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**BOSNIAN REFUGEES' UNDERSTANDING OF THEIR HEALTH
AND WELL-BEING IN A U.S. CONTEXT**

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DOCTOR OF PHILOSOPHY IN URBAN EDUCATION:

COUNSELING PSYCHOLOGY

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DEDICATION

I dedicate this dissertation to my father, Ivan, my mother, Nevenka, my brother, Igor, my sister-in-law, Ivana, and my nephew, Alexander, who have supported me throughout my research project.

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**BOSNIAN REFUGEES' UNDERSTANDING OF THEIR HEALTH AND WELL-
BEING IN A U.S. CONTEXT**

IRINA BRANSTETER

ABSTRACT

Two decades after the civil war in Bosnia, more than fifty percent of population is suffering from various war aftereffects. However, most studies focused on objective outcomes, including gathering data on quantity of affected individuals. Very few studies focused on exploration of the experience itself, as well as Bosnian refugees' perception of their own health and well-being. The purpose of this study was to explore war and post-war experiences, as well as health and well-being of Bosnian refugees. Particular interest focused on the meaning making of their experience through personal narratives. Following the Qualitative Consensual Research analysis, seven domains emerged: pre-immigration experience, arrival process to United States, adjustment experience, influence of war and post-war experience, current lifestyle, mental health and well-being education and resources, and recommendations. Most significant take away from this study is the need to do more research and utilize it for practice implications on this particular group. This study shows there are major deficiencies in the resources extended to this refugee population, which needs to be advocated for. The field and practice of psychology has to find a better way to prepare and adjust in order to serve this population in a more efficient way. Other service workers who interact with this population ought to be trained to address these issues as well, as they may be act as the first contact within the host country and can enact a bridging role to the actual mental health resources and services, as well as other pertinent general resources.

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CHAPTER I

INTRODUCTION

A large number of countries throughout the world have recognized the moral obligation of admitting refugees and offering them a new and secure haven in order to protect them from mostly gruesome circumstances. Refugees typically leave their countries of origin against their own will (Cohen, Arnold & O'Neill, 2011) and in fear of persecution, in most cases due to war (Djuraskovic & Arthur, 2009). As unfortunate as these reasons seem to be, they serve as a requirement for qualification of refugee status and thus provide this population with a possibility to start a new life in a different country. A definition of a refugee, as set forth in the 101(a)(42) of the Immigration and Nationality Act (INA), consist of a person who is not able and/or not willing to return to their own country of origin because of the fear of “persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion” (Martin, 2010, p.1).

The United Nations High Commissioner for Refugees 2010 report indicated that there are 43.3 million forcibly displaced persons worldwide, of which 15.4 million were refugees (UNHCR, December, 2011). The same report suggested that by the end of year 2010 developing countries hosted about 80% of the global refugee population, which accounts for 8.5 million refugees. Some of the countries accounted for by this report were

Pakistan, which hosted the most number of refugees (1.9 million), followed by Iran (1.1 million), the Syrian Arab Republic (1 million), Germany (594,000), Jordan (451,000), and lastly Kenya (403,000). Thus, an estimated 15.4 million refugees roamed the world in search of refuge and basic human needs and rights during that specific decade. United States alone reportedly awarded permanent residence to 2, 342, 185 refugees and asylum seekers between the years of 1991 and 2010 (United States Census, 2010). Specifically, during the same decade ending in 2010, a total of 265,000 individuals were admitted to the United States under the refugee status alone (UNHCR, December, 2011). This means that roughly one out of every one hundred individuals of the entire world population has been uprooted due to war (Summerfield, 1996).

Most of these individuals have experienced very unusual and distressing circumstances for quite some time before migrating to another country, and might even had found temporary refuge in one or more countries before being granted the entrance into United States or any other country willing to accept refugees at the time of need (Segal & Mayadas, 2005; United States Committee for Refugees and Immigrants, n.d.). Some examples of the experiences of war refugees may have encountered are: chronic hunger; invasion, capture and/or torture; prolonged periods of bombardment and shelling; sexual, physical, and psychological abuse; betrayal by family, close friends and/or neighbors; loss of home and material/monetary possessions; loss of community; loss of meaningful social roles; loss of power; loss of loved ones; and multiple traumatic and/or near death experiences (Arcel, Folnegović-Šmalc, Kozarić-Kovačić, & Marušić, 1995; Bracken & Petty, 1998; Miller, 1999). In addition, exile and immigration experience in itself might present an adverse event, as well as duality of cultures between the homeland and the host country. Thus, this population is frequently faced with duality of cultures and

therefore is bound to function with expectations and norms that often contradict or conflict each other (Segal & Mayadas, 2005). Refugee populations may often experience multiple sources of social oppression including, but not limited to, xenophobia, sexism, racism, and discrimination (Yakushko, 2009; Yakushko, Backhaus, Watson, Ngaruiya, & Gonzales, 2008). Hence, there is multiple reasons which might pose even more difficulties when it comes to returning to somewhat standard or normal way of living for this specific population. As a result, refugees have been recognized as "... the most vulnerable people in the world" (UNHCR, September 2011).

The war in Bosnia and Herzegovina, one of the republics of former Yugoslavia, took place between March of 1992 and November of 1995. The country of Bosnia and Herzegovina is found in the region of Western Balkan, where it borders Serbia, Croatia and Monte Negro. Bosnia and Herzegovina has historically been a state of diverse background, including many ethnicities, but mostly consisting of Bosniak, Serb, Croats and Roma. Beside the different ethnicities, it housed different religions, with the majority being Muslim, Catholic, and Eastern Orthodox. The war in Bosnia claimed more than 100,000 lives and left 2.3 million people uprooted and displaced throughout the world, as well as one million internally displaced persons (IDPs). Some of the war crimes committed against civilians in particular, during the civil war in former Yugoslavia were by far the worst and most barbaric acts noted since World War II (Spasojevic, Heffer, & Snyder, 2000). Thus, the harm and loss acquired during this time continues to have significant effect on survivors, whether they left the old country or stayed behind (Gibson, 2002). The United States alone has taken in 98,765 Bosnian refugees (US Census Bureau, 2000) since the beginning of the unrest in former Yugoslavia. The majority of refugees from Bosnia and Herzegovina region have witnessed and most likely

experienced many atrocities of war. Thus in addition to these gruesome war experiences, Bosnian refugees have most likely experienced all the other hardships that refugees go through, which have been discussed previously. These adverse experiences have shown to be of detrimental effect to war refugees mental health and well-being, mostly associated with depression, anxiety and foremost posttraumatic stress disorder (PTSD) (Fazel, Wheeler & Danesh, 2005; Hunt & Gakenyi, 2005; Thulesius & Hakansson, 1999; Weine et al.; 1998). These negative effects, especially PTSD, can last decades and seem to negatively affect general quality of life of these individuals (Zatzick, Jurkovich, Gentilello, Wisner, & Rivara, 2002; Stam, 2007).

With that said, providing these individuals with services and resources necessary for a healthy and fulfilled life in the host countries is of major significance and this is only possible if we understand the circumstances and thus needs of the refugee populations, which present with quite complex and unique social, cultural and historical backgrounds. Even though quantitative methods have been more preferred and accepted for empirical research, for studies exploring refugee populations quantitative approach might pose some limitations as they fail to capture this complexity of their circumstance and the “...fundamentally *temporal* or historic nature of the refugee experience” (Miller, Worthington, Muzurovic, Tipping, & Goldman, 2002). With that said this study will utilize a qualitative approach, as this will allow for in depth exploration of refugee experiences. Research questions in this study will be mainly addressed through constructivism because of its nature to seek to understand "the world of human experience" (Cohen & Manion, 1994, p.36), and its relativist ontology (Haverkamp & Young, 2007). The overall constructivist paradigm, which will be shortly described, is mainly concerned with the lived experiences of participant's that take place within socio-

cultural context, as well as their subjective comprehension or meaning making of that experience, which seems as the right vehicle for exploration of war refugee experiences. The Design for the study is of narrative nature. According to MacIntyre (1981, p. 197), “we understand our lives in terms of the narratives we live out.” In this study, the narratives in question concern the meaning Bosnian refugees, who currently live in the United States, give to their war and immigration experiences, including mental health and well-being, which will be captured through the narratives offered by the participants of this study. Helping refugees adjust on multiple levels has proven to be a challenging task, as they continue to experience difficulties many years later. However, exploring narratives of meaning of the war and post-war experiences Bosnian refugees created, as they relate to mental health and well-being, will help provide a new understanding of how these meanings evolved and how they currently relate to the lives of Bosnian refugees. In addition, narratives will help bring more light to possible coping mechanisms, especially as they relate to community as a whole, and will possibly shine more light on how mental health care plays a role in their lives currently.

Understanding the Circumstances of War Refugees

The majority of people think of all individuals that migrate as ‘immigrants.’ However, the public and especially individuals working in helping professions need to be aware of differences in the status of individuals who migrate to another country. These differences are of major importance, especially when it comes to acculturation process in the host country and the overall well-being of population in questions. Becoming familiar with these differences would help better understand these individuals and possibly aid in providing them with necessary resources for better life conditions and adjustment to the new culture.

There are three officially recognized general groupings of relocation in United States. These consist of legal immigration, undocumented or illegal immigration, and refugee and asylum seeker relocation (Yakushko, Backhaus, Watson, Ngaruiya, & Gonzales, 2008). The major difference between these categories of relocation is free will. Namely, immigrants in most cases voluntarily choose to migrate to another country in a search of a better life. On the other hand, refugees are a subgroup of the large immigrant population, who typically leave their homes and countries of origin against their own will (Cohen, Arnold & O'Neill, 2011) and in fear of persecution, in most cases due to war (Djuraskovic & Arthur, 2009). In order to qualify for refugee or asylum status certain requirements must be met. A definition of a refugee, as set forth in 101(a)(42) of the Immigration and Nationality Act (INA), describes a person who is not able and/or not willing to return to his or her country of nationality due to "persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion" (Martin, 2010, p.1).

It has been estimated that during the last few decades approximately about 13 million refugees crossed borders worldwide (Yakushko, Watson, & Thompson, 2008). The majority end up finding refuge within Africa and Asia, whereas only about 17 percent end up in the more affluent countries like United States, Western Europe, Australia and Canada (Desjarlais, Eisenberg, Good & Kleinman, 1995). The United States alone has accepted more than 73,000 refugees in 2009 (Bureau of Population Refugees and Migration, 2010). Since these individuals were forced to leave their home countries, they usually find refuge in neighboring countries initially before being granted entrance into United States or any other country willing to accept refugees at that time

(Segal & Mayadas, 2005). These experiences alone indicate multiple encounters of culture shock and stressors of acculturation.

In addition to experiences of surviving and/or witnessing major trauma or even multiple traumas (Djuraskovic & Arthur, 2009), refugees leave their country of origin with no material possessions, unlike most migrants who likely bring some of their worthy possessions along. As Arcel, Folnegović-Šmalc, Kozarić-Kovačić, and Marušić (1995, p. 27) state, "...loss of home is the loss of important social symbols that confirm the identity and status of a person. Pictures, certificates about the person's identity, clothes and books represent what the person is." With this said, regardless of the net worth of a person's possessions, the consequences of losing material possessions of sentimental value and symbolic meaning are the same.

