mental health. However, there is still no all-embracing agreement on conceptualization and treatment of war-related stress disorders (Kienzler, 2008). Moreover, controversial points have emerged from the literature and practices as bio-medical and socio-cultural approaches are polarized in their conceptualizations and proposed treatment of the mental effects of violent conflicts. Those who approach from clinical perspectives to trauma, try to approve Post Traumatic Stress Disorder (PTSD) as a universal and cross-culturally valid psychopathological response to traumatic distress that can be treated or alleviated with Western clinical and psychosocial therapeutic measures. In contrast, those who approach from cultural perspectives to trauma find medical paths incompatible with particular cultural and moral contexts (Kienzler, 2008). In this study, it will be discussed; socio-cultural, historic and especially religious components of mass violence might also affect the relationship between trauma and mass violence since both polarized perspectives should be used to broaden current theory and practice on mass violence and mental health.

Many researches show that a significant proportion of people exposed to mass violence have developed mental disorders, though recent epidemiological findings show that PTSD rates are particularly prominent among non-Western post-conflict geographies (Murthy, 2007). For example, the proportion of people who involved in conflicts developed PTSD are 18.7% for Vietnam (Dohrenwend et al., 2006), 20.4% for Afghanistan (Scholte, et al., 2004) and 27%

for Sri Lanka (Somasundaram and Jamunanatha, 2002) respectively as cited in Murthy, (2007). Although, considerable levels of PTSD in the population experienced mass violence are reported, the evidence for more than half of the population show resilience is also provided by the same study. Therefore, this work investigates how PTSD is conceptualized and diagnosed and, is suggesting to add new understandings and solutions to mental health problems in addition to the current medicalized responses to trauma.

Stein, Seedat, Iversen and Wessely (2007) proposed that in several community studies although more than 80% of the developed world is exposed to severe trauma, only 10% of these people develop a mental disorder from this. It is also provided that there are several factors may play role before, during and after trauma in development of PTSD for example, genetic variation, severity and duration of the trauma and social support.

Therefore, from the epidemiological perspectives, the medicalization of responses to trauma is apparent since PTSD is somewhat uncommon. To explore different factors behind the PTSD after exposed to mass violence and the controversy regarding diagnosis of it, this work will analyse some empirical findings.

Moreover, international policy makers such as UNICEF, WHO, the European Community Humanitarian Office and many non-governmental organizations develop programmes costing millions of dollars to identify and treat PTSD in post-armed conflict/mass violence areas, and the do so based on research and current knowledge of mental health and mass violence (Summerfield, 1999). Many reports from the above organizations show that current treatment methods and psychiatric approaches are providing good outcomes. W. A. Tol et al. (2011) reviewed recent reports of mental health and psychosocial support activities. In their meta-analysis of seven Randomized Controlled Trials (RCTs) showed that, several interventions are efficacious in treatment of PTSD. Although the mass violence and mental health literature underlines that current conceptualizations and treatment methods followed by international aid programmes reduce mental health burden, other studies indicate that current practice is problematical in non-Western geographies (Batniji, van Ommeren, & Saraceno, 2006; Bracken, Giller, & Summerfield, 1995). Furthermore, knowledge of psychiatric and psychological research in the treatment of PTSD in post-armed conflict/mass violence zones requires re-evaluation to be able to clarify existing controversies in the literature of trauma and mass violence.

Certain literature also debates the cross-cultural applicability of PTSD diagnosis in terms of its validity and adequacy (Hinton and Lewis-Fernandez, 2010). Authors also presented some discussions about PTSD related to culture. For example, criteria of having flashbacks is Western contraction, some studies highlighted that the PTSD category might reduce social and moral implications and their visibility since it is medicalization of human suffering and lastly others argued that, existing PTSD category is not sufficient to determine local-expressions of trauma related psychopathology. The present model of cultural formulation in the DSM-5 has also being criticized in terms of where the clinician might develop cultural understanding (Leseth, 2015). Clinician is never culturally neutral hence; personal assumptions, premises and categories should be unambiguous to prevent misdiagnosis and misunderstandings. Therefore, clinician should always be in a culturally reflexive research position. In addition to these critical standpoints, Nickerson et al. (2011) report that none of the culturally applicable interventions implemented for refugees with PTSD had caused significant improvement after the six-month follow-up in terms of symptoms, functioning, general distress and social support. Moreover, how people in cultural environments other than Western ones perceive or interpret trauma is understudied, even though it could expand the current knowledge of mental health and trauma after exposure to mass violence. Bracken et al. (1995) emphasized that the PTSD concept favours Western ontology and value system, so its applicability to non-Western groups might be problematic. Authors argued the mental and physical health is separated in Western cultures where ontological focus is on the individual. However, the separation of the mental and physical health is not apparent in so many non-Western cultures where their integration is in intrapsychic and in spiritual realm. Therefore the universality of biomedicine might be problematic.

For instance, a few studies indeed show that culture is a crucial determinant of how people interpret and respond to trauma. Johnson and Thompson (2008) reviewed the literature on the development and maintenance of PTSD in generally non-Western civilians exposed to war-related violent trauma and torture, emphasizing how overall rates of PTSD are lower than expected and that certain cultural factors such as religious beliefs might be protective.

This preliminary study aims to analyse the complex relationship between mass violence and mental health in the context of a particularly isolated geographical area in Eastern Turkey. It does so by exploring the influence of these people's religious philosophy and practices on their protective and healing strategies after mass violence. This study is important in terms of

both the topic and because there are few studies on this Alevi-Kurdish community, especially as the author is not currently aware of any work that brings these two aspects together. Also, this group's experience of being subjected to political mass violence in 1938–1937 by the Turkish Government has still not yet been recognized officially. Therefore, some historical and political aspects of this community will also be presented to highlight the importance of those issues to explore the mass violence and mental health phenomena in this particular community. In terms of the topic, current socio-political oppression on this group might still be a factor in how they respond to trauma after mass violence so this should not be generalized and studied by only medical approaches. As this community and what it experienced in the 1937–1938 massacre remains understudied, subject of this dissertation is a new research area for those interested in war trauma and mental health issues. The isolated geography, ancient pagan practices and on-going political oppression of this community all add to the value of studying mass violence and its effects on mental health here from a broader and interdisciplinary perspective in order to gain more sophisticated conceptualization and understanding of the psychological consequences of mass armed conflicts.

