

**The Intergenerational Transmission of Trauma Amongst Second Generation Survivors of
the Armenian Genocide**

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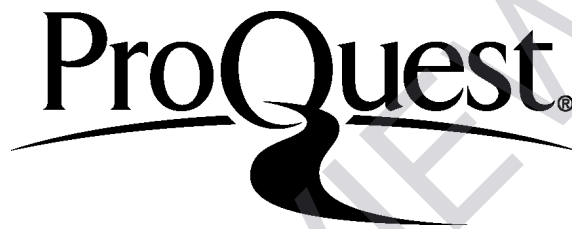
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“Armenia is dying, but will survive. The little blood that is left is precious blood that will give birth to a heroic generation. A nation that does not want to die, does not die.”

Anatole France, 1916

PREVIEW

Dedication

To my beloved grandmother.

It was through her storytelling that I am who I am and who I will become. I am forever grateful for the discipline, unconditional love, and resiliency she conveyed. It is through her transmitted strength that I continue the Armenian legacy.

PREVIEW

Acknowledgments

My most sincere gratitude goes to my mother and father, who supported me throughout this process and instilled hope when I needed it the most. To my brother, sister-in-law, and baby niece, who reminded me the importance of maintaining a healthy balance in life. In addition, I am forever thankful for my lifelong friend, Lana, for being by my side and always having words of encouragement and support. I am grateful for my Dissertation Chair and Committee, Drs. Randy Noblitt and Victor Cohen, who provided me with invaluable mentorship and guidance, especially during the most challenging times. To my consultants, Miss Arsineh Ararat, Dr. Freddy Ortiz, Mrs. Anita Avedian, and Dr. Roxanne Prilutsky, for their contribution of time and input. I am grateful to Ghia for her guidance and editorial contributions throughout this process. Lastly, I am grateful for the rest of my family and friends that consistently motivated me to move forward. My deepest gratitude goes to you.

Abstract

This study highlights the role of intergenerational transmission of trauma. Specifically, this investigation focuses on second-generation survivors of the Armenian Genocide. This clinical dissertation examines the mental health needs of the immigrant Armenian communities in Los Angeles, particularly those related to trauma symptomatology resulting from experiences of instability and over one hundred years of the denial of the Genocide. Understanding Armenia's socio-political history, diversity of culture and religious groups, national identity, and trauma history is important for clinician to work effectively with this population. The methodology includes a selective review of the literature in combination with consultation with professionals working directly with Armenian Americans in Los Angeles. Findings were disseminated to mental health clinicians by means of a professional presentation. Materials created and used in the presentation are included in slides and handouts as are the participants' evaluation data and summary of feedback. Additional suggestions are offered for reducing the gap between research and practice pertaining to intergenerational transmission of trauma as well as the discussion of the study's limitations and its implications.

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PREVIEW

CHAPTER I

Introduction

The 1948 United Nations Genocide Convention defined genocide as an act committed with the intent to destroy a national, ethnical, racial, or religious group (Bassiouni, 2008). Patterns exist between the twentieth century genocides, as evidenced by the atrocities of the Jewish Holocaust, the tragedies in Darfur, and the Rwanda Genocide. According to Rafter and Walklate (2013) genocide is a crime of all crimes; however, it was not considered criminal until the recognition of Nazi genocide of Jewish people during World War II. Although millions of victims died by these atrocious acts, thousands survived and by the very nature of victimization, their experiences have become unique throughout history.