Large numbers of war refugees have also been experiencing very unusual circumstances for several years before migrating, which might pose even more difficulties when it comes to returning to somewhat standard or normal way of living. Experiences such as chronic hunger; invasion, capture and/or torture; prolonged periods of bombardment and shelling; sexual, physical, psychological abuse; betrayal by family, close friends and/or neighbors; loss of home and material/monetary possessions; loss of community; loss of power; loss of loved ones; and multiple traumatic and/or near death experiences (Arcel, Folnegović-Šmalc, Kozarić-Kovačić, & Marušić, 1995; Bracken & Petty, 1998). Unfortunately, the list of recurrent abnormal experiences is even longer. However, even this shortened list of events and experiences paints a picture of constant struggle for bare survival, as well as chronic state of extreme stress.

Posttraumatic Stress Disorder

PTSD has had an extensive and interesting history. This multidimensional rainbow of symptoms, which fall under the realm of anxiety disorders, has plagued the human race since the beginning of times, albeit under a variety of different names. Some of the more common ones included battle fatigue, gross stress reaction, shell shock, combat fatigue, and soldier's heart. Only recently has this syndrome been recognized as a psychological disorder. More exactly in 1980 when the term Posttraumatic Stress Disorder became introduced into the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), for the first time (Wilson & Keane, 2004). Experience of traumatic events and diagnosis of PTSD are of major clinical importance, with lifetime prevalence of trauma exposure being reported anywhere between 50% and 70% and PTSD somewhere around 8% in the general population (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995).

Unlike most other mental health conditions in which the etiology is unknown, PTSD has a specific and known cause. The cocktail of symptoms embodying this mental health disorder develops in people who have experienced, witnessed, or been confronted by one or more events which involved actual or threatened death or serious injury or threat to the physical integrity of self or others (American Psychiatric Association [DSM-IV-TR], 2000). Posttraumatic Stress Disorder is comprised of a set of 17 rather complex symptoms, which are divided into three broad categories. One symptom category is concerned with re-experiencing or intrusion of symptoms, including intrusive recollections of traumatic events, traumatic nightmares, flashbacks, trauma related and stimulus evoked psychological distress, as well as trauma related and stimulus evoked physiological reactions. The next category of symptoms is hyperarousal, including such

symptoms as insomnia, difficulty concentrating, irritability, hypervigilance, and exaggerated startle response. Third broad category includes avoidance and numbing, symptoms such as effortful avoidance of trauma related thoughts and feelings, effortful avoidance of trauma related activities, places and people, diminished interest, psychogenic amnesia for trauma-related memories, feelings of detachment or estrangement, sense of shortened future, and restricted range of affect.

Traumatic events such as violent crimes, rape, accidents, war, natural disasters, and/or any other unusual and life threatening experiences possess the capacity and power to cause PTSD. Thus, the outcome of these different types of traumatic events can vary to a large degree. However, experiences of sexual assault and combat exposure are associated with greater PTSD occurrence rates than any other potentially traumatic events (Kessler, Sonnega, Bromet, Hughes & Nelson, 1995).

However, more recently the general concept of trauma has changed. The perspective in which trauma was viewed as a solely external event has evolved into viewing experience of trauma as an actual psychological response of an individual to an overwhelmingly stressful event (Friedman, 2003). Wilson & Keane (2004, para. 8) put an effort to vividly describe and explain the process which occurs following such a traumatic event:

In response to these stressors, the person's reaction involves fear and horror (emotions), helplessness (a learned behavior), or denial (cognitive alterations and ego defenses). There are two primary interrelated substrates of PTSD as a prolonged stress response system: biological and psychological. The *biological* process refers to the neurophysiological substrates that are innate, pre-programmed capacities of the organism. The *psychological* processes involve perception, memory, cognition, learning, personality

processes, and the self-structure. The two primary substrates are the organismic 'soil' from which PTSD develops and forms adaptive patterns of behavior, the epigenesis of traumatic stress development.

Most individuals faced with such a profound traumatic experience do go through a considerable amount of distress. Nevertheless, in most situations, this extreme distress usually lasts only temporarily and an individual typically recovers completely after a short amount of time (Friedman, 2003). In most cases spontaneous recovery occurs within the first three months after the traumatic event (Solomon & Davidson, 1997). These findings partially explain why some individuals develop PTSD after traumatic events and some do not. In addition, this literature also indicates that there is a variety of other possible factors that may influence development of this condition, besides the experience of a traumatic event itself.

Constructivism

Due to the nature of research questions, which will be discussed shortly, this study will be guided by the constructivist or, more specifically, social constructivist lens. The constructivist stance is a fitting perspective as it seeks to understand "the world of human experience" (Cohen & Manion, 1994, p. 36), which will help the mission of exploring the realities of the post-war experience, as perceived by the participants, within their cultural and social contexts. In addition, most of the available research on experiences and mental health and well-being of Bosnian refugees was approached with a positivistic or post-positivistic stance, trying to fit predetermined theory or that one 'truth'. However, constructivism relies on an inductive process in which meanings and 'truths' arise through an inductive process from the data itself (Creswell, 2007; Guba & Lincoln, 1994) and are co-constructed as participants share their stories surrounding the experiences in

question and the researchers on the other hand probe for questions in order to explore the experience of interest in depth.

Constructivism is a type of realism in which the only way to know reality or the truth is in a personal and subjective way (Tobin & Tippins, 1993), thus constructivism believes in the existence of multiple truths that are of equal validity (Haverkamp & Young, 2007; Ponterotto, 2005). Social constructivism is a specific form of constructivism that has its foundation set within the larger constructivist philosophy (Young & Collin, 2004). While constructivism, especially radical constructivism, believes that knowledge or meaning is constructed entirely by the mind itself, social constructivism underscores the role of social interaction in the construction of knowledge or meaning making. Vygotsky (1978), known for his social constructivist theory and an emphasis on the influence of culture and social context on human development, was of a strong belief that community itself acts as a main aspect of meaning making process. He underscored the process of enculturation into a community of practice. In this community of practice individuals create meaning through the use of culturally created and refined symbols and tools to compose their own unique version of reality (Vygotsky, 1978). Thus, in the search for comprehension and understanding of the world, individuals create subjective realities through their experiences, which take place within historical, cultural, and social contexts (Creswell, 2007; Vygotsky, 1978).

Meaning Making

Meaning making is central to our lives and in our understanding of the world. As already discussed, meaning making occurs with the help of culturally created tools and symbols, where data perceived through all our senses is personally and uniquely interpreted (Hein, 1999). Thus, meaning making is the creation of our own truths or the

interpretation of experiences and events we encounter on daily basis, whether they are common, unique or even adverse experiences. Meaning and meaning making took an important role in the literature during the last few decades, albeit under a variety of names, theories and models (Affleck & Tennen, 1991). Special attention was focused on meaning making during, or rather after, adverse and major life events (Park & Folkman, 1997). Some examples of terms and concepts representing meaning making in such adverse life circumstances are: benefit finding (Antoni et al., 2001), stress-related growth (Park, Cohen & Murch, 1996), and post-traumatic growth (Larner & Blow, 2011; Tedeschi & Calhoun, 1996). Given the review of this literature, meaning can be perceived in a variety of ways, thus, the general meaning making concept seems more broad and appropriate for this study as it remains neutral as to where on the continuum, between positive and negative, the meaning made of any experience stands. Meaning making of the post-war Bosnian refugee experience within the United States, as it relates to mental health and well-being, thus can be explored fully and unbiased of which direction the meaning made by the participants is leaning towards.

A useful framework from which this process can be viewed and understood was proposed by Park (2010) and Park and Folkman (1997). This model identified two dimensions of meaning, namely global and situational meaning. Global meaning is the general view of the world and is defined through how the individual perceives their environment, as well as themselves, and how they direct their actions and behavior (Park & Gutierrez, 2013). This form of meaning involves one's goals, beliefs, as well as their subjective feelings of purpose or meaning in life (Park & Folkman, 1997). Thus, as stated by Park and Gutierrez (2013, p. 9), "global beliefs are the core schemas through which people interpret their experiences, including beliefs regarding fairness, justice, luck,

control, coherence, benevolence, and identity.” Review of literature regarding global meaning shows an association between global meaning and mental health and physical well-being (Park, 2013; Park & Gutierrez, 2013). Situational meaning is a different level of meaning and pertains to meaning individuals assign to situational events and specific incidences (Park, 2010; Park & Folkman, 1997). Situational meaning too has been linked to general well-being (Park & Gutierrez, 2013), especially when it comes to adverse experiences such as stressful and traumatic experiences, as the meanings individuals give these adverse experiences influence and even regulate how they will react to them (Aldwin, 2007).

However, Park (2010) suggested that it is not the adverse effects of a stressful experience alone that evaluate the stressful experience itself, but more so the extent to which this experience opposes one’s global meaning, thus creating an incongruence between the experience and one’s world view (Park, 2010). In addition, this again shows that both, global and situational meanings, are of influence on an individual’s well-being when it comes to adverse and traumatic experiences. Park and Gutierrez (2013) conducted a study to examine association between global and situational meaning and well-being. results of the study suggested that factors of both forms of meaning were independently related to one’s well-being. For example, the study showed that self-esteem beliefs (part of global meaning) and appraisal of the stressful experience and to which extent it violates one’s goals (situational meaning) were both individually related to several assessed well-being outcomes, such as stress, anxiety, depression, life satisfaction and subjective happiness. Thus, in case of incongruence between the two meanings and the subsequent dissonance, a reappraisal process needs to take place in order to eventually reconcile the differences, which might lead to change of global

meaning and/or situational meaning for an individual, or both (Park, 2010; Lerner & Blow, 2011; Park and Gutierrez, 2013). Since the purpose of this study is to explore the meaning of the war and post-war refugee experience within the United States, as it relates to mental health and well-being, the meaning making model will serve as a helpful framework in guiding the exploration of meaning making in this population. This study will not assess the model itself in any case, but some of the open-ended questions that will be part of the semi-structured interview of this study will indirectly appraise the participants' global and situational meaning making. Understanding meaning making and meaning making model will help understand participant's general world view, appraisal of the war and post war experiences, possible incongruence if present, as well as reappraisal process, which will emerge throughout the interview process with the help of their narratives.

Ecological Systems Theory

Bronfenbrenner's *ecological systems theory of human development* (1979) is a useful theoretical framework for conceptualizing the experience of Bosnian refugees as individuals within the larger social context, as the theory is well suited to describe of human socialization. Saarinen, Ruoppila and Korhonen (1994) opined that Bronfenbrenner adopted his ideas from the definition of ecology, while studying socialization. He was interested in the interdependency between the people and their environment as it focuses on human development (Härkönen, 2007). He stated that the main goal of any scientific effort is to comprehend the process and results of human development, as an interaction of human and environment that takes place within various systems. Later in his life, after continual revisions and work on his theory, Bronfenbrenner (2002) added that his theory does not strictly define development, but its

result, adding that science interest and focus rest primarily within the process that produces a phenomenon in question, and not in the phenomenon itself.