Importance of socio-political, cultural and historical perspectives of adverse psychological consequences of mass violence and possible religious coping strategies after mass violence should be presented.

1- A short history of PTSD

Since post-traumatic stress disorder (PTSD) was included in the third edition of Diagnostic and Statistical Manual (DSM III) in 1980, Western psychiatrists and psychologists increased their interest in the psychological effects of trauma and mass violence for more than 30 years (Bracken, Giller, & Summerfield, 1995). Despite this interest, the history of construction of PTSD might lead a tendency toward medicalization and universalization of psychological responses, which are recently found to be more complex than they are thought. One of the recent epidemiological studies in psychiatric research for example, focusing on refugees and post-conflict populations in non-Western geographies, tend to represent traumatic stress mostly by PTSD or other stress-related disorders, and they show depression as being at epidemic levels (Murthy, 2007).

Terminology for the distressing psychological responses after exposure to traumatic life-events was standardised as syndromes in the late 19th and early 20th centuries. Many of these were related to railway incidents or combat experiences and included irritable heart (Oppenheimer and Rothschild, 1918), traumatic shock (Neale, 1882) and shell shock (Mott, 1918). Freud (1966b) coined 'anxiety neuroses' for the repressed memories of traumatic and psychological events that have a variety of physical features. Moreover, the belief on the impact of physical forces on the central nervous system develops dysfunction temporarily and this leads to the development of symptoms represented the umbrella term of 'shell shock' during the First World War (Turnbull, 1998). Shell shock describes the response of soldiers in WWI to the trauma they experienced during the war. Symptoms included; feelings of helplessness, panic, being scared, and disturbances in reason, sleep and talk mechanisms (Hochschild, 2012). Furthermore, Freud's (1966b) contribution to the topic lead evolution of physiology and behavioural psychology accepted multiple dimensions of traumatic stress reactions to explain biological, psychological and interrelational stressors (Turnbull, 1998). After the Korean War (1950–1953), DSM I (published in 1952) included the category of 'gross stress reaction'. However, it did not provide the best definition. It was explained as the reactions of 'normal' individuals to exceptional traumatic experiences such as war or natural disasters, and the reason for these reactions were 'extreme environmental stress', which is similar to Criteria A in PTSD. However, the effects were described as transient so the condition was not medicalized, hospitalized nor funded as impairment was short-lived

(Shepard 1999; Jones & Wessely, 2003). In 1980 the 3rd edition of Diagnostic and Statistical Manual of Mental Disorders (DSM III) formally introduced PTSD, stating that psychological responses after combat experiences are the causes of both chronic and acute impairments of the war itself so exposure to war-related stress will create some psychological breakdown. Moreover, together with inclusion of PTSD into DSM III psychological responses to violent or war-related situations were no longer perceived as normal reactions (Jakovljević, 2012). Afterwards, theoretical and practical knowledge of mass violence on mental health has been produced mostly in Western countries, which generally define PTSD as a medical disorder. This legitimizes the production of literature that favours the medicalization of this disorder even though there is still a debate on what this medical disorder is (Sadler, Wiggins and Schwartz, 1994; Yehuda and McFarlane, 1995). Presently, the number of international aid programmes in post mass violence and armed conflict places are increasing and these usually identify and treat expected pathologies of people who suffer in these places. This is despite there being insufficient literature on current diagnosis and interventions methods being applicable to all or more specifically non-Western geographies where political and armed conflicts generally occur.

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2- Implications of PTSD and Western Discourse of Psychiatry

Conceptualizations and treatments for PTSD have been constructed throughout history after being introduced through the scientific discourse of the 19th century (Kienzler, 2008). Erichsen (1866:16) introduced the "railway spine syndrome", which is similar to PTSD symptoms. Psychological accounts of physical injuries proposed by Janet (1901) and Freud (1955) explain that these syndromes could also be a consequence of psychological trauma. They argued that, as memories of particular events are often painful and unmanageable, people who have experienced traumatic events might repress the memories in the subconscious or unconscious. Moreover, these traumatic subconscious memories could cause all kinds of psychopathological expressions – for example, anxiety states, depression, interpersonal troubles, alcoholism and drug addiction (McHugh and Treisman, 2007). Therefore, as a result of repressed or dissociated memories, clinicians have failed to identify other forms or varieties of PTSD prior to the Vietnam War. Also, when psychiatric hospitals and services started to diagnose PTSD in many of their patients, for many veterans this was perceived as a more honourable abnormality than mental disorder, alcoholism or adjustment disorder (McHugh and Treisman, 2007).

Furthermore, Young (1995) highlighted the idea of American Psychological Association (APA) for the first time included a classification and diagnosis of a mental disorder based on an 'atheoretical approach'. That means that for the first time, APA has included a category of disorder developed by physical, environmental and certain purposed events.

Since the DSM III included PTSD in 1980, Western psychiatrists and psychologists have showed an increasing interest in studying the psychological effects of war trauma and trauma-related disorders. It is also since then that the concept of PTSD has been widely accepted as valid and has been used to explain responses or reactions to trauma in different situations, including civilian and military consequences of war (Bracken, Giller, & Summerfield, 1995). Demonstrating this point, McHugh and Treisman (2007) noted that the number of annual

publications found in an English language MEDLINE on PTSD has risen from a couple of articles in 1980 to over 600 in 2004.

The American Psychological Association (APA) (2000) defines PTSD as a "non-contingent entity" so it is valid enough to be studied (Hacking, 1999). It also says PTSD is an anxiety disorder that is defined by the "re-experiencing of an extremely traumatic event accompanied by symptoms of increased arousal and by avoidance of stimuli associated with the trauma" (APA, 2000: 429). APA also describes psychiatric disorders such as PTSD as timeless, universal and cross-culturally valid. However, Young (1995) argues against these assumptions by outlining "causal historical processes" (Hacking, 1999), which concerns how the disorder is "glued together by the practices, technologies, and narratives with which it is diagnosed, studied, treated and moral arguments that mobilize these efforts and resources" (Young, 1995: 5). Therefore, one criticism about PTSD's conceptualization is that it medicalizes normal stress by framing reactions to extreme stress as not time-limited, even though contradictions exist within its history. For example; despite this point, early developers of current conceptualizations said that symptoms were normal reactions to traumatic events that will alleviate naturally with no lasting harm to the person (McHugh & Treisman, 2007; Summerfield, 2001).

