WHEN HOME BECOMES A MEMORY: THE PSYCHOLOGICAL CONSEQUENCES OF DISPLACEMENT AND LOSS

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Abstract

The Georgian context offers a rich foundation for studying ambiguous loss in displaced communities. While forced to leave their homes, many remain uncertain whether their displacement is permanent or temporary, sustaining hope for return. Adapting to a new environment is particularly challenging for those who spent most of their lives in their homeland, as they grapple with trauma, nostalgia, and a deep attachment to their "true" home. Limited access to mental health services further complicates their resettlement. This study explores how Georgian IDPs experience ambiguous loss, examining its psychological impact and coping mechanisms. A qualitative analysis of 10 life stories highlights an often-overlooked aspect of displacement, providing insights for professionals supporting forcibly displaced populations. Although the research is ongoing, preliminary findings suggest that even 17 years after displacement, individuals continue to struggle with ambiguity, feeling caught between their past and present homes.

Keywords: Ambiguous loss, displacement, nostalgia, coping mechanisms, resettlement.

1. Introduction

Forced displacement due to military conflict remains a significant humanitarian and psychological challenge worldwide. In August 2008, the Russia-Georgia military conflict resulted in the forced displacement of over 27,000 Georgian citizens, adding to the hundreds of thousands of internally displaced persons (IDPs) from the conflicts in Abkhazia and the Tskhinvali region during the 1990s (UNHCR, 2008). These displaced individuals often endured multiple life-threatening events, including war, loss of loved ones, and exposure to violence, harassment, and destruction of their property. Despite the substantial number of IDPs, research focusing on post-conflict adaptation and psychological well-being among this population in Georgia remains scarce (e.g., Khechuashvili et al., in press; Khechuashvili, 2020; Panjikidze, 2014). Furthermore, the long-term psycho-social consequences of displacement—encompassing challenges in residential stability, legal status, social integration, relational dynamics, occupational activities, and overall mental health—remain underexplored.

This research aims¹ to address these gaps by investigating the impact of forced displacement and ambiguous loss on psycho-social adaptation and psychological well-being, namely to trace the psychological consequencs of displacement and coping mechanisms emploed by IDPs in Georgia.

2. Traumatic experiences, coping mechanisms and ambiguous loss

2.1. Traumatic experiences and coping mechanisms

Given the prevalence of traumatic events in modern society, psychological research has increasingly focused on factors influencing individuals' coping mechanisms at personal, micro-social, and macro-social levels. While defining a traumatic event remains complex—since what is traumatic for one person may not be for another—potentially traumatic events share common characteristics. According to the DSM-5, trauma refers to experiences that cause physical, emotional, and/or psychological distress or harm, perceived as a threat to an individual's safety or stability (APA, 2013). Individuals who endure trauma may develop symptoms such as recurrent distress, distraction, despair, and irritability. However, not all traumatic experiences fit the conventional framework of trauma and recovery. Certain conditions,

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such as forced displacement and ambiguous loss, represent ongoing, unresolved stressors rather than singular traumatic events, requiring distinct adaptive strategies.

Psychological resilience and coping strategies depend on multiple factors, including the nature of the event, personality traits, cognitive characteristics, and prior life experiences (e.g., Carver, 2009, 2010; Carver & Scheier, 2008; Folkman & Lazarus, 1980). However, existing research on these factors lacks consensus regarding which variables contribute most to resilience and well-being. Unlike trauma caused by a singular event, displacement trauma and ambiguous loss persist over time, complicating coping processes. Thus, understanding how individuals and communities develop adaptive strategies in response to such experiences is critical for fostering psychological resilience.

2.1. Forced displacement and ambiguous loss

The theory of ambiguous loss (Boss, 1991, 1999, 2023) describes situations where loss is uncertain, incomplete, or lacks closure. Unlike definitive losses, ambiguous losses leave individuals in a state of uncertainty, affecting their ability to grieve and adapt. Originally developed within family stress theory, ambiguous loss extends to broader social and cultural contexts, including forced displacement. In such cases, individuals not only lose their homes, land, and property but also face psychological uncertainty about return and belonging.