A critical element of the system is experience which indicates that relevant attributes of the environment include not only objective, but also subjective experiences by the individual living in the given environment (Bronfenbrenner and Morris, 1998). The strong emphasis on the experiential view, in addition to an objective one, stem from the belief that almost no significant external influences that have the power to affect human development and behavior can be explained or described as an entirely objective physical condition or incident (Bronfenbrenner & Evans, 2000; Bronfenbrenner & Morris, 1998). Thus, in the case of this study, Bronfenbrenner's theory will not only help us look at the actual phenomenon of post-war experience as a single objective entity but will help us explore the process of the post-war experience and the understanding of mental health as perceived by the people who lived it, within its context as it exists in the real world, involving interaction and interdependence of all the systems at the same time.

The ecological systems theory (Bronfenbrenner, 1979) looks at individual human development in terms of relationships that take place within five distinct, yet interdependent surrounding environments or systems, namely micro, meso, exo, macro and most recently added chronosystem. These systems range from the intimacy of home environment, all the way to environmental events, major life course transitions, and sociohistorical circumstances. The first system is the microsystem, a system in which the individual lives. It is the closest environment with which the individual has direct contact (Berk, 2000). For example, the parts of this system include the person's family, friends, workplace, and other immediate influences on the individual such as their school, place

of worship, leisure groups, and neighborhood. The individual engages actively and is influenced by this system.

The next system is the mesosystem, which is basically a system of microsystems, meaning that all the interaction and process that take place between different settings within the microsystem make up the mesosystem. Paquette and Ryan (2001) stated that this system produces the connections between the individual's microsystems, i.e., connections between one's home and place of worship, or workplace and sport group one belongs too. The third system is called the exosystem which is the system of institutions that the individual does not directly interact with; however, these institutions can indirectly affect their microsystem as well as the individual itself. In the case of the refugee population these institutions can include and are certainly not limited to the government and social policy, and extended refugee community. The macrosystem describes the overall societal culture and subculture in which an individual lives and includes the attitudes, behavior patterns, ideologies and other products of the world around the individual. This system permeates through all of the afore mentioned systems.

The last and newly added system is the chronosystem, which includes major transitions over the life course (e.g., divorce and other life altering events), environmental events (e.g. earthquakes and floods) and sociohistorical circumstances (major socially historical events). This system provides ways to understand differences in time experienced by individuals and families and includes normative and non-normative events (Bronfenbrenner, 1986). Normative events may include instances such as birth, school entrance, puberty, marriage, joining workforce, retirement, and natural death at old age. The normative events are culturally bound, occurring at specific points in time and within distinct social context, embracing shared meanings (Denham, 2003). Non-

normative events are the kind that occur unexpectedly and usually leave individuals and families unprepared. They are perceived as crisis and examples would be chronic illness and premature death, and divorce. In addition, some examples of non-normative events that happen within historical context are economic instability, natural disasters and war, as is the case in our study and are interpreted based on type and time duration of the event in question (Denham, 2003).

Purpose and Research Questions

The purpose of this study was to explore the meaning of the war and post-war refugee experience who settled within the United States, as they relate to mental health and well-being. In more detail, the interest of this study lies within the war and post-war experiences and mental health and general well-being of Bosnian refugees, as perceived by the ones who lived it, set within its natural context. Within this, particular focus was placed on the meaning making among Bosnian refugees of their experience. The problem of war and post-war experience among refugees who have resettled in the United States is relevant to our transnational society in a global context of considering ethnic and political conflict. Since meaning is essential to and omnipresent in human experience and affects our psychological, physical and social well-being, it is of outmost importance to explore meaning making of Bosnian refugees, as it relates to war and post-war experiences, through the use of personal narratives.

This study was guided by Bronfenbrenner's (1979) ecological system theoretical framework, as it attempted to explore meaning making by individuals nested within the larger social context, as it naturally occurs in the environment. This framework helped focus on the exploration and understanding of their experiences, and moved away from perceiving the war and exile experience as an isolated entity, without influence of

sociocultural context. The study was guided by the following more specific research questions:

1. How do Bosnian refugees make sense of their war and post-war experiences and how salient are these experiences to them some two decades later? In addition, in what way do Bosnian refugees respond to the continued salience of their war and post-war experience and how do they see it in relation to their health and well-being as individuals? What do they understand about the influence of war on a community's mental health and what do they think about their community's mental health status and well-being in general? What ways have these experiences influenced the lives of Bosnian refugees living within close-knit Bosnian communities in the United States?
2. What resources do Bosnian refugees narrate as helpful to them in addressing challenges to their well-being that may relate to their war and post-war experience? There is the possibility that the trauma of war carries over in their lives as immigrants in a new culture and country. Experiences related to trauma are emotional, such as unpredictable emotions, flashbacks, and social issues, such as strained relationships, and may even include physical symptoms like headaches or nausea (American Psychiatric Association, 2013). Within the narrative of resources, special interest will be given to Bosnian refugees' identification of mental health services. Additionally, what do they see as resources that have been/are absent, which they view as necessary for sustaining and/or improving their well-being and that of their community? Have they, on an individual or community level, ever been offered any information about possible symptoms people may experience after they have

been exposed to war condition, as well as about available resources to cope with such symptoms? In addition, what, if anything, do they think could have been done differently by hosting countries, whether on individual or community levels, to ease the consequences of war and exile?

CHAPTER II

LITERATURE REVIEW

Aftereffects of War

In a population of about 4 million in 1992, Bosnia lost about 2 million citizens due to exile and approximately 100,000 who were killed during the three-year conflict (Hawton, 2009) that took place between May of 1992 and November of 1995. This indicates an approximate fifty percent loss of population in the midst of the civil war in the early 90's. Fortunately, the number of population rose back to 3.8 million more recently (The World Bank, 2013). The civil war of Bosnia and Herzegovina, one of the republics of former Yugoslavia, has impacted most of the survivors in various ways. The Bosnian population, whether civilians or military, have experienced and been witness to horrific war atrocities, which were by far the most barbaric acts seen in the entire Europe since World War II (Spasojevic, Heffer, & Snyder 2000).

These experiences varied widely; however, some of the more common ones include loss of loved ones, physical assault, daily bombings, rape, witnessing of death or rape of loved one, betrayal from family and friends due to religion or ethnicity, and extreme hunger or thirst. During early 90's a surge of refugees from the grounds of former Yugoslavia sought refuge in many western European countries, including United

States, among others. United States has accepted 98765 Bosnian refugees, since the war started in 1992 (US Census Bureau, 2000). Around 10440 Bosnians reside in St. Louis alone, comprising 7.9% of the entire cities foreign born population (2010 Census). Bosnians began moving to St. Louis in quite large numbers right after the breakup of the old country in 1992, so that now there is larger Bosnian population per capita in St. Louis than any other city outside of Bosnia (Gilsinan, 2013).

Literature shows that even many years after the war ends, harm and loss experienced during this time continues to significantly exert effect on all of the survivors, whether they left the old country and found refuge somewhere else or stayed behind (Gibson, 2002). These negative effects, especially PTSD, can last years and even decades (Zatzick, Jurkovich, Gentilello, Wisner, & Rivara, 2002; Stam, 2007). The horrific and life changing experiences of the war have shown to be of detrimental effect to war refugees mental health and well-being in general and have been associated with decline in mental health, especially depression, anxiety, brain injuries, somatization and foremost posttraumatic stress disorder (PTSD) (Fazel, Wheeler & Danesh, 2005; Fox, Burns, Popovich, & Ilg, 2001; Hermansson, Timkpa, & Thyberg, 2002; Hunt & Gakenyi, 2005; Mollica et al., 2001; Porter & Haslam, 2005; Thulesius & Hakansson, 1999; Weine et al., 1998).

Weine et al. (1998) conducted a study with Bosnian refugees in the city of Chicago. Exactly one year after their arrival the researchers found that 74% of the participants in the study still met the diagnostic criteria for PTSD. However, even more than a decade later Bosnian civil war survivors have been found to suffering from PTSD, with 83.7% meeting diagnostic criteria for PTSD (Priebe et al., 2009). Morina, Rushiti, Salihu & Ford (2010) also set out to examine different types of exposure to traumatic

experiences in relation to anxiety and affective disorders. In addition, they explored changes in wellbeing and mental health symptoms, after a six-month treatment period. Sample consisted of 81 civil war survivors initially, from which 67 returned for a follow-up assessment. Participants reported no improvement with PTSD symptoms and psychological well-being, but did report some improvement with symptoms of depression, psychological distress, and quality of life. These studies clearly indicate that PTSD symptoms can and often do linger on for decades after the actual experience of a traumatic event has transpired (Deykin et al., 2001).

Similarly, Plante, Simicic, Andersen and Manuel (2002) explored post-conflict stress and coping, as well as self-rated health, in a total of 135 Bosnian refugees and internally displaced persons. Results revealed no significant differences between refugees and non-refugees in any of the before mentioned salient factors. Individuals who have stayed behind in their cities and homes of original residence were considered non-refugees in this case. Another interesting fact in this particular study was that individuals who had reported experiencing more avoidance symptoms also reported experiencing greater current distress. Current general stress has shown to have significant negative effects on the general quality of life (Stephoe & Marmot, 2003), as previously mentioned. Another study conducted by Hunt & Gakenyi (2005), with a sample of 69 refugees and 121 non-refugees, reported that even ten years later a vast 77% of refugees in their study endorsed symptoms indicative of PTSD diagnosis, compared to 45% of non-refugees.

Priebe et al. (2009) conducted a study with more heterogeneous sample of former Yugoslavian war survivors, some ten years after the occurrence of traumatic events, who have received no treatment thus far. Study included a total of 264 refugees, internally displaced persons, and individuals who have simply stayed in the country during and

after the war. The total number of participants that still met the diagnostic criteria for PTSD was extremely high at 83.7%. Still, certain demographic characteristic, such as lower education, older age, experience of more traumatic events, and still living in the post-war countries, were predictors of higher PTSD risk. In addition, this study also found that chronic and untreated PTSD may impair quality of life in this particular population, which has been defined as mental, physical, and social well-being of an individual (World Health Organization, 1948). Fifty-eight percent of the participants scored above the cutoff of 45 on the IESR, indicating levels of symptoms normally associated with PTSD.

A meta-analysis of 6743 refugees shockingly revealed that resettled refugees are about ten times more likely to suffer from PTSD than the general population (Fazel, Wheeler & Danesh, 2005). Other studies found as well that 50 percent or more of the refugee population in United States, was diagnosed with PTSD (Thulesius & Hakansson, 1999). Arbanas (2010) reported that even 10 years after the traumatic experience and initial diagnosis, one third of the patients in his study were still receiving psychiatric help. This reveals the chronic nature of PTSD and aftereffects of war and thus raises question about Bosnian refugee population status, more than a decade later. In addition, PTSD has been associated with substance use disorder (SUD), with a life time prevalence of approximately 51.9% of men having alcohol disorder and 34.5% drug use disorder, whereas women rates are somewhat lower at 27.9% for alcohol disorder and 26.9% for drug use disorder (Kessler, Sonnega, Bromet, Hughes & Nelson, 1995).