Survivors of genocide experience psychological trauma due to exposure to disturbing acts of violence. Cloitre, Stolback, Herman, Van der Kolk, Pynoos, Wang, and Petkova (2009) suggested that individuals with overwhelming experiences of helplessness often struggle with a lack of personal efficacy and recognition of the meaning in life. These individuals demonstrate symptoms of post-traumatic stress disorder (PTSD) along with a distorted world-view (Doucet & Rovers, 2010). Other common psychological symptoms include depression, anxiety, guilt, anhedonia, irritability, and fear of loving or being loved (Kupelian, Kalayjian, & Kassabian, 1998). Complex traumatization is also a common occurrence amongst children who were exposed to genocide at an early age (Cloitre et al., 2009). Complex traumatization has been found to impede attachment at a young age, resulting in affect dysregulation, dissociation, poor behavior control, cognitive disabilities, impaired biological development, and poor self-concept. In turn, these symptoms impact the family unit, passing the trauma to children's caregivers and peers (Doucet & Rovers, 2010).

Generational trauma, also referred to as intergenerational, transgenerational, or secondary trauma, can occur subsequent to events such as war and associated atrocities, as evidenced by the psychological manifestations of the Holocaust experienced in the lives of survivor's offspring (Danieli, 1998). This generation of victims exhibit the symptoms of trauma, depression, and anxiety, as well as a change in their cultural identity based on events within their family or country. Kupelian et al. (1998) reported that social gatherings provided interfamilial discussion where stories were repeated, leaving a cultural legacy and informing all areas of social life including history, art, values, and religion. These stories can be positive aspects of the culture, or negative aspects, such as the Armenian Genocide.

The Armenian Genocide in 1915 was a massacre of the Armenian people living in the Ottoman Empire, with the aim of destroying the Armenian nationality. Although Turkish forces killed 1.5 million Armenians, nearly five hundred thousand survived (Kupelian et al., 1998). These survivors transmitted the information of their traumatic experiences to subsequent generations. The survivors fled to various nearby countries and built communities within preexisting cultures (Mirak, 1983). In 2008, the Embassy of the Republic of Armenia estimated that almost one million Armenians were living in the United States and sixty percent of the entire Armenian population lived in countries outside of Armenia.

The atrocities of the Armenian Genocide were horrific and resulted in enduring psychological consequences in the survivors and offspring of survivors around the globe. Due to chaos of the concurrent World War I and Great Depression, the plight of the Armenian people was largely unknown and unstudied (Rafter & Walklate, 2013). Because of the effects of the genocide, it was important to share the history with younger generations. One hundred years after the Armenian Genocide, a well-funded organization, Denial of the Armenian Genocide,

raised awareness of the event and its consequences to the Armenian people. Simultaneously, anti-genocide campaigns were organized by the Turkish government in order to oppose Denial of the Armenian Genocide in the United States (Balakian, 2003). The denial of the massacre of the Armenian people continues to trigger the trauma experienced and its effects on subsequent generations. The horrific events that occurred during the Armenian Genocide are often not acknowledged by others which exacerbates the victims' psychological pain. The denial also hinders the coping process of survivors and their children. As Adelman (1995) observed, survivors of trauma need validation because changes in the self occur through recognition.

It is important to understand the historical background of the Armenian people in order to make sense of the mental health complications of immigrant Armenian communities in the United States. People of Armenian descent carry intergenerational trauma of genocide and disasters to wherever they migrate. The history of psychological distress exacerbates adjustment difficulties among immigrants (Aroian, Norris, Patsdaughter, & Tran, 1998). These topics have become central to the immigration process of Armenian people due to the likelihood of culture shock, difficulty adjusting to a new environment, and struggle to cope with American culture. As a result, these immigrants continued to exhibit the psychological distress of moving to a new environment and adapting to a new country. Dass-Brailsford (2008) asserted that at times of crisis and tragedy, cultural values are strengthened and there is a unique bond between survivors of a common event. These individuals tend to reconstruct a community. The commonality of the event isolates people, although it brings them together. At times of disaster, there is an emergence of racial unity, kindness, tolerance, courage, and goodwill (Dass-Brailsford, 2008). It becomes helpful for clinicians to develop multicultural competence in order to work with these

populations because coping behaviors for survivors should be consistent with the culture, religious beliefs, and customs.