Epidemiological findings do support the idea that extreme stress may result in severe and long-lasting psychopathology (Norris and Slone, 2007). Morgan, Scourfield, Williams, Jasper, and Lewis (2003) reported on a follow-up study on children who were aged 4 to 11 when they survived the Aberfan disaster in 1966. Over 33 years later, one third of them were still having PTSD symptoms according to current APA diagnostic system. Moreover, a common view is that, PTSD may be a result of an adaptation problem and normal reactions to extreme stress, which do not alleviate themselves (Shalev, 2003). Therefore, the symptoms of PTSD are not defined by their nature but by the endurance of PTSD symptoms. This point suggests that it is crucial to define the duration and impairment of symptoms to regard them as "normal" (Brewin et al., 2009).

Moreover, the tendency towards medicalization and blurred boundaries between normal and abnormal symptoms in the conventional PTSD research may derive from the Western discourse. Western thought is placing the individual prior to the society, and this plays an important role in defining political, cultural and medical discourses (Gordon, 1988). Western psychiatric discourse promises that protocols will enhance the quality of care, reduce

unwanted variations in practice and help to render medical practice more scientific (Berg, 1997). Therefore, conceptualization and treatment methods are more likely to improve through these aims by psychiatric professionals who have the power to produce and develop common perceptions of mental health phenomenon focusing on individualistic discourse. Furthermore, the discovery of trauma has been an international issue since the promise of protocols is towards universality. International policy makers and Western mental health professionals asserted that psychological fall-out is a distinct result of war for whole population and therefore, not surprisingly, trauma projects became attractive for Western donors (Summerfield, 1999). UNICEF, WHO, European Community Humanitarian Office and many non-governmental organizations have supported the legitimization of international aid programmes by lending millions of dollars to post-war zones to address and treat post-traumatic stress (Summerfield, 1999).

Moreover, there is no basic universal human response to extremely stressful events as claimed by the Western psychological framework. For instance, there are contradictory findings in the literature. Cardozo et al. (2000, 2003) reported that Kosovar Albanians experienced PTSD at a rate of 17.1% immediately following the war in Kosovo and 25% one year after the war had finished.

Agger et al. (1995) claimed that 700,000 people in Bosnia-Herzegovina and Croatia had symptoms of psychological trauma and needed immediate treatment; however, according to local professionals, less than 1% of these cases were addressed. Bramsen and Van der Ploeg (1999) also reported that only 4% of civilian Dutch survivors of World War II showed PTSD symptoms 50 years after the end of the war.

In their comprehensive review of Johnson and Thomson (2008) reported that the differences between prevalence rates is the methodology employed in studies as self-report measures report higher rates of PTSD. Therefore, the conventional PTSD diagnosis and treatment methods that international aid programmes use in practice also need further investigation, especially as the effect of culture on treatment is important. In fact, this study argues that cultural aspects of PTSD and mass violence are particularly prominent in this area of work, yet often neglected. The history, politics and Western discourse of PTSD creates a vicious circle in which many questions arise in terms of conceptualization and the treatment of psychological stress-related trauma after mass violence, and necessarily so because a concern is that these prevent deeper understandings of the relevance of cultural phenomena in such

areas. As a specific example, cultural perceptions on mental health and mass violence are crucial to understanding mental health and trauma after mass violence.

Baldwin's et al., (2004) approach to "historical critical psychopathology" should be considered more deeply to understand the historical and conditioned aspects of mental health so that more sophisticated psychological first-aid programmes and conceptualization of trauma after mass violence can develop.

3- Cultural Aspects of Mass Violence and Mental Health

Conventional PTSD treatment methods use in international aid programmes and therefore in practice generally also need further investigation because PTSD is controversial category and human response to trauma is still not accepted as universal.

As a result of current debates on the problems concern to define PTSD and its historically constructed phenomena, studies also present major dilemmas about the treatment of PTSD for non-Western populations (McFarlane and Yehuda, 2000; Nickerson et al. 2011; Hinton and Lewis-Fernandez, 2010). For instance, cultural aspects can influence treatment outcomes. In Kenya, people who were diagnosed with PTSD found help in their religious community, whereas survivors of Oklahoma City bombings benefited from medical treatments (North, 2009). In contrast, certain meta-analyses show that, current knowledge and some treatment methods provide good outcomes, especially trauma-focused cognitive behavioural therapy (TFCBT) and eye-movement desensitization and reprocessing (EMDR), which are efficacious in the treatment of PTSD (Bisson & Andrew, 2009; Cloitre, 2009; Bisson et al, 2007). Accordingly, several trauma-focused psychological treatments as first-line treatments have been recommended for the current treatment guidelines since conventional research findings found them efficacious in treatment of PTSD (Foa, Keane, Friedman & Cohen, 2005; Stein et al.; 2009; Veterans Health Administration & Department of Defence, 2004; Australian Centre for Post-traumatic Mental Health, 2007). Additionally, this side of the research on PTSD fundamentally believes that focusing on trauma memories and their meanings is more effective than non-trauma-focused therapy (Ehlers et al. 2010). However, in their Cochrane review on the psychological treatment of PTSD, Bisson and Andrew (2009) noted that although controlled trials show good outcomes for trauma-focused psychotherapy, authors found participants' dropping-out from psychological treatments as a problematic issue in the treatment of PTSD.

Moreover, RCTs might not comprehensively understand the phenomenon of mental health after mass violence. This is because their use of control groups, random allocation of subjects and independent assessments means they do not represent the population as a whole (Clay, 2010). This is particularly so because mass violence or other armed conflicts are generally socio-historically shaped and it is difficult to generalize the results of controlled trials that mostly used on Western populations. For example, 'The Koach Project' in Israel used the full

extent of current therapeutic knowledge derived from clinical trials with international professionals, but this caused Lebanese combat veterans to develop worse symptoms (Solomon et al, 1992). Therefore, suggested therapeutic knowledge and interventions from the findings of clinical trials may not be applicable or efficacious for non-Western population. RCTs might also be problematic that the outcomes of such studies are similar in everyday practices with less experienced clinicians than those conducting the studies (McFarlane and Yehuda, 2000).