Boss (2016) identifies two primary forms of ambiguous loss: (a) physical absence with psychological presence (e.g., missing persons) and (b) psychological absence with physical presence (e.g., dementia). Displacement represents a unique case where individuals experience ongoing uncertainty about their past, present, and future. In Georgia, this is intensified by IDPs' persistent hope of return, reinforced by international recognition of occupied territories.

While ambiguous loss has been studied globally (e.g., Hollander, 2016; Robins, 2016; Solheim et al., 2016; Wahling, 2015; Giovannetti et al., 2015), research within the Georgian context is scarce. Few studies have explored its impact on IDPs' psychological well-being and coping strategies (e.g., Khechuashvili et al., in prep.; Odilavadze et al., in press; Gugushvili, 2018). Further investigation is needed to understand how displaced individuals navigate prolonged stress and uncertainty, fostering resilience despite ongoing challenges.

3. Method

The study employes social constructivism framework and interpretive paradigm. Hence, the data collection and analysis are qualitative and revolves around the subjective experiences, feelings, and interpretations reported by the research participants.

3.1. Participants

Demographics and sampling: Ten research participants who have experience of being IPDs due to war conflict in 2008 were recruited via avaliability sampling procedures (M_{age} = 64.6(12), [37 – 75]).

Enrolment criteria: the respondent should have being forced to leave their place of residence due to the war activities in 2008, and permanently reciding in newly formed setelments.

3.2. Instrument and procedures

Instrument. Georgian adapted version of life story interview (Khechuashvili, 2020; McAdams & Pals, 2006) with some modifications is a semi-structured interview containing questions about key points (high, low and turning points, positive and negative childhood, vivid memory and mystical/religious experience), challenges (life and health challenges, stories about loss and failure/regret), and future chapter, dreams/hopes and plans.. Due to the research purposes, the section consisting of several additional questions will be asked, targeting the transition from past to present and day-by-day, ongoing living and functioning of the research participants and the aspects of social adjustment. Audio recorded interviews were transcribed verbatim

Ethical Considerations. All participants read and signed a written informed consent form. Research assistants answered all questions regarding research procedures, withdrawal from the study, anonymity and confidentiality, publishing, etc.

Place and time. Interviews were recorded in 2024-2025, mainly in participants' homes. Each session lasted 70-90 minutes.

3.3. Data analysis

Close readings of interview transripts gives planty of opportunities to reflect on these questions and trace the processes and dynamics as they are seen from respondents' subjective standpoint. With descriptions and interpretations we can proceed on different layers, starting from unique individual experiences to general cultural context and experiences. Due to practical implications individual level of analysis seems the most convinient at this point.

4. Results and discussion

In what follows data are presented in three broader sections, and answers corresponding questions: (a) Grief and mourning in ambiguous loss state – How is the ongoing grief and mourning manifested in life stories of research participants; (b) The coping strategies with ambiguity and uncertainty – How do research participants cope with existing situation, be in ambiguous loss state or already having gained mortal remains of their loved ones; (c) Current day-by-day life and social adaptation – What are the ways to adapt and participate in social life for those in AL state?

4.1. Grief and mourning: "Life on hold" and "unfinished tragedy"

Research participants shared a lot of experiences and many stories about the process and dunamics of mourning, sadness and gried due to disappearance of their loved ones and/or loss of property/home. Although stories vary according emotional tone, content and accents, the main theme of all of them can be summed up in one praze "Frozen life" or "Life on hold": "I had nothing else to think about. All my thoughts and concerns were about my lost son.. and all property I had back there" (Female, 64, N13).

Even though respondents have been living physically almost 17 years since their family members gone missing, and they fleed from their "little motherland", the time has stopped for them and emotinally they are still in the past. In every one and each of them there is a part (no metter how big or small), which followed the missing person/life and refused to continue living. As one of them stated, "My life ended when war happened and I lost my husband" (Female, 53, N15).