The purpose of this project was to develop a general, multicultural-informed reference for clinicians who work with Armenian Americans. The project also aimed to help mental health care professionals gain a better understanding of Armenian history, culture, and the impact of the Armenian Genocide on second generation Armenians. To accomplish this task, a comprehensive literature review and interviews with field consultants who work directly with Armenian Americans, was conducted. The information was compiled, organized, and refined for presentation to mental health professionals.

PREVIEW

CHAPTER II

Selective Literature Review

Historical Background of the Armenian People

Armenia is a modern nation whose people have a history of oppression, struggle, and distress. Arguably, the most significant event in the nation's recent history, the Armenian Genocide, has caused the Armenian people to live under the constant shadow of war and terror. Although, it has also allowed the Armenian people to develop resiliency and strong values. A selective review of the literature on Armenia and its history is provided below, to facilitate a deeper comprehension of Armenian culture and how Armenia's history has influenced the psychological needs of Armenian immigrants.

The Armenian people first began to experience systematic massacres between 1894 - 1896, but have been the victims of violence, war, and terror for many centuries prior to that time (Hovannisian, 2004). Armenia's past conquerors, pillagers, invaders, and occupiers have included Ottoman Turks, Persians, Arabs, Mongols, and Tatars (Hovannisian, 2004). A review of Armenia's history provides a framework for understanding how that history has impacted the mental health of Armenian immigrants in the United States. This understanding must include cross-generational interpretations of how memories of trauma have migrated along with the people.

The Armenian Genocide

In 1914, the Ottoman Empire entered World War I allied with Germany and the Central Powers, which set the stage for the first genocide of the twentieth century. In April of 1915, the complete elimination of Armenians began (Dadrian, 1995). The Turkish armed forces systematically began exterminating the Armenian population in Turkey. The rationale for such

atrocities was to unite Turkish people through Turkification and remove Christian influences in order to establish a Turkish middle class (Balakian, 2003). During this time, the Armenian population was left defenseless and without leadership.

The dictatorial leaders of the Ottoman Empire, the Three Pashas, began the ethnic cleansing of Anatolia in 1915. Populations targeted for ethnic cleansing included ethnic Christians, non-Muslim Kurds, Arabs, Jews, Greeks, and Baha'is. Community leaders were either arrested or killed. According to Kupelian, Kalayjian, and Kassabian (1998), these targets included intelligentsia, religious leaders, merchants, and civil servants. All other men were systematically captured and killed. Bloxham suggested that Pan-Turkism had been compared to the Aryanization of the Nazi party during World War II (2003). Following the events of 1915 after the Armenian male population had been decimated, Armenian women, children, and elderly were subjected to slavery and torture. Others were sent to death marches, which included starvation, dehydration, and exhaustion during forced marches through the arid deserts of Syria and Mesopotamia. Armenians were sent to death camps by the hundreds of thousands.

By 1916, reports had been made by German officials that 1.5 million Armenians had been killed. According to Dadrian (1995), these were ninety-eight percent of Armenian males and a total of between eighty and ninety percent of the Armenians in Turkey. These numbers did not include survivors that were forced to leave, or those victimized by further massacres that continued until 1923. The Turkish government suppressed the reporting on this genocide, and present successors have persistently denied it since then. The genocide continues to be not universally acknowledged as such, creating a double assault to Armenian survivors and their descendants.

Armenians in the Diaspora

While many Armenians were killed during World War I's Armenian genocide, others fled, scattering to whatever countries that accepted refugees. This mass migration came to be known as the Diaspora. Some of the largest populations of Armenians emigrated to Russia, the United States, France, Argentina, Lebanon, Syria, Iran, Turkey, Canada, Ukraine, Greece, and Australia. Kupelian et al. (1998) reported that wherever Armenians went, they were the first and only Armenians. Throughout these foreign countries, they built their own communities with resources. With those resources and very little else, Mirak (1983) reported that immigrants in the United States settled in ethnic urban communities. They searched for intimate communities in the outside world of strangers. However, they created their own groups of shared stories of the genocide. These atrocities were unknown by outsiders, therefore, they formed groups to share commonalities in order to be understood. Yet again, the Armenian people were swept up with the Great Depression and the beginning of World War II. They continued experiencing a lack of recognition, as others remained indifferent to them and disregarded them.