Furthermore, approaching mental health issues from cultural perspectives is important to highlight how some mass violence survivors present unique reactions, so current dominant models of treatment and existing knowledge on this may be inappropriate for culturally divergent responses to human-made violent events. Some theorists hypothesize that PTSD is a culture-bound diagnosis originating from Western psychiatric and cultural traditions that does not fully include the experience of individuals from non-Western populations (Bracken, Giller, & Summerfield, 1995; Chakraborty, 1991; Summerfield, 1999). In contrast, though, some note certain common features of PTSD that remain relatively applicable across cultures such as, Cambodia, Algeria and Ethiopia (Mollica et al, 1999; Silove, 1999; de Jong et al, 2001). However, according to Kienzler (2008), the importance of symptoms in refugee populations who have been exposed to mass violence is less since they are more concerned with past injustices or other psychosocial difficulties concerning resettlement processes. Therefore, existing environmental or political disadvantages may also affect the symptom's nature rather than traumatic event itself. Similarly, in a refugee camp in Eastern Chad, basic needs and safety concerns were more likely to correlate to the severity of past traumatic experiences than current PTSD severity (Rasmussen A, Nguyen L, Wilkinson J, et al.; 2010). In addition to other factors that may affect development of symptoms, is the interpretation of traumatic events may also vary across cultures (Hinton & Lewis-Fernandez, 2010) For example, in the Northern Korean context, the severity predictor of PTSD was related to the witnessing of traumatic events involving family members or worrying about them rather than physical or political trauma (Jeon et al., 2005).

Moreover, Johnson et al (2009) noted the importance of 'shared experience'. According to the author, if being targeted is not personalized and people live where traumatic events are common, then they might normalize the situation through supportive mechanisms such as a

sense of belonging in a community and sharing the same experience when being targeted collectively. Therefore, as Bracken et al. (1995) emphasized, individualized Western models should consider people's core experiences of 'collective traumatization' to reach more holistic and sophisticated post-trauma management strategies. Regarding treatment of this, Johnson et al. (2009) and Horowitz (1985) say that if the nature of such trauma relates to 'victimized' the ethnicity of population, then clinicians should consider religious beliefs and social support mechanisms to help people managing their traumatic experience. Therefore, the relationship between PTSD, diverse stressors, interpretation and collective sharing of trauma is crucial for exploring cultural aspects of psychological impacts after mass violence since the single focus on symptoms and the medicalization of symptoms neglect the socio-political and perhaps economical background to people's psychology after mass violence.

In this study, the focus is on a minority Kurdish-Alevi community (Zaza) that has been exposed to brutal mass violence because of nationalistic political strategies of the Turkish Republic or "Turkification Strategies". The Dersim Massacre fits the examples of collective traumatization as Bracken et al. (1995) presented as, in Dersim Massacre, people were targeted for their distinct cultural and religious practices which are contradicting with the majority of population in Turkey. Accordingly, interactional relationships between historical and on-going events – and the reasons for these – may be significant yet are often absent from current clinical and theoretical aspects of mental health. Together with the cultural features of one particular community, though, these can help to explore and understand new possible protection and healing strategies for individuals within their particular communities. In the mental health literature, religion, as an important form of culture, is considered an alternative way of psychological management to conventional biomedical approach in trauma-related disorders (Peres, Moreira-Almeida, Nasello & Koenig, 2007; Shaw, Joseph & Linley, 2005; Chen & Koenig, 2006). A recent review on the relationship between traumatic stress and religion reported that religious beliefs and involvement can help some to cope with traumatic distress (Chen & Koenig, 2006). Another systematic review on religion, spirituality and post-traumatic growth concluded that spiritual and religious beliefs and behaviours can provide psychological recovery, personal development and growth. However, the difference between spirituality and religion needs further exploring to understand the effects of these separately on the psychological recovery mechanisms (Peres, Moreira-Almeida, Nasello & Koenig,

2007). Authors suggest the use of narratives based on healthy perspectives to facilitate cognitive change and decrease PTSD symptoms, but they emphasized religiousness and spirituality in these, as they are useful for personal pursuits of meaning in life.
Therefore, this study attempts to show the importance of historical, political and socio-cultural aspects of individuals' exposure to mass violence and their religious strategies for mental health. It does so using the example of the Dersim Massacre as a research area that can broaden the current Western biomedical approach that largely neglects religious perspectives and both historical and socio-cultural dimensions.

4- Methodology

This traditional literature review specifically focused on the gaps regarding conventional mass violence and mental health conceptualization and practice to highlight the importance of socio-political, cultural and historical perspectives of adverse psychological consequences of mass violence and possible religious coping strategies after mass violence. In doing Ovidsp and Ebscohost databases were searched with the following terms: "mass violence and mental health", "mass violence and response and recovery", "dersim massacre", "mass violence and culture", "religious healing and mass violence", "anthropology and mass violence" to show the importance of the focused areas, people's narratives – including religious coping references from Dersim – will be presented. These references were extracted from one book called "A Day in the White Mountain (Yağan, 2013) and one documentary called "Dersim Massacre (Demirel, 2006). These two sources contain oral and verbal narratives of witnesses of Dersim Massacre. One of the limitations of this study might be about the linguistics since narratives were translated from Turkish to English. However, there are very few numbers of sources published on this topic especially containing witnesses their own narratives since many of them died. In addition to the sources above, another book was used to introduce related cultural and religious forms of Dersim community. Detailed information about these sources will also be given below.

In this study a phenomenological approach is considered to understand people's narratives. The phenomenological approach started to be used as a method in philosophy and human sciences with the development of 'phenomenology' by Husserl (1913, 1962) as (Wertz et al, 2011: 124) cited in. Phenomenology lays aside biological hypotheses and theories to focus on *what* is experienced and *how* it is experienced (Wertz et al, 2011: 125). Therefore, a phenomenology approach has limitations in psychology such as, it is not being appropriate for investigating physical phenomena to construct theories, estimate empirical frequency and prevalence, or assess quantitative relationships between variables (Wertz et al, 2011: 134). However, phenomenological psychology can inform and complement neo-positivist research. Its focus is not to answer conventional neo-positivistic research questions (Wertz et al, 2011: 134). Hence, this approach is useful for this study because its main aim is to identify gaps in the literature that are resultant of conventional psychiatric approaches to mental health phenomena.

The passages below attempt to reveal people's experiences and struggles related to the massacre towards practice and ideology of belief in province of Dersim, using parts from narratives of massacre witnesses.