Yet another study by Ringdal, Ringdal and Simkus (2008) set out to explore relationship between war experiences and war-related distress in Bosnia and Herzegovina. The sample consisted of 3133 participants. Data was collected through

face-to-face interviews, including 15 questions on war-related distress and 24 questions related to war experience. From these items authors created three scales to be used in the study:

1. War Related Distress Scale
2. Direct War Experience Scale
3. Indirect War Experience Scale

Regression analysis was used to analyze the association between war-related distress symptoms and war experiences variables. The results revealed that almost half of the participants did not report any war-related distress symptoms. The average was 2.4 symptoms experienced, however, about 13% of participants reported 7 or more such symptoms. Direct war experiences (experience that happened to the participant) in this study seemed to have had a significant effect on war-related distress, even eight years later, while no significant effects were found with indirect war experiences (events experienced by family members and friends of the participant). Thus, direct war experience seemed long lasting traumatic effects. With half of such large population of Bosnian war survivors still suffering from war related distress, the study shows that there is still a need for psychological, medical and social follow-up services for this population, even many years later.

Response to the Aftereffects of War

A large number of individuals suffering from PTSD take years or even decades to seek help, if at all (Sayer, Clothier, Spont, & Nelson, 2007). These individuals who are experiencing mental health problems might hold various beliefs that have the tendency to inhibit treatment and help seeking on different levels such as: thinking that they do not need treatment, fearing stigmatization, wanting to take care of their problems on their

own, thinking or believing that treatment might not be of any help, or even thinking that their problems will resolve on their own (Hoge et al., 2004; Kessler et al., 2001). Major factors that make refugees susceptible to obstacles in using health care services in the host country include traditional beliefs about health care and mental health care and cultural concepts of illness (Murray & Skull, 2005; Nyagua & Harris, 2008). Simich, Mawani, Wu and Noor (2004) found that refugees faced many obstacles and barriers such as insufficient language skills, as well as lack of access to, and proficiency of, the internet in order to obtain informational support on their own. This situation leads to mistrust of providers and choosing to seek other sources of help such as friends, other already settled and established refugees, family members or religious affiliations, which were perceived by the refugees as being more accessible and adequate in meeting their needs, than traditional western ways.

Related findings have been reported by Colic-Peisker and Tilbury (2003) suggesting that refugees from the country of former Yugoslavia and Africa, who had resettled in Australia, found solutions other than use of government assistance by utilizing their own abilities. In addition, they heavily relied on their family, other informal social networks and their own community. Drummond, Mizan, Brocx and Wright (2011) looked at help-seeking pathways and barriers to access of health care services in West African refugee women. The study surveyed 51 women who had settled in Australia. Results of the qualitative study revealed that the west African refugee women were more likely to look for help and support for psychological and emotional distress within their own community. For example, traditional healers, religious leaders, and elders were the community members most often identified. This study also found that barriers to access of healthcare services were greater for these refugee women, after

comparing the refugee sample with a group of Australian women. Some of the barriers identified by the West African refugee women were not knowing where to seek help and believing that it would take a long time to before one receives help, shame, embarrassment, fear of what others within family and community might think, as well as fear of hospitalization.

Yet another study looking to increase the understanding of immigrant and refugee health care experiences was conducted by Donnelly et al. (2011). The qualitative study explored the experiences of ten women (five from China and five from Sudan) living with mental illness. Fear of others finding out, language, lack of awareness about mental health issues, as well as appropriate service that suited their needs greatly influenced their help and support seeking. In addition, the refugee women in this study tended to prefer seeking help from informal support systems (e.g. family, community) and also identified informal practices and self-care strategies to deal with their mental illness and problems associated with it.

Jankovic et al. (2011) conducted a study to explore why individuals suffering from PTSD, following a civil war in the Balkans, did not receive mental health treatment. A total of 212 participants were included in the study, were 126 had remained in the Balkan countries and 86 participants found refuge and were interviewed in Western Europe. All the participants had been exposed to potentially traumatic events and had been diagnosed with PTSD prior to the onset of study through the use of The Clinician Administered PTSD Scale for Diagnostic and statistical manual of mental disorders, 4th ed. American Psychiatric Association, 1994 (DSM-IV) and the Impact of Event Scale Revised (Weiss & Marmar, 1996).

An open-ended question was used to assess possible reasons for not receiving psychological or psychiatric treatment for symptoms of PTSD. Data, which was analyzed through the use of thematic content analysis, unveiled five not mutually exclusive themes. The most prominent theme, expressed by 91 participants, was the *Negative Attitude Toward Treatment*. This group of individuals gave a wide variety of reasons for not seeking or receiving treatment, all based on some negative view of psychiatric/psychological treatment. Some examples include: doubts that treatment is helpful, not wanting to talk about trauma, shame, perceived help seeking as culturally inappropriate or believed that they will not be understood.

The second largest theme, with 72 endorsements, was *Personal Ways of Coping*. Participants who expressed this as one of their reasons for not receiving treatment found their own ways to cope with the war caused distress. Some examples were keeping busy and spending time with friends and/or family. *External Barriers* was the third largest theme, with 65 individuals, where some form of external barriers kept them from receiving treatment, even after some individuals expressed the need for it. Some individuals were simply not referred by General Practitioner and others did not have any knowledge about existing services, were experiencing financial problems, or did not speak the language. The *Need No Help* theme captured 57 participants, who were aware of their symptoms and the stressful nature of their experiences, however, were of the opinion that these were not part of mental illness that requires treatment. They considered their experiences a normal reaction to the events of war. Some individuals in this group found other functional ways of coping, like talking to family and others engaged in constant comparison with other refugees and thought that others needed help more. Last theme was called *Comparative Insignificance* and was expressed by 24 participants and

was similar to previously mentioned case from *Need No Help* group. Individuals in this group compared themselves to other members in their community who needed help more, expressed that their loved ones needed treatment more, or expressed that they had other more important duties than seeking treatment, such as work and child care.

A study conducted by Jensen, Norredam, Priebe and Krasnik (2013), as part of the EU project on Best Practices in Access, Quality and Appropriateness of Health Services for Immigrants in Europe (EUGATE), included 16 different countries and looked at how general practitioners experience providing care to refugees with mental health problems. General practitioners are amongst the first contact upon arrival. However, several studies show that general practitioners are not confident or clear that refugee background should be considered in relation to their health (Crosby et al., 2006; Eisenman, Keller & Kim, 2000). This qualitative study concluded by general practitioner's acknowledgment that caring for refugees differs from caring of the general population, mostly due to their background. Communication was one of the things presented as an issue with refugees. Another theme of significance that was identified included quality of care, which acknowledged the importance of awareness of history and background of refugees, their current obstacles in accessing treatment. In addition, another category within this theme included feelings of hopelessness and powerlessness from the side of general practitioners, as they feel that they are not able to offer appropriate services for this group of people. Another important finding was that in this study, general practitioners reported that refugee patient generally lacked an understanding of the difference between physical and psychological issues.

In summary, large numbers of war refugees suffer exposure to traumatic events and diagnosis of PTSD serve a function in initiation of poor physical health (Wilson &

Keane, 2004), as well as poor well-being and lower quality of life in general (Olatunji, Cisler, & Tolin, 2007; Schnurr, Lunney, Bovin, & Marx, 2009), especially when combined with the stressors of resettlement (Fazel, Wheeler & Danesh, 2005). According to the literature more than half of the war survivors still suffer from war and exile related distress, which points to the fact that this population continues to be in need for psychological, medical and social follow-up services even decades later. Clinicians who have worked with war victims have underscored that after a severe trauma main focus on the road to recovery is to integrate the traumatic experience(s) into a meaningful context within the life story of the affected individual (Vanista-Kosuta & Kosuta, 1998).

What seems to be lacking in the literature about refugees is the understanding of the meanings, beliefs and attitudes that the refugees themselves have about their own emotional adjustment and mental health. Some qualitative researchers have begun seeking out this perspective (Keyes & Kane, 2004). Thus, individuals working in helping professions need to ask themselves, what are we missing as professionals when it comes to this vulnerable population. We need to stop focusing only on the time immigrant and refugee individuals have spent in the new country and the diagnosis they may “fit” into, but need to refocus our exploration on various other variables, such as meaning they give their experience, their reasons for leaving the country of origin, individual migration experiences, resources they have access to and strengths they poses in order to function in unfamiliar environments, and the host country's political and social receptiveness to their presence (Segal & Mayadas, 2005).

Thus the importance of this study is that it sheds light on the social, cultural and historical aspects of the war and post-war experience and gave their experience meaning through narrating, instead of focusing on numbers and objectifying something that is very

subjective and personal and has to be considered within the context of its existence.

Bosnian refugee narratives did not only help us understand their experiences, challenges, needs and strengths better, but also empowered the story tellers as they narrated to us the “real” stories, meaning narratives from their own perspective so that we can stop telling them what we assume their experiences are based on our Western views and stop “fitting” their experiences a certain theory already in existence. As can be seen from the literature, focus has been mainly on the numbers, the question was how many are suffering and from what, assessed through various assessment instruments that are based on Western view of mental health and focusing on negative outcomes of war. Research on refugees’ mental health mainly assessed psychiatric symptomatology through various structured clinical interviews and symptom checklists and even though they have been of great significance as to documenting the prevalence and severity of distress, sole dependence on such methods has in various ways limited our understanding of experience itself as perceived by the ones who lived it. It is time go beyond simply looking at how many individuals are taking a step forward to explore their experiences deeper in order to gain awareness of the cultural differences (Sue & Sue, 1990).

Specifically, it is time to explore in-depth the meaning of the war and post-war experience of Bosnian refugees, living within United States, as it relates to their mental health and general well-being, as well as their understanding thereof. This is of great importance to our transnational society in a global context of considering ethnic and political conflict.

CHAPTER III

METHODS

The purpose of this study was to explore war and post-war experiences, mental health, and general well-being of Bosnian refugees as perceived by the ones who lived it and set within its natural context. Particular interest focused on the meaning making among Bosnian refugees of their experience, specifically the meaning of the war and post-war refugee experience within United States as it relates to mental health and general well-being. Exploring the meaning assigned to the war and post-war experience by Bosnian refugees is of great importance to our transnational society in a global context of considering ethnic and political conflict. Since meaning is essential to and omnipresent in human experience and affects our psychological, physical and social well-being, it is of utmost importance to explore meaning making of Bosnian refugees, as it relates to war and post-war experiences, through the use of personal narratives.

This study was guided by Bronfenbrenner's (1979) ecological system theoretical framework, as it attempted to explore meaning making by individuals nested within the larger social context, as it naturally occurs. This framework helped focus the exploration of storied experience in question, and move away from perceiving the war and post-war experiences as isolated entities, without influence of sociocultural context.

The study was guided by the following more specific research questions:

1. How do Bosnian refugees make sense of their war and post-war experiences and how salient are these experiences to them some two decades later? In addition, in what way do Bosnian refugees respond to the continued salience of their war and post-war experience and how do they see it in relation to their health and well-being as individuals?
2. What resources do Bosnian refugees narrate as helpful to them in addressing challenges to their well-being that may relate to their war and post-war experience?