Watenpugh (2010) gathered archival information and data on the rescue of the Armenian Genocide survivors from 1920-1927, as an attempt to illustrate the foundation of modern day humanitarianism and the beginning of the Rescue Movement. The collection included intake surveys of Armenian Genocide survivors from a rescue home in Aleppo, Syria. Watenpugh recorded two thousand Armenian girls, boys, and young women who had been rescued from Arab, Kurdish, and Turkish households. Many of these stories echoed experiences with deportations, separations, mass killings, rapes, unpaid servitude, servile concubines, unconsenting wives, and involuntary mothers. These survivors, known in Turkey as "gizli Ermeniler" (hidden Armenians), remained and assimilated in places such as Aleppo where they

started their own families. Watenpaugh estimated that approximately two million contemporary Turks have at least one Armenian grandparent. The process of revealing Armenian ancestry publicly was excised from official Turkish history. This caused Armenian history to be interwoven with Armenian-Turkish reconciliation and the official acknowledgement of the Armenian Genocide. This contributed to the cultural background of the Armenian people.

According to Bakalian (1993), the migration of the Armenian people took place in three different waves. The first wave took place from 1890-1924, which consisted of the direct survivors of the Armenian Genocide as well as the smaller massacres that took place both before and after the Genocide. The second wave of migration took place after World War II when many refugees fled to other Middle Eastern or European countries. The third and most recent wave of migration occurred after the earthquake in Soviet Armenia and the Soviet-Azerbaijan conflict from 1988 to 1990, when Armenians were massacred by Muslim majority in Baku (Bakalian, 1993).

Cultural Background of the Armenian People

Armenian culture is characterized by religious convictions, strong nationalistic ideals, and a patriarchal family system that emphasizes the importance of the family, above all else. Family teachings include themes of unity, strength, endurance, and memories of historic Armenia, including the events of the Armenian Genocide (Manoogian, Walker, & Richards, 2007).

Religion. Religion, particularly Christianity, has been one of the key elements of the preservation of the Armenian culture throughout years of persecution. Christianity is considered a symbol of pride for the Armenian people. Living thousands of years ago in what became eastern Anatolia, Armenians were the first documented population to adopt Christianity, and the

present democratic nation is one of the world's oldest civilizations to have embraced Christianity. The religion was maintained for centuries, even amongst Muslim rule. Cohan (2005) found that Armenians took part of the Eastern or Western dioceses in the Apostolic Church. Religion is considered as the main element that has preserved the Armenian culture after years of persecution. Historical Armenian culture, rich in structure and scriptures, is dominated by Christian art and poetry with themes focused on endurance and survival. Many customs and celebrations continue to be heavily ingrained in the Armenian culture and pride.

Nationalism. Armenians are fiercely nationalistic and frown on marriage outside of the ethno-racial group. There is a strong emphasis on the need to speak Armenian to preserve its language and its customs (Miller & Miller, 1999). Children are taught that Armenians marry Armenians. This expectation ensures that Armenian households will continue its traditions. Today, the Armenian family utilizes its food, stories, songs, language, and political, religious, and cultural establishments to maintain Armenian identity and history. Language, beliefs, and historical teachings begin at an early age. Children are taught about Armenian heroes such as Sasuntsi David and Vartan Mamikonian through folklore songs. These songs and lessons are passed down from one generation to the next. The children are also encouraged to aim toward higher education, earning professional degrees. Ayvazian (1996) found that twenty-three percent of Armenian Americans in the United States have completed an advanced degree. Even though parents expect high achievement for their children, the independence that comes with achieving an advanced degree is not encouraged. Typically, adult Armenian American children still remain very close to their family. This may be because authority and decision making is left solely to the parents of the family (Ayvazian, 1996).