4a- Source 1: *Yol/Re: Dersim Religion Symbolism: An Anthropological Approach (Yol/Re: Dersim İnanç Sembolizmi: Antropolojik Bir Yaklaşım*)

The importance of this book, developed by the writer Dilşa Deniz from her Phd, is that; it was the first anthropological study regarding the province of Dersim. The aim of this study is stated as understanding and analysing the interwoven belief system – the part Alevi and part nature worship (which can be called eclectic) – in the province of Dersim (Deniz, 2012: 23). As for the present research, the importance of the belief systems in strategies about coping with trauma, including some cults and practices unique to Dersim, will be explored based on the scientific information in this book containing anthropological research.

4b- Source 2: *A Day in the White Mountain (Beyaz Dağda Bir Gün)*

This book by Eminali Yağan (published April 2013) includes the memories of the Dersim Massacre witnesses from interviews they gave. As it is one of the rare publications that include memories of interviewed Dersim Massacre witnesses, the book is a source of utmost importance for the present research. It centres on the events around Beyaz Dağ on 15.08.1938 when the agglomerative massacre reached its peak and on the daily life and customs of the people in Dersim.

4c- Source 3: *Dersim Massacre (Dersim Katliamı)*

Çayan Demirel's film (2006) on the Dersim Massacre is a documentary that includes the statements of people who actually lived through the massacre so they experienced it directly. The documentary has been barred by the Turkish ministry of culture and tourism and has been continually obstructed.

5- A Brief History of the Mass Violence in Dersim

Dersim is a region located in Eastern Turkey. It is currently named "Tunceli" and was renamed in 1936 as a Turkification strategy in the young Republic of Turkey. Throughout its history and still today, a vast majority of the Dersim population has been Alevis. Alevism is a branch of Islam whose disciplines and practices very different from Sunni Islam (Ayata & Hakyemez, 2013). Since the majority of the population in Asia Minor worships Sunni Islam, the socio-cultural position of Dersim has been complex throughout the history. Besides embracing Kurdish and Zaza Alevis in its population, Dersim has also been a home to the religious leadership of Alevism, which is called "Seyyid Ocaklari". Therefore, Dersim is not only a different region worshiping Alevism but a headquarter for the teachings of Alevism that directly affected the socio-political position of Dersim both in the Ottoman Empire and in the Republic of Turkey (Törne, 2012).

In Ottoman times, especially in the reign of Selim I, Alevism in Asia Minor suffered religious persecution. The main reason for this is the contradiction between the teachings of Alevism and Sunni Islam. In Dersim, where the Kurdish–Zaza Alevism differentiates from Anatolian Alevism, amicable relations with the Armenians were seen as a problem by Ottoman authorities lest Dersimi becomes Christian instead of Sunni. During the reign of Abdulhamit II, the assimilation of the Dersim population from an Alevi to a Sunni identity failed and Dersim became an internal enemy in the eyes of Ottoman officials. During the Ottoman Empire, 108 military interventions took place in Dersim (Doğan, 2012).

The status of Dersim would not change in the eyes of the young Republic of Turkey. As van Bruinessen (1994: 13) indicated, Hamdi Bey who is an official reporter on the situation, Dersim was seen as "the abscess" of the Republic that requires "a surgery". In many government reports, various plans suggested to get rid of this "abscess" through military interventions. In 1935 the law "Tunceli Kanunu" was passed in the parliament. Accordingly, the name of the region Dersim, which means silver gate in Zazaki, was changed to Tunceli. With this law Dersim, which was then part of Elazığ province, became a separate province called Tunceli and was declared as a state of emergency region. In 1936–1937 Dersim witnessed a massive military incursion. The Turkish military conducted airstrikes and sent troops in and they murdered local people wildly (van Bruinessen 1994: 141–170). Consequently, many innocent people were murdered and survivors were forced into exile, and

many resettled in Western Turkey. During this military incursion 10,000 to 70,000 people were killed. The official explanation for the Dersim Massacre was legitimate self-defence against so called rebellion in Eastern region of Turkey. However, high numbers of military interventions conducted in this region shows that there was an intentional and systematic effort to disperse. (van Bruinessen, 1997)

5a- Dersim Alevism

Bumke (1989: 515) as cited in (Kehl-Bodrogi, Kellner Heinkele & Beaujean, 1997) says that most knowledge about the religion of the Alevis of Dersim is from old-time travellers' and missionaries' reports. Most of the religious practices reported by those still exist and are thus alive today (Ferber-Grasslin 1988: 145–156; cited in Kehl-Bodrogi, Kellner Heinkele & Beaujean, 1997). Examples of these are; pilgrimages to mountain sanctuaries, small offerings at spiritual locations to prevent bad luck and promises at divine places. Another, metempsychosis, is their belief that human souls are reborn in animals (Andranig 1900: 167–170; cited in Kehl-Bodrogi, Kellner Heinkele & Beaujean, 1997). Dersimis are also recognized as pantheists (Skyes, 1908, 479) and they practise sun and nature worship as the *Ayin-i Cem* worship of planets, rain, water, fire, rock and trees are also common rituals (Kemali, 1992, 152). Moreover, Alevi leaders are known as experts in the oral tradition of transferring intergenerational knowledge (Vansina, 1985). This oral transference of secret knowledge regarding historical and religious stories is perceived as a confidence-building mechanism and it has a commonality function (Polkinghorne 1998: 12–45).

It is therefore evident that the cultural forms of this specific area such as, worship communality and nature worship are therefore very different from many Western geographies. Therefore, when one's cultural identity and religious practices are obviously related to communality, the implication is that this community perceive or interpret human-made trauma such as, mass violence or armed-conflicts different from the Western communities that dominantly shape conventional conceptualization and treatment methods.

Psychological Impacts of Mass Violence: Dersimi People Remembering 37-38.