There is the possibility that the trauma of war carries over in their lives as immigrants in a new culture and country. Experiences related to trauma are emotional, such as unpredictable emotions, flashbacks, and social, such as strained relationships, and may even include physical symptoms like headaches or nausea (American Psychiatric Association, 2013). Within the narrative of resources, special interest will be given to Bosnian refugees' identification of mental health services. In particular, what do they understand about the influence of war on an individual's and a community's mental health? Additionally, what do they see as resources that have been/are absent, which they view as necessary for sustaining and/or improving their well-being and that of their community? What do they think about their community's mental health status and well-being in general? How do Bosnian refugees understand the war and post-war experience as influencing the lives of the Bosnian community living in the United States? In particular, in what ways have these experiences influenced the lives of Bosnian refugees living within close-knit Bosnian communities in the United States? Have they, on an individual or community level, ever been offered any information about possible

symptoms people may experience after they have been exposed to war condition, as well as about available resources to cope with such symptoms? In addition, what, if anything, do they think could have been done differently by hosting countries, whether on individual or community level, to ease the consequences of war and exile?

Paradigm, Research Design and Data Analysis Method

A paradigm directs and influences how knowledge is studied, as well as interpreted (Mackenzie & Knipe, 2006) and can formally be defined as “the entire constellation of beliefs, values, techniques and so on shared by the members of a given community” (Kuhn, 1970, p. 175). Broadly described, paradigm is essentially a worldview (Denzin & Lincoln, 2005) and it reflects researchers’ view of the nature of reality (ontology), how this reality is known, as well as relationship between researcher and participants (epistemology), the values that researcher brings to the study (axiology), language that is used to present findings (rhetorical structure) and procedure and processes of research (methodology) (Denzin & Lincoln, 2005; Morrow, 2007; Ponterotto, 2005). Thus, the choice of paradigm directs the research specifics, such as the philosophical assumptions, methods, instruments, and participants chosen for the study (Denzin & Lincoln, 2000).

Research questions in this study were mainly addressed through constructivism, due to its nature to seek to understand "the world of human experience" (Cohen & Manion, 1994, p.36), and its relativist ontology (Haverkamp & Young, 2007). Thus, the paradigm for this particular study is Constructivism. It differs substantially from positivism and post positivism in the sense that it reflects beliefs in the existence of many socially constructed realities simultaneously and rejects the notion of objectivity and one true reality (Hill, 2012; Richardson, 1994). This fits with this study’s purpose as it seeks

to explore the realities of the post-war experience, as perceived by the participants, within their cultural and social contexts. Thus, instead of approaching research with a predetermined theory, constructivists rely on an inductive process in which meanings are co-constructed by the researcher and the participants (Creswell, 2007; Guba & Lincoln, 1994), as participants narrate their lived experience and the researchers on the other hand probe for questions in order to explore the experiences of interest in depth.

Constructivism often gets confused with constructionism (Lee, 2012) because of the several elements the two philosophies share. However, they differ widely as social constructionism purposefully does not acknowledge the role of mind or cognitive processes of an individual in construction of knowledge (Young & Collin, 2004). This study acknowledges the individual's cognition and thus the reality one may create with their own thought process, while considering the contextual influences. In addition, this study is constructivist in the sense that it is of an inductive nature and allows the results to emerge from the data itself. It does have a touch of post-positivism as the questions were partially informed by the review of the literature available. Hill (2005) argues that this is a positive element as it provides good ideas for what is already known and what is missing from literature regarding the lived war and post-war experiences of Bosnian refugees. As Hill (2012) suggests both quantitative and qualitative research reflects some degree of subjectivity. While not eliminating, bracketing helps to set aside these priori expectations as well as influence of literature review on the actual data collection and analysis in order to clearly convey participant' voices. (Hill et al., 2005). Memoing is another way of keeping subjectivity in check and ensuring credibility (Groenewald, 2008). It is the act of recording reflective notes throughout the data collection and analysis process, as researchers' thoughts and ideas emerge. The main researcher for this

study kept reflective notes throughout the data collection process, as well as data analysis. In addition, subjectivity was addressed through discussion and consensus of team members and the auditor during the data analysis process.

In this study participants were asked to narrate their war and post-war experience, bridging the past with the present in order to understand the things that they took away from their experience. This broader outlook did not lead in any particular direction, but let the participants tell a narrative of their lived experience, as well as describe what are the most salient dimensions of their experience and what kind of meaning they have made about these experience.

Constructivist and post positivist paradigms are seen as 'irreconcilable' by many (Cupchik, 2001), as the two worldviews are defined by different ontological, epistemological, axiological, and methodological assumptions (Haverkamp & Young, 2007; Morrow, 2007). However, Hill (2012) argues that the elements of both paradigms are complementary through the Consensual Qualitative research (CQR) analysis method. In addition, in this study CQR is used solely as a data analysis method and not research design. This will minimize the limitations that positivist and post positivist elements may pose over the constructivist paradigm, especially when it comes to analysis of data.

The data analysis method that was used in this study is the Consensual Qualitative Research (CQR) (Hill, Thompson, & Williams, 1997). Hill et al. (2005, p. 197) described this method of data analysis as "predominantly constructivist with some post-positivist elements." In general, the CQR analysis method aligns mostly with a constructivist paradigm in the sense that it depends on interactive, naturalistic and qualitative methods. A slight presence of post positivism exists in the use of a team of researchers and an auditor, thus offering multiple perspectives in reaching a consensus and co-constructing

the concepts or the ‘truths’ in order to present the data in a reliable fashion (Hill, 2012; Ponterotto, 2005). This also differentiates Consensual Qualitative Research (CQR) from other entirely constructivist methods due to its structural nature, when compared to grounded theory for example (Ponterotto, 2005; Strauss & Corbin, 1990), which relies more on single individual perception and understanding of the acquired data (Hill, 2012).

Epistemologically, the CQR data analysis method is mainly constructivist in nature as researcher and participants have an impact on each other throughout the data collection process, in which participants educate researchers about their experiences of interest through narratives and researchers help the participants explore the narratives in depth through follow-up probes of the semi-structured interview protocol (Hill, 2012, p. 26). A couple of examples of the constructivist elements contained within the CQR data analysis method are face-to-face interviews, which allow for a descriptive and detailed exploration of the phenomena or experience in question, and acknowledgment, transparency and bracketing of the researchers’ expectations and biases (Ponterotto, 2005). Data analysis is inductive or bottom up, meaning that experiences of interest are narrated, as well as conclusions are drawn from the actual gathered data and not any preconceived notions or prior theory. Thus, instead of researchers setting out to prove what they had anticipated, they “remain open to learning new and unexpected things” (Hill, 2012, p. 8). With that said, research questions that will be explored in this study fit well along the lines of the constructivist paradigm as this paradigm is concerned with the lived experiences of participant’s that take place within socio-cultural context, as well as their subjective comprehension or meaning making of that experience.

The CQR data analysis method is characterized by the use of open-ended questions and reliance on words, the significance placed on context, small samples,

multiple viewpoints throughout data analysis, as well as consensus among team members, importance of ethics, trustworthiness, and the role of culture. This method of data analysis urges constant reference to raw data in order to confirm the conclusions that will develop out of raw data. CQR is especially useful with topics that have not been explored previously, thus no measures exist yet or little guidance even exist as to what questions to explore. This analysis method seems a good fit for studies trying to capture vividly descriptive inner experiences, attitudes and beliefs (Hill, 2012), as is the purpose of this study. This method can conveniently be learned through available published material (Hill et al., 2005).

Research Design

The aim of this study was to explore war and post-war experiences and mental health well-being of Bosnian refugees, as perceived by the ones who lived it, set within its natural context, as it exists in the real world. In addition, the main researcher wanted to inquire into the self-understanding of mental health and well-being of individuals in the Bosnian community, the aftereffects of war, possible cultural barriers and buffers, education and knowledge about the aftereffects, as well as access to possible coping resources offered by the host country. The participants that were included in this study were Bosnian refugees, currently living in United States, who have had experienced the atrocities of the civil war and have spent at least 24 hours in the war zone of Bosnia and Herzegovina, whether as military or civilians, during the time between the month of May of 1992 and the month of November of 1995.

The current study employed Bronfenbrenner's ecological systems theory of human development (1979) as a framework of exploring Bosnian refugee experiences, however, the researcher does not wish to seek to examine, prove or disprove

Bronfenbrenner's ecological system theory itself. Bronfenbrenner's theory did not just help us look at the actual phenomenon of meaning of war and post-war experience as a single objective entity but helped us explore the process of meaning making of war and post-war experience of Bosnian refugees within its context as it exists in the real world, involving interaction and interdependence of all the systems at the same time.

The use of narrative research design in this study encouraged participants to share their experiences in an extensive manner with the use of semi-structured interview. Based to the nature of the questions, this study was guided by narrative research design as it sought to describe the experiences and the attached meanings of the war and post-war experience of Bosnian refugees living within the United States as it relates to mental health and well-being. In addition, participant's narratives offered various additional information, such as the perception of influence of war and immigration, current salience of these events, perception of mental health and mental illness, utilization of mental health service and possible supports and resources inside and outside of community, amongst other factors. Qualitative research in general allows the voices of the participants to emerge naturally, as they do in the narrative design. In addition, narrative design generally acknowledges and values subjectivity, and it is deliberate in its use of reflexivity to ensure interpretation reflects meaning from the data. Examining the narratives of participants allowed for rich descriptions. Thus, narrative design allowed the story to emerge through a collaborative story telling. It offers a way to construct knowledge even without being constructed a priori (De Fina & Georgakopoulou, 2012). Narrative design allows participants to contemplate their stories and construct meaning out of their experiences (Clandinin & Connelly, 2006). In addition, the stories told

through narratives are embedded into and reflect culture, as well as power structure and belief systems in place.

Researcher as Instrument

The researcher for this study was a Bosnian, female student in a counseling psychology doctoral program. She comes from a ‘mixed marriage’ family, meaning that her parents are of different ethnic and religious background. Her father is a Roman Catholic of Croatian ethnicity. Her mother is Eastern Orthodox of Serbian ethnicity. The main researcher has been in the United States for approximately sixteen years. She came to United States as a war refugee herself. The researcher left the country of conflict after the civil war ended and found refuge in Germany initially, before moving to United States. During the sixteen years in the United States, the researcher continued contact with Bosnian, Serbian and Croatian communities within the host country of United States. She also volunteered as an interpreter for these communities over the years, helping individuals who did not speak English language. These experiences influenced her research questions in this study and thus she sought to understand more about the war and post-war experiences of Bosnian refugees in the United States, including the meaning given to these experiences as they relate to mental health and well-being.

The researcher possesses strong skills and experience in qualitative research methods. During her doctoral educational experience, she completed a course on qualitative research and has co-authored a number of qualitative research investigations, which were presented at regional and national conferences. In addition, the researcher has read a significant amount of literature on qualitative methodology. Furthermore, the method of analysis used in this study required input of different perspectives and use of consensus when analyzing and interpreting data (use of teams), which helped minimize

biases and aided in an adequate description of what participants in the study have reported (Hill et al., 2005).