Family. Armenia's group membership identifies it as a collectivistic, rather than an individualistic society. Identifying one another with family names is an example of this collectivistic culture. Similar to most collectivistic societies, one's actions are usually based on the greatest good for the group rather than the individual. Family has always been considered a fundamental part of the organization of the people, both traditionally and in modern Armenia. The family is usually the primary social unit with which Armenians identify with (Ayvazian, 1996). Along with this identity is great respect for age and respect for parents.

The Armenian family is multigenerational comprising the family unit. The family unit is responsible for maintaining core values. Loyalty, cooperation, and enmeshed structures are key elements defining an Armenian family with each individual expected to protect the family's honor. For example, Armenians consider that speaking negatively about one's family is unacceptable and disrespectful. Like many patriarchal families, the roles are defined by gender, which anchors both men and women in their respective roles. The male tends to be the authoritarian, the breadwinner, and the head decision maker, according to Ayvazian (1996). However, even though the male is the decision maker, the female cares for the household's needs and is a respected member of the family. They work together as a cohesive unit. The family unit relies on its members for social, financial, and business affairs. The family unit also impacts the outcome of family members' major life decisions such as choice of partner or career decisions. The family unit is the primary place that Armenians turn to for advice before seeking outside assistance or opinions.

Elders and extended family. Elders also have an important role in the Armenian family unit. The elders are almost always expected to be cared for by family members (Ayvazian, 1996). There is an expectation that elders have a place in the family because they have earned

respect, especially for their roles as good parents. Along with grandparents, the Armenian extended family includes aunts, uncles, cousins, and very close friends. The extended family is considered the network of support for Armenians. While the extended family remains an important element of Armenian culture, research indicates that Armenian families are moving towards a more nuclear family system due to disintegration and immigration (Ayvazian, 1996).

Marriage. The traditional marriage in the Armenian culture was an arranged one. Families had to be compatible. Meetings between potential brides and grooms were usually chaperoned until the couples got acquainted with one another. Courtship is strictly monitored and carries responsibility and purpose. Because casual dating has a tendency to jeopardize the reputation of the couple and their families, such practices were not accepted and even today are rejected amongst conservative Armenian American families. However, assimilated Armenian Americans do accept dating as a form of courtship. First, second, and even third-generation Armenian immigrants tend to marry within their ethnic and religious group, with many Armenian American men returning to Armenia to find a bride.

Divorce among Armenian Americans is uncommon, especially in marriages that have been arranged. Abudabbah (1996) suggested that the basis of an arranged marriage is a contract of shared responsibilities and self-sacrifice. Divorcing one's spouse because one is unhappy is frowned upon. As a result, families become involved to help solve the problems in the marriage. For Christian Armenians, marriage is controlled by religious law. Since marriage is regarded as a highly religious, sacred ceremony, intermarriage between individuals with different religious affiliations is unacceptable in the Armenian community. In addition, Katchadourian (1974) discovered that Christian courts tend to be prejudiced in favor of males, including legal decisions related to child custody.

American Acculturation

With the Americanization of Armenian youth, many traditional values have begun to shift throughout Armenian society. Respect for age has decreased in importance and even though the family continues to be highly valued by Armenian Americans, the concept of the honorable family has lessened in significance. Families are less frequently living together in close-knit circles or even in close proximity. Like the rest of America, gender roles have become less defined; fathers spend more time in the home with their children while mothers are out of the home due to career obligations. Having an independent household is a struggle but has developed into a more accepted concept than previously. Daughters are also creating different lifestyles for themselves and not immediately shifting from their nuclear family to their marital family. They are focusing on independence and autonomy, rather than marriage and child rearing.