One of the source of this intense pain is lack of clearity. They have no feeling of closing the story. As respondents claim, it is better to know that both, their loved ones are dead and buried properly than to cherish irational hope that they will be coming back dead or alive, and they have to continue building up the life on new places and not to cherish the idea of coming back home. It is unbereable for them to live on hold and have "Everything being evolving around this and the issue of being gone missing. No other interests" (Female, 74, N13). Those research participants who are still in ambiguous loss conditions urge for clearity and ending: "We lost my husband's trace and we are still waiting for bringing his body back" (Female, 65, N3).

On one hand, they seek for clearity and knowing, and on another hand, they still cherish beem of irational hope that something may change one day. This ambivalency and containing contradiction is one of the main characteristics of being in ambiguous loss state (Boss, 2006, 2023), and helps individuals not to give up as well as being stuck in moirning process and in life, in general.

I thought maybe my son will show up... In good or bad condition, I am still alive and waiting to hug him... It has been so long time, be honest, I do not have hope anymore but still, who knows... (Female, 62, N5).

Even though it has been already 17 years since they left the place, some of the respondents still speak of the house and property in present tense, as if it still stands, however on the cognitive level they aware that there is no house there. "Here is my house. I have there everything arranged with my own taste, and the garden I planted with my own hands.. Flowers, fruit tress..." (Female, 65, N7)

Respondents explicitally speak of not only ambiguity and abnormality of their condition, but they underline the ubearable ubiquitous pain accompanying them all the way through life. They refer it as open woinds, neverending pain and even constat torture.

My tragedy is always follows me and I don't know... I want it to be only my pain, only my cross to carry... This background pain is always there. You cannot order the heart... However, I try to put this pain aside and follow the flow of life (Female, 67, N24).

4.2. The coping strategies with ambiguity and uncertainty

Seach for meaning. Meaning-making coping is often characterized as attempting to see the event in a better light (Pearlin, 1991), or as cognitively "working through" the event (Creamer, Burgess, & Pattison, 1992). It may imply meaning-making mechanisms such as reappraising events – finding more acceptable reasons why an event occurred and who or what is responsible for its occurrence (Baumeister, 1991). In particular, following the death of a loved one, a person may come to see the hand of a loving

God in the event or may redefine the event as an opportunity to learn new coping skills or develop new sources of social support. Meaning-making as coping strategy can be seen as the dynamic process (Parks, 2005), which is particularly relevant in situations that are not solvable or reparable, such as trauma and loss, both, clear and ambiguous.

Research participants tell the stories ranging from no meaning at all, as quantitative analysis prove, to vague meaning, which, mainly consists of focusing on kids/next generation or missing person itself. The following illustrates abovementioned:

It has been 17 years I ware the same jacket. I do not think of what I wear. I wear the same boots last 8 years. I already didn't go out, do not dress up... Why I need all these if I do not have my son with me and my life, I don't see the meaning (Female, 66, N22).

Religiosity, Religion, as defined as "a search for significance in ways related to the sacred" (Pargament, 1997, p. 32), is central to the meaning systems of many people, although its centrality varies greatly from individual to individual. It ofther senves as an individual's core schema, informing beliefs about the self, the world, and their interaction (McIntosh, 1995), and providing understanding of both mundane and extraordinary occurrences (Spilka, Hood, Hunsberger, & Gorsuch, 2003). Therefore, turn to religion proved to be one of the strongest and common mechanism contributing to and for overcoming trauma of both, clear and ambiguous loss. It provides meaning, support and hope for those who are in need (Parks, 2005). Thus, it was not surprising that for research participants the first and the most common coping strategy was turning to religion. Respondents seek relief, hope and peace in God, church, and community within it. They spoke of different ways of coming to church, and the role God, church and religion played and still playes in their lives.