As discussed in later sections, researcher experienced slight difficulty bracketing her biases in the process of analysis due to her own lived experiences, as underscored by Moustakas (1994). Thus, it was of major importance that the researcher was aware and transparent of her biases and took steps to ensure understanding of the narrated experiences accurately before describing and interpretation of data took place. She also focused her energy in steady self-reflection throughout the entire analysis process in order to keep her biases in check.

Research Team

The team member that participated in the data analysis, in addition to the main investigator, was another student from the same counseling psychology doctoral program as the primary investigator. She is a Caucasian female, born and raised in Ohio, United States, who studies mental health. She has a Masters of Arts in Community Counseling and has worked in the field for approximately five years. The team member has completed a qualitative research course, as well as participated in the same research project utilizing CQR method previously and is currently completing a dissertation utilizing qualitative research.

This team member has limited experience and knowledge of the Bosnian refugee population. Having grown up in a middle-class Caucasian family in a rural area in Midwestern United States, it was not until attending university in an urban city that she was truly exposed to such a wide range of diversity and multiple cultures. The only knowledge of Bosnia and former Yugoslavia came from news stories her parents watched during her childhood. This knowledge has greatly increased since befriending and

starting to work with the primary researcher of this study who has discussed her own personal struggles with the war, immigration, and acculturation.

Through research projects with immigrants and personal relationships, this team member recognizes the struggles and traumas so many Bosnian refugees have experienced, not only in terms of their exposure to war, but also related to the processes of fleeing, immigrating, acculturating, and never knowing when they would again find stability and safety. Having never personally experienced these processes, they are expected to be extremely challenging and time-consuming with an abundance of barriers that are not limited to language issues, lack of work experience in a new country, family care, and so many other issues related to the acculturation process. Being a refugee with little education about the acculturation process or the United States can be traumatizing in itself.

It is widely known that many countries outside of the United States may not recognize the significance of mental health or mental health-related symptoms. Though there are likely to be a multitude of trauma-related symptoms experienced by Bosnian refugees, it is expected that few acknowledge them either because of lack of education or taboo. This only exacerbates these symptoms resulting in the development of unhealthy coping mechanisms such as substance use, minimization, blaming, etc. Because the United States is more concerned with other matters such as citizenship, legality, work, etc., it is not believed that any refugee is educated about the potential symptoms and mental health symptoms. Because of the taboo associated with mental health topics or seeking services in mental health, this team member does not believe any refugee was ever exposed to the mental health field until moving to a developed country, such as the United States. If they had been educated in mental health issues upon coming to the

United States, it is likely that the refugees would have not acknowledged it because there are so many others concerns at that time.

The peer auditor is a female Doctor of Psychology student coming from an out-of-state graduate program in psychology. The peer auditor was born in United States but raised in Puerto Rico and is fluent in English and Spanish languages. The peer auditor has not been involved in the actual analysis of the data, but only completed auditing at the end of domain and category construction, in an attempt to stay more objective. The peer auditor's knowledge of Bosnian war and refugee experiences was very limited and constrained to mostly viewing television reports on the news.

Sampling

The population of interest for this particular study was Bosnian refugees, who are currently residing in different locations in United States. The cities of interest initially were Washington, D.C.; Cleveland, Ohio; and St. Louis, Missouri. The main researcher had contact with several Bosnian refugees in all three cities who could have further refer possible participants for this study. The study specifically recruited participants who have had the kind of experiences that this researcher was interested in. However, due to time constrains and other commitments, the researcher was able to collect data only in Cleveland and Washington, D.C. Thus, no access was available to the St. Louis participants at this time. In addition, the researcher encountered minor difficulties during the data collection in Washington, D.C. as the civilian protests were taking place in April of 2015. The researcher flew to Baltimore on two occasions and was not able to collect data as participants decided to postpone the interviews for later time. The participants did not explicitly connect the postponed interviews to the riots in the city.

The study recruited a total of 15 participants, as recommended by Hill (2012). Hill (2012) suggests that 12 to 15 participants is typically a large enough sample in order to see consistency in data across cases. Specifically, the study recruited Bosnian refugees, of any ethnicity or religion, who have spent some time in the war zone. Inclusion criteria for the participants in this study was: a) ability to provide informed consent, b) minimum age of 18, c) having spent at least for 24 hours in Bosnia and Herzegovina during the civil war between May of 1992 and November 1995, and d) ability to speak English. All of the participants reported having United States citizenship.

Participants for this study were recruited through purposeful sampling method, where a sample of participants was deliberately chosen in congruence with the needs and interests of the study (Coyne, 1997; Tashakkori & Teddlie, 2003). There is a wide range of purposeful sampling techniques in existence, such as extreme case sampling, maximum variation sampling, homogeneous sampling, and critical case sampling (Patton, 1990; Patton, 2001). However, the sampling technique that was used in this study was snowball or chain sampling. This specific technique identifies participants of interest by finding and contacting several individuals of interest who then recommended other potential participants that fit the criteria and who further suggested more participants of interest. For example, researcher established contact and interviewed couple of Bosnian refugees from each city. Each one of these participants was asked to suggest several individuals of interest who researcher contacted and invited to participate in the study, as well as ask for further recommendations for individuals of interest.

Instruments

Demographic survey. Participants were asked to complete a demographic form which captured information such as age, education, gender, marital status, years in exile,

time spent in the war zone, employment status, occupation pre-and post-exile, religious orientation, and ethnicity among other things. The demographic information from this form was used to give a fuller descriptive view of the sample of interest, and thus maybe help raise questions for future studies as well. The demographic form is available in the Appendix I.

Semi-structured interview questionnaire. Participants took part in a semi-structured interview, which lasted approximately 30 to 60 minutes in length. Interview questions were formed by reviewing the literature previously presented on aftereffects of war, literature on refugee treatment seeking behaviors and understanding of mental illness, as well as main researchers' personal experiences and interactions with the Bosnian refugee population. Through interpreting volunteer experience, the main researcher learned a lot about the population through the narratives and stories individuals shared. Most of these stories included lack of resources and barriers to resources and services, as well as personal accounts of the war and immigration experience. In addition, the main researcher conducted a quantitative study in the past with an attempt to assess refugee mental health and well-being in general. However, she felt that the quantitative assessment was limited due to the use of western perspective and included forced choice answers with a focus on mostly negative war outcomes. Thus, the interview questions in this study centered on the participant's war and post-war experiences and their meaning making of these experiences, as well as their self-understanding of their own and communities mental health and possible cultural buffers, as well as utilization of mental health resources. The questions can be found in Appendix II.

The main researcher initially administered probe/pilot interviews to a colleague and one Bosnian refugee acquaintance in order to receive feedback. Upon feedback, researcher revised the interview protocol for any necessary changes, in order to ensure trustworthiness (Creswell, 2007), as well as simplify and clarify the questions and probes. The pilot interviews were administered at a location of convenience chosen by the participants. The interview interviews were recorded and properly analyzed. This helped the researcher identify possible participant responses and domains that emerged later in the actual data (Hill et al., 1997) and thus allowed for follow up with any necessary adjustments with the interview protocol in order to make it more understandable for the participants.

Procedure

Interviewing participants. The participants met with the investigator at a mutually agreed upon location where the researcher explained the study and procedure in more detail, and answered any questions the participant may have had, before signing the informed consent form. The participants were informed that the participation in this study was entirely voluntary and that they were able to stop their participation in the study at any time, without any consequences.

Participants were given consent forms during the interview session. Once the consent forms were signed, participants were able to place the consent forms in the consent form envelop that the researcher/interviewer was in charge of. The actual interview protocols were de-identified in order to protect the participants' privacy (Hill, 2012). De-identification occurred through code assignment for each participant. Once the codes were assigned, participants' names and codes were stored in a password protected

computer file, which will remain accessible only to the main researcher and dissertation chair.

An important reason for this process is to preserve confidentiality of participants. Safe storage of the transcripts will allow the researcher to access these transcripts at the appropriate time for participants to review, if willing, in order to make sure they are still comfortable with their disclosure and to check if the transcript was correct and a fairly good representation of their lived experiences, as expressed during the interview. None of the participants wanted to review their interview transcripts. After the study is completed, all the identifying information will be properly destroyed. In addition, all participants involved in this study were provided with the names, addresses, and phone numbers of several mental health professionals and mental health institutions, in case that participation in this study were to affect their psychological well-being.

Interestingly, participants were much more likely to reveal more detail ‘off tape.’ There seem to be two different stories told, namely, one while being recorded and one after recorder was turned off. Participants were strictly answering questions during the recording time and were wary of how they were answering and wording their questions, often asking who will be listening to the tapes. This very phenomenon witnessed may have been due to their history and war experience itself, having to be careful in the past of voicing their opinions in fear of losing their lives. Often, the participants talked more openly and in more detail about their struggles faced in the host country after the tape recorder was turned off. One participant in particular stood out as her answers were of very short and to the point nature. She often asked who will listen to the tapes and if government or police will have access to the tapes. At the end when asked what could have been done differently by the host country, she answered stating that nothing could

be done differently and everything was great to start with. Once the tape recorder was turned off, she slowly started opening up and ended up sharing a lot of information about her experience. The off tape conversation lasted close to two hours in length.

Transcription of interviews. All recorded interviews were transcribed verbatim for further analysis. In order for each transcript to remain confidential identifying information was removed and participants were given pseudonyms (e.g. Participant 1). In order to ensure the testimonial validity, researcher attempted to have all the participants read the transcripts and interpretation, as well as incorporate any feedback offered by the participants. However, as previously stated, none of the participants chose to review the interview transcripts.

Data analysis. The process of analysis in this study was in accordance with a constructivist paradigm, as previously described, and Consensual Qualitative Research (CQR) method (Hill, et al., 1997; Hill, et al., 2005; Hill, 2012). Rich and descriptive data were collected through face-to-face semi-structured interviews. Data analysis started with a formation of a two-member team and a peer auditor. In this study, the team consisted of two Caucasian female doctoral students, as described in an earlier section under Research Team. These two team members are colleagues attending the same counseling psychology doctoral program and have previously participated on similar research team, which utilized the CQR method.

In addition to these two members, an audit of the analyzed data was conducted by an external peer auditor, as well as the methodologist of the study, who examined the preliminary findings and provided feedback. Each time feedback was provided by the external peer auditor, the team members reviewed the feedback and met for a formal discussion until consensus between the team members was met. After a team consensus

had been reached, the external peer auditor reviewed and provide final feedback to the team. Consensus between the team members mostly depended on respect shared and reciprocated by all team members, equally distributed power, as well as equal engagement into the process of analyzing by all members of the team (Hill, et al., 2005; Hill, 2012). This team approach naturally “allows for different viewpoints to emerge and helps the team think about the data in new ways” (Hill, 2012, p. 10). The type of the team in this study was a “Set Team” (Hill, 2012; Hill et al., 2005, p. 6), where a group of members worked from the beginning of the analysis process to the end. The main researcher conducted the interviews and was joined by the other member for analysis process. A concern raised in the literature was that interpersonal power differential, as for example social power (e.g. students of different status or even student versus faculty) may influence other team members and thus the outcome of analysis (Hill, et al., 2005). In order to avoid this possible issue, participating team members in this study are of similar status level in their disciplinary program. In addition, a peer auditor of similar status level audited the data.