6- Cults and Practices Relating to Coping and Healing Strategies in Dersim (Tunceli)

6a- Visitation (Ziyaretler)

In the Dersim religion (Re/Ra/Yol) there is no human-made and permanent temples for religious rituals. In this religious system, natural places – for example, mountains, rivers, fountains, rocks and trees – are perceived as holy (Deniz, 2012: 128). In fact, one of the dominant religious symbols in Dersim is Dızgun Bawa, which is a mountain. Dızgun Bawa also contains some symbolic, local and sacred points. Therefore, having more than one sacred natural points require people to visit and contact with more than one place in terms of religious practices. Visiting sacred natural places is a form of religious practice, which is called 'Ziyaretler' in Turkish. It is literally means 'places to visit'. After the mass violence in 1937–1938, these religious practices were combined with commemorations as people visited sacred places not only to heal but also to maintain the ritual itself. One of the divine forms of the Dersim religion (Re/Raa/Yol) is Xızır, which is believed to help when people are suffering or in a difficult situation. Its philosophical polarization between life and death started to shape religious practices by local people visiting mass graves with petition to attribute the divinity to life itself. On visitation day, people from Dersim villages bake *niyaz* – a thick, oily dough – and gets candles and other available food before they visit their own graves. In the graves, they light candles, hand out what they bring and accept the offerings of others. This ritual's graveyard scenery is highly notable for being next to a grave where death is materialised and sharing food which preserves life. Conducting this ceremony at a place where life and death clash actually makes a statement about the mixture and/or the cycle of life and death continuity. This act, which is an effort to keep the deceased alive, also points to an incarnation connection, creates a situation which reminds the perseverance of life-sustaining activities in belief, and both add a continuity to life (Deniz, 2012: 152). The following are examples of nature and worship combination, and the influence of this on healing mechanisms.

6b- Commemoration meets with Religious Practices

The 4th May has become the day of commemoration for the Dersim 1937–1938 massacre victims. Moreover, their mass graves are also changing into one of those sacred places where people can visit as a religious practice. Giving a speech at one of these memorials, Hüseyin

Aygün asked for forgiveness from the massacre victims for not starting this ritual over 70 years earlier; if forgiven, he claimed to provide treatment ("In 1938 Dersim Massacre victims were memorialized", 2010). Therefore, the meaning of forgiveness asked from their victims is also about remembering victims in their own religious practice in regard to maintenance of their cultural identity. After two years of preceding a memorial for victims, visiting sacred places with offerings and candles, Mahmut Akgül (2012) wrote: "We placed cloves at *Munzur* for the ones who preserved their beliefs and identity despite the government's cruelty." Continuing with the mass memorials and the gatherings at sacred places is a way to preserve the beliefs and cultural identities that were subject to mass violence. Therefore, Re/Ra/Yol belief is a circular journey through birth and death, death and incarnation. Life and death is as circular as hunger and starvation, and visits to those sacred places are practices that sanctify and preserve this circularity. Re/Ra/Yol is the process of motion between these two states. People are the travellers of this path (Deniz, 2012: 153).

In this context, the synthesis of religious practices and commemoration alleviates unwanted distress, since the religion itself and being collectively targeted prevents individuals from personalizing the mass violence. Therefore, after 70 years people faced the massacre itself asked for forgiveness from victims but using their religious practices. Obviously, this unity of religious practices and commemorations need further investigation from interdisciplinary perspectives, especially in this region where there is little interest from international social science and the medical community. Therefore, a couple of news from the Internet will be used to show that, even after 70 years, responses to mass trauma may vary in communities' own contexts. Dersim community did not participate in any international first-aid programmes because when the massacre happened they were living in mountains in a simple way and were very much isolated from the rest of the world. These people's beliefs in the continuity of life and communality, as well as their experience of being collectively targeted, could help to alleviate unwanted symptoms of mass violence naturally since traumatic events occur frequently in this geographical area. Therefore, natural resilience of adverse traumatic events such as mass violence might be examined through this particular community live in Dersim. Hence, interdisciplinary research and the social science community should examine the effects of religion or spirituality, communities' political and social background, and the frequency of being targets of mass violence or armed conflicts. In fact, this would help all

social science and medical disciplines gain deeper understandings of mental health after mass violence.

6c- Sanctity of Water

In Dersim and actually across all of Mesopotamia, water has been an important object of holiness from ancient times to present (Deniz, 2012: 280). Moreover, water and mother's milk have a common analogical meaning of being holy since, in this region, water is perceived as nutritious because it is the liquid of life and this applies to mother's milk. Therefore, in this region people generally swear to water as they accept it as something holy (Dersimi 1992, [1952]: 187; cited in Deniz, 2012: 280). Moreover, crying is also perceived as internal cleaning so it is therefore important to cry when people ask for a wish during their ritualistic visits to sacred places (Deniz 2012: 173). Furthermore, in the belief of Dersimi, it is a principle not to touch someone who is drinking water because it is perceived something sacred, and this is followed strictly. One of the divine forms of this religion is Xızır, who is God of Water but in the form of terrestrial climate. Therefore, this particular ethnic community has a strong relationship with water in a different level that can be also observed as an evidence in their narratives after mass violence (see below, Yağan, 2013: 106**)** in that they see contact with water at natural and holy places as being therapeutic.

A Day in the White Mountain (Beyaz Dağda Bir Gün) **(Yağan, 2013: 106)**

"At last he found a cauldron under the ruins and cleaned me with my rags on. The weight of the dead and the scent of blood lifted from me. I was as light as a thin branch."

Evaluation of the First Narrative about Sanctity of Water

Miss Medina, who was 4–5 years old at the time of the massacre, talks about how she witnessed the massacre and survived, starting with how soldiers removed them from their homes. Miss Medina says they were marched to a slope with other people from different villages and lined up in front of some bushes to be killed there. She survived because her sister fell and concealed her with her chest. After spending 3–4 days where the massacre took place her father found her. A comment she made about her father taking family to the forest and cleansing her shows how the sanctity of the water offers a psychological relief to those who believe. In this particular example, talking about her 4-5 years old, Miss Medina uses one

particular idiom of the Turkish language: “I was as light as a thin branch”. This means she feels relaxed and is being relieved from something unwanted. So many years later, when she was asked about her experience of mass violence she refers to this particular moment of her life by describing and interpreting the moment she was first in contact with water, which reveals something about her way of coping. Positive psychological change was simply directed to contact with water. Also, with her expressions about how she was feeling after doing particular actions related to her belief on water and its sanctity, her interpretation of how experiencing a violent event might be dealt with directly was exemplified with narratives about herself rather than neo-positivist research approaches. Otherwise, it might not be easy to take into account this detailed interaction between mental health and use of speech related to effects of mass violence.