For some respondents God served as the source of strength and support: "I always respect my God. Because of God I came to today. God helped me on work and sent others to help me" (Female, 84, 14), while for some others God embodies hope and salvation: "I believe in God and God gives me a hope. I am religious, believer" (Female, 66, N22).

Going to church turned to be a way of socialisation for some of the research participants, and a way of therapy – speaking up, starting telling and sharing their stories brought relief and relative peace to them.

Others in one's life: Caring others. One of the important ways of coping with any adversity, and loss in particular, is emotional as well as instrumental coping (Lazarus & Folkman, 1984). This imply receiving both, emotional and instrumental support from others. Research participants told many stories of such experiences. As data show, they got support and help, and solid ground for survival from family members, neighbors and friends, and various authorities. Some illustrations follow: "I often thank my dughter-in-law that she took me to the church" (Female, 73, N13).

Neighbors culturally are the closest people one may and will turn when in need. Hence, stories about good, attantive neighbors, ho are the main helpers are common in the interviews. Furthermore, almost all respondents mentioned importance and power of the community, especially those small communities, which consist of people, who suffered from the similar condition: "It was a challenge that I wanted to meet as many people as possible in the similar condition as mine. I couldn't speak up loudly, but I wished for it silently" (Male, 67, N12). Becides, Authorities from various sectors and organizations played crucial role in lives of the research participants. They were helped and supported in different ways, be it spiritual, social, financial, legal, medical or psychological assistance.

4.3. Current day-by-day life and social adaptation

Although research participants suffered a lot and still struggling with ambiguouty and loss, they had to adjust somehow to the new reality, raise kids, work/earn money and be a member of the community. Some of them succeded much better than others, however, constant sadness and sense of being broken never left them. As Boss (2012) claims, most people experiencing ambiguous loss are not clinically depressed, but they are indeed sad, chronically sad. As did our research participants. Those who couldn't find any meaningful explanation and way to live with ambiguous loss, gave up and continue existence: "Life is a war and who will fall down within it, nobody knows" (Female, 65, N3). Some of the respondents feel that they are burden for families with their never ending tears and misery, whilst others try not to bother other people much and/or isolate themeslves intentionally from others. Or others stopped trying to get in touch with respondents due to multiple useless invitations and refusals from their side. Some of them manage to establish and/or reestablish close relationships with relatives and extended family members, that serves as strong support and motivation to feel better and to live:

They call me or I call them at least twice a week. I speak with my sisten several times a weel. So, I have all of them, I am in touch with all of them and I have no idea how I survived when I didn't speak with them (Female, 65, N3).

There are some respondents who are more active, and more-or-less managed to adjust themselves and to live with loss, and lead fuller and active life. However, sadness is still there: "[Family, children, new families, happy offsprings] I am happy for all of them but since then, I couldn't find special happiness..." (Female, 66, N22).

One of the achivement in the mourning process and learning to live with the loss, is the sense of presence and inclusion of missing person in the psychological family system (Boss, 2006). As one of the respondents goes:

I felt my husband.. He was really there, not the hallucination... When misery was unbearable, I used to go to church and speak to my husband. I believe that he is with us, helps and supports our children. I constantly speak with him (Female, 66, N22).

Another strategy of being in current times for some research participants in being actively involved in the volunteer work and contributing in family committee activities, or being involved in self-development: "I have obligations in family committee and following what does search group in ICRC do, may be one day they bring his body back: (Female, 68, N22).

To move forward sometimes sharp changes are required, as one of the respondents put it. In the stories told during interviews, changes varied, for instance, somebody changed place of living, and someone remarried: "Finally, I moved forward, and I got married. It was not easy, people judge me, but I had to do something with my life" (Female, 65, N10)

5. Limitations

First limitation associated with sample size – only 10 internally displaced persons were interviewed and this does not allow extensive quantitative analysis on individual level. Secondly, the exploration of the phenomenology of ambiguous loss was one-sided – only on individual level and from one family member's viewpoint, and other members of the family or second generation were not taken into account.

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