After the interviews were transcribed and all team members reviewed the literature at hand and the interview protocol, team members came together to form an initial domain list (Hill et al., 1997), which involved “reviewing the transcripts themselves to see what topic areas naturally arise from the interview data, bracketing out or not thinking about the interview protocol” (Hill, 2012, p. 104), nor literature. This bottom up or inductive approach allowed researchers to remain close to original transcripts and to see what naturally emerged from the data (Hill, 2012), as the use of deductive data analysis often blurs, changes and/or conceals main themes throughout the data due to preconceived ideas data collection and analysis procedures (Thomas, 2003).

Initially, each team member independently reviewed a transcript and marked segments of the narrative that fell under specific different topics or ideas and established a name for that domain (Hill, 2012; Hill et al., 1997). These segments or chunks of data may be thought as units, phrases, paragraphs and sentence, which fall into same theme or topic. Once all members sectioned off and created a list of domains, they met to review and discuss the domain that emerged from the transcripts. Once the consensus was reached on the first list of domains, the team members independently utilized the domain for the new transcripts in order to ensure that this list is suitable or that it still “fit” the data (Hill, 2012, p. 105).

Furthermore, the initial domain list continued to change and evolve every few interviews until it was firmly established. Some domains ended up being combined, reevaluated or even deleted (Hill, 2012; Hill, et al., 1997). Initially, the team started with 15 domains. After five major revisions over the course of the data analysis, the final count of domains was reduced to seven. Thus the final domain list does not resemble the initial list to a great degree since it was more influenced by using raw data instead of interview questions and existing literature. In addition, some segments of data fit into more than one domain, which then called for double and even in some cases triple coding, where the same chunk of raw interview data was placed into multiple domains (Hill, 2012). Hill et al. (1997) recommended that this option (use of double and triple coding) be kept to a minimum, which this research team kept in mind. Therefore, double coding was kept to a minimum and no triple coding occurred within this data set. In some cases, this required a need to redefine, combine or delete some domains (Hill et al., 1997). All remaining parts of transcripts that did not fit into any of the domains were put into the ‘other’ domain (Hill et al., 1997). However, this research team was able to

disburse the other domain within the seven existing domains. In addition, the non-codable or non-relevant data (e.g. greetings and scheduling discussions) was discarded. During all of the revisions and each time the list was stabilized and domains were numbered, the domain list was given to the auditor for a review, who provided the team with extremely useful feedback about the clarity of domain labels, as well as the sufficiency of “level of specificity of domains” (Hill, 2012, p. 106). Once domains were stabilized and finalized, the team created categories, which underwent the same kind of process, including two major revisions, auditing and consensus.

Thus, after the team agreement on the final domains, a consensus version of each case was created. A consensus version method that was used here is of narrative format and contains case number, domain title, core idea behind that domain and raw data that captures the domain, respectively. The core ideas are essentially summaries of the content of raw data that capture the essence of what the participant express in a clearer and more concise fashion (Hill et al., 1997). Once consensus was made on core ideas, consensus versions were sent to the auditor. After the audit was completed, team members met in order to decide whether to accept recommendations, while referring back to raw data continually until final consensus had been reached. It was very important that the auditor stay out of the team consensus process in order for the auditor to give a more objective and distant perspective to keep the team’s initial focus.

After consensus versions were finalized, the team completed a cross-analysis, which is one of the crucial elements of the CQR method and identifies common topics or themes across all cases. These common themes are called categories and the team approached one domain at a time and clustered all similar core ideas together. Categories were determined through the discovery-oriented process (Hill, et al., 1997; Mahrer,

1988). Hill (2012) urges researchers to be thoughtful when labeling the categories, as the titles should arise from the actual data and not preconceived notions, which this team utilized. As stated by Hill (2012, p.199), “The process of developing categories is creative because it involves organizing and conceptualizing the data to see how it clusters together into themes. This task can only be done effectively by judges who have immersed themselves in all the cases and the data intimately, as this team accomplished.”

Trustworthiness. Trustworthiness in qualitative research is comparable to the concept of validity in quantitative research (Morrow, 2005). It speaks to the degree to which the findings of the study can be trusted (Hill et al., 1997). Trustworthiness can be accomplished by three major criteria, namely: a) establishing the integrity of the data, b) balancing tension between subjectivity and reflexivity, and c) clear communication of findings (Morrow, 2005; Williams & Morrow, 2009).

Thus, to ensure integrity of the data in this study, first a clear detailed description of methods and results were provided. To answer how much detail is enough, researchers need to provide enough detail to enable replication of study’s procedures. Second, the team members in this study checked for saturation or the point in data analysis where no new core ideas emerge in the analysis (Glasser & Strauss, 1967). Hill et al. (2005) suggest that this can be achieved with a large enough sample (13-15 participants) and cross-analysis, which this team accomplished with collecting 15 interviews and completing a thorough cross-analysis. Thirdly, fostering generalizability, or rather transferability of the results, which is achieved by providing vast details of the research process, context, of the study participants, and findings so that readers can judge if the results are transferable to other settings or other populations.

Reflexivity is a process where exploration and management of expectations and biases takes place (Rennie, 2004). Basically, it is an awareness of oneself and one's biases in terms of the phenomenon explored (Hill, 2012). Thus, subjectivity had to be in check and the team consistently made sure that they were getting the essence of what participants were expressing. As mentioned in other parts of the methodology section, bracketing is one strategy used to manage the intrusion of one's own experiences and biases into data. The process of bracketing means literally being aware and setting aside one's own biases and expectations, even though there is always some subjectivity present, no matter what steps are undertaken in all research methods (Hill et al., 2005). The balance of reflexivity and subjectivity can be enhanced by having multiple team members and auditors and thus multiple perspectives on data, which in this case was established through having two team members, methodologist feedback, and peer auditor working on data analysis.

Clear communication of findings ensures that readers will have enough detail and information to know what the findings were, implication of the findings, as well as the association of the findings to theoretical issues and past research (Hill, 2012). Williams and Morrow (2009) underscore the importance of revealing the implications and limitations of the research study, as well as encouragement for further discussion and research, which is presented in chapters four and five of this document.

Ethical Concerns

Per university protocol, a description of the project including the semi-structured interview questions, consent form and justification for conducting this research project was submitted to the university Institutional Review Board (IRB). Included within IRB paperwork was the duration and place of data collection.

The participants of this study had the right to maintain their confidentiality during and after the data collection concluded. In order to achieve such confidentiality, each document completed and signed by the participant was stored in a locked file cabinet at Cleveland State University. Only the primary investigator and the dissertation chair had access to the locked cabinet. Participants had the right to remove their participation from the study at any time during and after the data collection, as long as they informed the primary investigator. In regards to audio recordings, these remained in a separate locked file cabinet until they were transcribed by the primary investigator and a professional transcriber who was fluent in both languages, Serbo-Croatian and English. Additionally, participants were encouraged not to disclose their names during the recording of the individual interview. On several occasions were participants did disclose their first names during the interviews, transcription of the interview excluded the actual names revealed. Participants in this study did not receive any kind of compensation for their participation in order to not coerce the participants.

CHAPTER IV

RESULTS

The purpose of this study was to explore the meaning of the war and post-war refugee experience for those who settled within the United States, as they relate to mental health and well-being. In more detail, the interest of this study lies within the war and post-war experiences and mental health and general well-being of Bosnian refugees, as perceived by the ones who lived it, set within its natural context as it exists in the real world. Within this, particular interest focus was on the meaning making among Bosnian refugees of their experience. The problem of war and post-war experience among refugees who have resettled in the United States is relevant to our transnational society in a global context of considerable ethnic and political conflict. Since meaning is essential to and omnipresent in human experience and affects our psychological, physical and social well-being, it is of outmost importance to explore meaning making of Bosnian refugees, as it relates to war and post-war experiences, through the use of personal narratives.

Demographic Information

The participants in this study were 15 Bosnian refugees, currently living in United States, who have experienced the atrocities of the civil war and have spent at least 24

hours in the war zone in Bosnia and Herzegovina, whether as military or civilians, during the time between May of 1992 and November of 1995. The main researcher had existing contact with several Bosnian refugees who further referred possible participants for this study. Thus, purposeful sampling method was employed in this study, where a sample of participants was deliberately chosen in congruence with the needs and interests of the study (Coyne, 1997; Tashakkori & Teddlie, 2003). Originally, the main researcher intended to collect data in three different cities, namely Cleveland, Baltimore, and St. Louis. However, due to the researcher's inability to take time off and be able to physically appear in St. Louis in order to collect data, researcher collected data in Cleveland and Baltimore only.

Table 1 describes the final sample comprised of fifteen participants. Due to the significance of religion in the Bosnian civil war, it was important to learn the religious backgrounds and practices of participants and their spouses. Table 2 describes how church attendance was associated with the sense of belonging within the Bosnian community.

Table 1

Participant Demographics

Participant	Location	Gender	Age	Marital Status	Number of Children	Years of Education
1	Baltimore	Male	38	Married	1	13
2	Baltimore	Female	41	Married	1	14
3	Baltimore	Female	47	Married	2	12
4	Cleveland	Female	53	Widowed	2	12
5	Cleveland	Female	51	Married	2	12
6	Cleveland	Female	35	Single	0	20
7	Cleveland	Female	46	Married	4	12
8	Cleveland	Male	46	Married	4	13
9	Cleveland	Male	33	Married	0	13
10	Cleveland	Female	26	Single	0	15
11	Cleveland	Male	34	Single	0	14
12	Cleveland	Male	32	Married	0	19
13	Cleveland	Female	27	Married	0	16
14	Cleveland	Female	58	Married	2	12
15	Cleveland	Male	63	Married	2	15

Table 2

Participant Religiousness Demographics

Participant	Religious Affiliation	Spouse/Partner Religious Affiliation	Religious Perception	Church/Mosque Attendance
1	Roman-Catholic/ Eastern-Orthodox	Roman-Catholic/ Eastern-Orthodox	Somewhat religious	Few times a year
2	Muslim	Muslim	Somewhat religious	Not at all
3	Muslim	Muslim	Somewhat religious	Not at all
4	Roman-Catholic	Eastern-Orthodox	Somewhat religious	Several times a month
5	Eastern-Orthodox	Roman-Catholic	Somewhat religious	Few times a year
6	Eastern-Orthodox	Eastern-Orthodox	Somewhat religious	Not at all
7	No affiliation	No affiliation	Not religious at all	Not at all
8	No affiliation	No affiliation	Not religious at all	Not at all
9	Eastern-Orthodox	Eastern-Orthodox	Not religious at all	Few times a year
10	Eastern-Orthodox	Eastern-Orthodox	Not religious at all	Few times a year
11	Other (Atheist)	NA	Not religious at all	Not at all
12	Eastern-Orthodox	Roman-Catholic/ Eastern-Orthodox	Somewhat religious	Few times a year
13	Roman-Catholic/ Eastern-Orthodox	Eastern-Orthodox	Somewhat religious	Few times a year
14	Eastern-Orthodox	Eastern-Orthodox	Somewhat religious	Few times a year
15	Eastern-Orthodox	Eastern-Orthodox	Somewhat religious	Several times a month

Table 3 illustrates the employment status, occupation, and weekly work hours of participants. It also describes each participant's occupation prior to leaving Bosnia, thus illustrating potential changes in work experiences between the two countries.