A Day in the White Mountain (Beyaz Dağda Bir Gün) **(Yağan, 2013: 311)**

"It is *xırab* (taboo) to move a rock in the visiting places, to disturb an ant living under it or to use the fallen branches of the majestic trees growing there. Çiçek lights the fire to heat the water in the cauldron with logs gathered out of the visiting place. While the water is heating, Çiçek prays next to the *Ziyaret Çeşmesi* (visitation fountain). She continues praying while pouring warm water down her baby's head. She prays to her and others sanctuary for the souls of the dead, the homeless, people who are alone, and children and orphans for the coming winter from the Ziyaret (visitation) people. At the end of the prayers in which she asks for the well-being of all beings, she expresses her gratitude to the God who protects the innocent from the tyrant; she wishes for the *Mihemed*, the sun, he who opens his protective wings at the light of dawn to protect *Kamer* (her son) under his protective wings..."

Evaluation of the Second Narrative about Sanctity of Water

Being of the last son of a massacred family and the writer of the book *A Day in the White Mountain (Beyaz Dağ'da Bir Gün),* Emirali Yağan knows and indeed shares what his mother Çiçek and his father Mehmet have been through since the massacre. Çiçek and Mehmet say that after the soldiers retreated, they got out of the *Qodeg* forest, where they had hidden for weeks, and headed for the *Hırsızdüzü* highland. The first thing they did was to search for a cauldron to wash them in, and after that they went to Ziyaret Çeşmesi (Visitation Fountain). Visitation Fountain is a sacred place in the eyes of the local people. While washing her baby,

Çiçek turned the event into a ritual by praying to the Ziyaret people for their survival. Some sentences from the narration show how Çiçek consecrates the washing and sees it as with purification. She therefore indicates how the water culture and water sanctity can serve as a treatment mechanism after mass violence. Even after being exposed to brutal mass violence Çiçek still considers the ants living under the visiting place and prefers to collect wood away from the visiting place. This detail may not initially be perceived as relating to water sanctity and its mental purification through religious practice. However, care for the ants close to the visiting place show she takes every single thing into account to consecrate the washing event. It is a way of showing her thankfulness to her divine forms of God for being alive since in her religion water is sacred and symbolizes the continuity of life. Therefore, being facilitating the development of theory and subsequent practice to understand individuals or communities in their own phenomenological sense, is complex than it is supposed. Hence, using the details of such narratives and considering the knowledge of a community's culture and religious practices could be important for understanding mental health and mass violence in many ways.

6d- Ewliya/Evliya

In the Dersim religion (Re/Raa/Yol), people called sanctified person, animal or little objects as Ewliya/Evliya. People from this region find little objects, animal or person can treat an illness, help people for their problems and/or think that they can give what they wish, then they called those objects as Ewliya/Evliya. In serious circumstances Ewliya/Evliya is also used for healing. For example, *tarıq* is a sanctified object. It is a piece of tree and people believe that it has sacred powers inside. *Çori-Bori* is a cone and one of the objects people believe has sacred powers in it. It is also a common belief that the snake is an Ewliya, so it has sacred powers to heal (Deniz, 2012: 147). In the folklore of Dersim, belief in Ewliya/Evliya is a mechanism, which people use it when they have serious health or other problems for which they need healing or to find solutions.

After the mass violence in 1937–1938, in which many were exposed to the traumatic experience of mass killings and terror, Ewliya might work as a help-seeking mechanism in this particular region.

***Dersim Massacre (Dersim Katliamı) (*Demirkır, 2006, 2:47'–3:04', 3:20'–4:00')**

"Every day there were feasts. Every day 40–50 guests were hosted. Tribes would come together; we were like brothers. The thing was done in '38 were not enough, I have been uneasy for 3–4 years, real, real. I am wandering like an Ewliya. I am still wailing. I am alone. I have no one. No one pities me. Please, people should care for each other; we are people too."

Evaluation of the Third Narrative about Beliefs on Ewliya/Evliya

In the narrative from the documentary (*Dersim Massacre*) of Çayan Demirkır, a more than 70 years of old woman Dünya Ana – who witnessed and survived the massacre as a child – talks about before and after the massacre. After the collapse of social support provided by traditional family ties, she felt worse in the last 3-4 years (stressing on on-going political suppression) so went to Ewliyas, to pray and to cry for help. Spiritual help-seeking mechanisms, which are different from Western belief practices, should be considered in international trauma and mass violence theory and practices as they can help one to evaluate and cope with traumatic experiences that occur after mass violence. From this narrative it might be interpreted that even Dünya Ana (a witness of the massacre) still feels bad about on-going pressure on the ethnically same group of people. She asserts that her belief on healing powers of Ewliyas would help her, so she visits and asks for recovery from some of them. Therefore, for further investigations in this region coping through religion should be acknowledged as something meaningful and efficacious for some people.

6e- Reincarnation and High Moral Standards

The Dersim religion (Re/Raa/Yol) shares some principles with the Hindu religion such as reincarnation and high moral standards. High moral standards according to Hindu religion can be listed in five items: 1. Do not kill; 2. Do not steal; 3. Do not have a relationship with someone else's wife; 4. Do not lie; 5. Do not consume alcoholic drinks (Challaye, 1972 :99). These five principles of high moral standards are also desirable in the Dersim religion (Re/Raa/Yol) (Deniz, 2012: 340) and are summarized with the saying 'Control your hand, waist and tongue.' If someone does not obey one of the above rules, it is believed by local people from Dersim that this person will be penalized by non-human and divine forms such as Xwadê, which is hierarchically placed on the top of the belief system and Xızır which is in the

second order in this religion system. Therefore, followers of the Dersim religion (Re/Raa/Yol) do not believe that if someone does an immoral action then they will go to hell or contrariwise go to heaven for a moral action. They believe that immoral actions will be penalized by divine forms in this world while this person is still alive or in other bodily forms of this person after he/she dies (Deniz, 2012: 343). The latter point supports the belief in reincarnation as observed in 1980 by Rev. H.N. Barnum – a European missionary traveller who went to Dersim region. He noted that "... in this village most of the people are pantheist, some of them believe in reincarnation and some of them believe that the soul itself transforms to God, which is the actual source of thee soul" (Bayrak, 1997: 325).