Individuals are preoccupied with personal concerns. Personal achievement, individualism, and independence have become important values. Schedules are tighter and people are more concerned with their own well-being rather than with the well-being of the community. Armenian immigrants to the United States arrive expecting the same kind of assistance and support they would have received and offered to those settling into new communities in Armenia. However, immigrants are disappointed when they discover that they are expected, like everyone else in America, to make it on their own (Simon, 1996).

Implications of Intergenerational Trauma Caused by the Armenian Genocide

To bridge cultural gaps, therapists working with Armenian and Armenian American populations must learn about cultural and religious values of Armenian clients along with the sociopolitical history of Armenia. Selected interventions must be informed by an understanding

of the impact that the Armenian Genocide and its denials have had on the Armenian people. Although the story of the Genocide is over one hundred years old, the psychological literature of this traumatized group is scarce. When the Armenians survived the catastrophic traumas after World War I, psychology was in its infancy. At the time, there was no recognition or purpose in collecting personal data of trauma survivors. Even though the story of the Armenian people is not well known, the descendants of the survivors may be helped by a deeper understanding of intergenerational issues caused by genocide.

Post-Traumatic Stress Disorder

Van Ijzendoorn, Bakermans-Kranenburg, and Sagi-Schwartz (2003) described post-traumatic stress disorder (PTSD) as a concept introduced after the Vietnam War to describe the psychological consequences experienced by veterans after their return from deployment. The *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; *DSM-IV-TR*; American Psychiatric Association [APA], 1994) defined PTSD as “the persistent re-experiencing of a traumatic event, the avoidance of a stimuli that is associated with the trauma, and increased arousal symptoms” (American Psychiatric Association [APA], 1994, p. 428-429). It is grouped with anxiety disorders. The most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-V*; American Psychiatric Association [APA], 2013) added a chapter on trauma and stress related disorders; PTSD was reassigned into this family of disorders (APA, 2013). PTSD was identified as exposure to actual or threatened death, serious injury, or sexual violation.

For an individual to be diagnosed with PTSD, his or her exposure to a traumatic event must have been experienced in one or more of the four following scenarios: (a) the individual must have directly experienced the event; (b) the individual must have witnessed the event in

person; (c) the individual must have learned that the event occurred to a close family member or a close friend; or (d) the individual must have experienced direct, repeated, or extreme exposure to the details of the traumatic event (APA, 2013). The *DSM-V* placed greater emphasis than the *DSM-IV* on behavioral symptoms that co-occur with PTSD, and delineated four diagnostic clusters: *re-experiencing* (memories, dreams, flashbacks, etc.), *avoidance* (distressing thoughts, feelings, memories, etc.), *negative cognitions and mood*, and *arousal* (aggressive impulsive, or self-destructive behavior; sleep disturbances, etc.) (APA, 2013). The symptoms must cause a disturbance for more than a month and must be categorized in two subtypes: PTSD preschool subtype and PTSD dissociative subtype. PTSD preschool subtype is displayed in children younger than six years of age and PTSD dissociative subtype includes children older than six years of age through adulthood. It is comprised of feeling detached from one's mind or body. PTSD symptoms may directly contribute to impairments in social or occupational areas. Briere and Scott (2006) found that events that produce posttraumatic stress can also produce depression. Common themes that have occurred are grief and loss, abandonment, and isolation. These themes also heighten suicidal ideations; therefore depression should also be screened when a patient is diagnosed with PTSD.

Research also indicates that while a collective population may be affected, men and women experience trauma and develop symptoms in different ways as a result of different experiences. Usta, Farver, and Zein (2008) found that women who do not directly experience traumatic events are still six times more likely to develop PTSD symptoms than men who are direct witnesses of trauma. Furthermore, these researchers found that when traumatic events were not discussed or ignored, it led to negative psychological functioning in the future (Usta et al., 2008).