Spirituality is often presented as a potential source of recovery and a coping mechanism for people who have experienced trauma (e.g, Koenig et al. 1998; King et al. 1998; Khouzan and Kissmeyer 1997). For instance, Flannelly et al. (2006) reported that in a nationwide sample of 1403 people from the United States that belief in life after death was associated with less severe levels of six mental health problems (anxiety, depression, compulsion, paranoia, phobia and somatization). More specifically, religious practices involving reincarnation play an important role in the coping mechanisms of Tibetan refugees (Holtz, 1998). Therefore, people from Dersim may also use their beliefs on reincarnation as a coping strategy since reincarnation is also one of the powerful components of their religious ideology.

A Day in the White Mountain (Beyaz Dağda Bir Gün) **(Yağan, 2013, 118)**

"After my uncle was handed to the Turşimek police he was killed in the end of so many cruelties and tortures. Eventually his killers felt remorse for the rest of their lives. My uncle was said to be appear as Azrael whenever one of them was on his or her deathbed. The bod y of the Çılgı -the village headmen in those that times, before going to hell in Elazığ, was taken to be buried at Gülmez Tepesi (Hill of Gülmez) two times. Each time he was put in the grave, he tore the burial robe. Neither earth nor heaven accepted his bellows. Two of the people who intervened in the cruelties had poison in their food by the same woman. They both died vomiting poison. Last of the torturers died in his 70s. On his deathbed, he died saying "Yusuf let me go! Yusuf, let me go!"

Evaluation of the Fourth Narrative about Beliefs on Reincarnation and High Moral Standards

In this narrative Medina Öztan tells about her uncle who is another witness of the massacre and an insurgent. Medina Öztan tells how he was forcefully handed to the police by some villagers. She says that the ones who did this to her uncle couldn't find peace when alive or dead, and her uncle was seen as Azrael (the angel of death) to them. The appearance of her uncle as Azrael to the torturers is an example of reincarnation but also of judgement, as crimes have not be left without consequences (suggesting a revenge mechanism in their idea of justice). The belief of evil punishes in this world, developing parallel to the immigration of soul/reincarnation belief can have role in psychological mechanism. This belief may affect how a person deals with trauma will be exemplified. In this narrative, Miss Medina asserts that his uncle is capable of bodily transformation to ask for justice to his torturers. For the people who are doing this believing that his uncle's torturers never did find peace in their lives. Their religious belief in reincarnation and not obeying the rules of high moral standards will be penalized in this world, might play a role as protective to adverse consequences of mass violence or as a component of coping mechanism. Therefore, beliefs about justice mechanisms within religious ideology should be considered to understand the psychological consequences of mass violence more deeply for certain people and in certain contexts.

Discussion

In this preliminary study researchers' aim is to discuss the ideological and traditional background to the experience of trauma in the Dersim Massacre. As the coverage of this topic in this particular region is sparse, the researcher has collected and analysed existing narratives to create a data set. It is concluded that there are specific cultural practices that differentiates; and thus their experience is not a universal one. Through the narratives it is presented that both religious and socio-political background of any community exposed to mass violence should be considered in conceptualization or if required in the treatment phases of traumatic event.

The purpose of this research is also to raise awareness about this particular community and their distinctive experience of traumatic events. Meanwhile, universities' trauma studies departments should include Dersim Massacre in their curriculum. Turkish Government should apologize to Dersimi people officially for this human rights violation as being responsible of this. A real commemoration and confrontation process in Dersim can start if Dersimi people are informed about where their members of community and Seyh Said (a religious and political leader of Dersimi people) were buried. Therefore, all official military and governmental reports have to be open to public use.

Accordingly, in this region, political oppression and injustices continues to this day. They oppose the ongoing dam construction plans and planned forest fires in natural places (which have been perceived as sacred for hundreds of years). This is because Dersimi people conduct religious practices that are primarily linked with nature. They claim that such acts should also be recognized by the international community as destruction of cultural heritage (Törne, 2015). Hence, the destruction of cultural heritage and therefore the cultural identity prevents the natural sequence of recovery from the traumatic distress. In other words, on-going socio-politic situation is a factor shaping individual's and communities' way of experiencing and coping with 'traumatic' event itself.

Ongoing political oppression, forest fires, dam constructions are part of the socio-political origins of emotional-ill-being; and thus necessitate socio-political answers or solutions rather than medical ones. For policymaker's and practitioners, the priority should be to integrate socio-economic, political, religion contexts within medical approaches toward more holistic pathway to help people who have been exposed to mass violence. This can be facilitated by considering the survivors' socio-political-biological and cultural narratives together with the

same level of importance given to their biological adverse reactions to mass violence or armed conflicts.

Conclusion

This study critiques our present knowledge of mental health after mass violence, by arguing that collective trauma is constructed through historical and cultural processes and cannot be merely treated as individual PTSD. Moreover, it has presented some controversies concerning cultural, historical and socio-political aspects of mental health after mass violence by exploring spiritual dimensions and religion, which is one of the most important components of culture. Using existing narratives of people from Dersim after mass violence, I underscore various parts of in terms of distinct religious practices. Taking advantage of religious ideology and its possible effect on psychological mechanisms can give meaning and alleviate adverse consequences of mass violence; therefore, this study hopes to open a new area of research to explore the complex relationship between trauma, coping and mass violence. Historical background and socio-cultural aspects in this case study are significant; and may in fact be more relevant than or at least as relevant as today's conventional mental health theory and practices. At a different level, this study aims to raise awareness about this particular and lesser known act of human rights violation and violence, and elevating its status to seek recognition the way that Armenian, Rwandan Genocides were recognized and opened to international area. There are valuable lessons in this culturally specific case.

For further research, structured or semi-structured interviews should be conducted with more reachable witnesses to explore more deeply how culture and living in a geographical environment in traumatic settings might affect the process of healing from the adverse effects of armed conflicts. Interdisciplinary approaches should also be explored using anthropological, historical and biological perspectives to trauma, which can greatly benefit our understanding and treatment of human-made disasters. These areas, as well as the documentation of people's "own" narratives, can bring new interpretations to, treatments for and understandings of mental health and mass violence; resulting in more sophisticated approaches to help people in their own sense of being of feeling good. It can help individuals or communities to create coping methods in their own context; and critics from interdisciplinary areas could take lead us towards better understanding and helping human-being. Current theory and practice can be advanced if all other aspects related to human experience, rather than solely biological ones, are incorporated into psychological aid

programmes to form a more complete, integrated and ultimately effective approach to the effects of mass violence and trauma.

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