Table 3

Participant Employment Demographics

Participant	Currently Employed	Occupation	Weekly Work Hours	Occupation Prior To Leaving Bosnia
1	No	NA	NA	School
2	Yes	Dental assistant	35	Housewife
3	Yes	Barber	50	Food manufacturing/assembly
4	Yes	Assembly	40	Accounting
5	Yes	Support care	40	Housewife
6	No	Graduate student	NA	NA
7	Yes	Tailor	60	Housewife
8	Yes	Tailor	60	Tailor/Painter
9	Yes	Self-employed	80	NA
10	Yes	Entertainer	20	Student
11	Yes	Billboard installer	50	Student
12	Yes	Attorney	40+	Student
13	Yes	Registered nurse	40	Student/child
14	Yes	Machine operator	40-50	Machine technology and secretary
15	Yes	Maintenance	50	Maintenance

Domains and Categories

The data was organized into seven primary domains based on review of literature (Arcel, Folnegović-Šmalc, Kozarić-Kovačić & Marušić, 1995; Colic-Peisker & Tilbury, 2003; Donnelly et al., 2011; Drummond, Mizan, Brocx & Wright, 2011; Fazel, Wheeler & Danesh, 2005; Gibson, 2002; Hoge et al., 2004; Hunt & Gakenyi, 2005; Jankovic et al., 2011; Jensen, Norredam, Priebe & Krasnik, 2013; Kessler et al., 2001; Segal & Mayadas, 2005; Simich, Mawani, Wu and Noor, 2004), research questions, and heavily on raw data. The seven domains were pre-immigration experience, arrival process to U.S., adjustment experience, influence of war and post-war experience, current lifestyle, mental health and well-being education and resources, and recommendations. Within these seven domains, categories were developed based on the raw data collected through the semi-structured interviews. By using Hill, Thompson and Williams (1997) method of categorizing results, the following categories were described as “general” if it applied to all cases, “typical” if it applied to at least 50% of the cases, and “variant” if it applied to less than half but more two or more cases. The domains and categories, as well as the frequency in which they appeared in the interviews are displayed in Table 4 below:

Table 4

Research Results Summary

Domains/Categories	Number of Cases	Representativeness
Pre-Immigration experience		
Upbringing	15	General
Reason for immigration	15	General
Path of refuge	7	Variant
Resources prior to US arrival	5	Variant
War experience	10	Typical
Arrival Process to United States		
Availability of resources upon arrival	13	Typical
Emotional response upon arrival	9	Typical
First impressions	8	Typical
Adjustment experience		
Refugee program resource	13	Typical
Comparison of cultures	11	Typical
Sense of belonging and social activities within the Bosnian community	13	Typical
Challenges during adjustment period	10	Typical
Coping during the adjustment period	9	Typical
Language development	10	Typical
Adjustment	9	Typical
Work	8	Typical
Family support	7	Variant
Influence of War and Post-War Experience		
Influence on mental health and well-being	9	Typical
Making meaning of the war experience	7	Variant

Negative shift of the values and mindset of others	7	Variant
War influence on the Bosnian community	11	Typical
Coping with influences of war	7	Variant
Carrying the war experience within	4	Variant
Individual shift of one's personality and mindset	7	Variant
Current Lifestyle		
Mental health and well-being resources	10	Typical
Work and education	6	Variant
Sense of stability and well-being	11	Typical
Mental Health and Well-Being Education and Resources		
Independently seeking information	4	Variant
Cultural barriers	4	Variant
Lack of information offers regarding possible war consequences	15	General
Lack of resource information and actual resources	6	Variant
Recommendations		
Promoting community cohesiveness and social gatherings	5	Variant
Providing mental health and well-being resources	11	Typical
Providing general information and resources	14	Typical
Willingness to communicate with others	5	Variant
Providing language and training to assisting professionals working with refugees	5	Variant
Language education	5	Variant

Domain 1: Pre-immigration experience. The Pre-Immigration Experience domain included descriptions of any experience occurring prior to immigrating to the United States, as well as individual's reasons for immigrating. Within the domain of pre-immigration experience, there were a total of five categories that emerged within this domain: upbringing (*general*), reason for immigration (*general*), path of refuge (*variant*), resources (*variant*), and war experience (*typical*).

Upbringing. The first category, upbringing (*general*) describes an individual's birth place and descriptions of her or his upbringing from birth until the time he or she fled the country of Bosnia. In other words, this category captured any description of the growing up process, including birth place and any major milestones communicated, as well as cultural and environmental influences during this period. For example, participant 7 shared that there is still blame and hate going on between different groups within Bosnia. However, this participant revealed her belief that Bosnian people are the only ones who have problems with themselves and thus the only ones able to solve them. After the researcher asked her to explain, participant 7 painted an image of how she grew up to provide more contextual information.

State of mind, view, how they were. I am not saying the teaching, maybe teaching them some [in] parts of Bosnia, because I come from the part where we had all three kinds of the Muslims, Orthodox, and Catholic...and the thing is that area didn't really have any time, when I was a kid, they didn't have really big thing going on I am this or I am that. I went to school. Some people in my class and honestly I still remember them by their names, and I never looked at them like oh he was Muslim, or he was Catholic, or he was Orthodox. And still after so many years we have still contact with some of them, really close contact. (Participant 7)

Another example of upbringing is found in the following interview excerpt from participant 13.

Cause we had it all one day, people lived fine, they had homes. My family had a... you know a home. We were building a weekend house. We had an apartment that was, that was given to my parents through their work. We um, we would go on vacations basically every summer, um you know, spend time with our grandparents and then one day you didn't have any of that. (Participant 13)

Reason for immigration. Reason for immigration (*general*) describes individuals' purposes for leaving the country of Bosnia. Namely, what events and circumstances influenced or forced their immigration. A good example was found in the interview of participant 1, who gives a description on how decision regarding immigration to United States came about, including not being able to stay in the first country of refuge.

Aahhh, what led me to come here to United States? Well, when was the war in Bosnia and Herzegovina, after ...towards the end of the war it was a big pressure on my family because they are mixed marriage and mmmm also there was big pressure on me to join the military and go against my friends that I didn't wanted to do and we needed to leave. So, I left and ahhh... for Germany and I lived in Germany for quite a while and then after they didn't have brought decision for refugees that they can stay so certain ones can stay and other ones, they had to choose to return back to Bosnia and Herzegovina or to go to third world countries as United States, as is Australia. Aahhhh...my family chose United States and that's how we ended up here. (Participant 1)

Another short, but clear example of the reason for immigration came from participant 5, who clearly stated her belief that the main reason was the difference in religious affiliation between her and her spouse. “We came over here because my husband and me, we had different religion. We both from different churches” (Participant 5).

Path of refuge. The path of refuge category describes individuals’ immigration pattern from the country of Bosnia to the United States. This includes how and what path they took to finally be received by the United States as refugees of war, as well as what kind of effects this had on them. Below, participant 1 offers their opinion about the path most refugees had to take before entry into the United States:

It would be easier on them to go through life, because it’s not easy. For most of them this was the third ... I mean three times they change their home. You know like you lose home in Bosnia, you go to Germany, you settle in and then you lose home there and then you come here. (Participant 1)

Another example came from participant 15, who had quite the journey before coming to United States. This participant moved to Serbia, followed by France and back to Serbia, before coming to United States. The following is the excerpt from his interview:

I wasn’t actually in war. When start war I escape from my city where is the more population Muslim. Croatian and Serb side flee and Muslim stay. Serb flee to Serbia and after Serbia I went to France to work and I come back after years [to Serbia]. After I was [in] refugee camp I come over there [United States].
(Participant 15)

Resources prior to US arrival. The resources prior to US arrival (*variant*) category describes any type of support, assistance, or assets used throughout their immigration experience. This included descriptions of specific resources and assistance received during their attempt to leave the country, as well as on their pathway to United States. Some of the resources included financial help, emotional and psychological help, shelter, help escaping the country, etc. An example from participant 1 illustrates mental health resources during their stay in Germany, prior to coming to the United States.

Maybe yeah...like in Germany I was going through kind of rough times and I was offered and it was a psychologist doctor. He was speaking our language and everything. So, it did kind of help out to go to him and talk sometimes and everything. So after a while you kind of feel better and everything. I know my parents did the same thing. Ahhmmm...you do not go right away to medication. It was like some medication first but in natural base, you know, and those kind of help you sleep easier and everything. Better than using like hard core drugs, you know, like to just get off some feelings. (Participant 1)

War experience. War experiences (*typical*) describe all personal war experiences accounted for by the participants. These included accounts of various war events experienced, such as lack of basic resources for survival, daily shelling and bombing, lack of electricity and water, fear of and betrayal by neighbors, friends and family. It also included sudden displacement, which was marked by abrupt exile and leaving of the country without prior planning or preparing. An example of this category is well illustrated in the interview excerpt by participant 10, who conveyed the sense of not knowing what tomorrow would bring.

Across our whole country, everybody was feeling the same thing you didn't know if you were going to wake up tomorrow morning. You didn't know if somebody was going to come to your house or it randomly get raided, bombed, or you know somebody wanted you specifically killed. And being a child of a mixed family, we had to go through a lot because of that. My dad was Serbian; my mom was Croatian. The kids are mixed, living next to Muslim people. You know what I mean? In a Serbian community like you are always going to be out casted, you know! ... I had to know how to protect myself, I always had to stay one step ahead, I always had to be alert, what is going on around me, in the neighborhood, noises, am I hearing gunshots, how far away does it sound? How far am I from where the action is and how long to get to my house. You are always on edge, even when you are playing and someone is driving by, you are hoping it is not someone who is just going to shoot you just because it is wartime. I mean it is not any little thing like that, but it was an everyday thing. You always had to watch your back, how you talk to people, who you talk to what you said, you know so you kind of had to be and act ignorant to survive, you know. You can't be the smartest person because you know you get killed... I talk to people here who are totally clueless of the Yugoslavian war and they have lived here forever and I don't know if only certain things were shown. I'm sure only certain cities, not just the rest of the people or the concentration camps that people were sent to. That wasn't shown, that's not spoken of. Mass genocide was going on and everyone ignored it. It is crazy. It is sad, because as a kid you don't know anything, you don't even know who god is, you don't go to church. There is no church so you are scared to go to church. Especially during wartime, there is no religion I didn't

even know about God. I didn't know about any of that, but what was said to me all I kept looking at and all I could see was a bunch of angry human beings.

(Participant 10)

Domain 2: Arrival process to United States. The Arrival Process to United States domain describes the actual experience of the journey to the United States and the first two days after arrival to the United States, including all resources received during that experience. Within this specific domain three categories were formed: availability of resources upon arrival (*typical*), emotional response upon arrival (*typical*), and first impressions (*typical*).

Availability of resources upon arrival. Availability of resources upon arrival (*typical*) describes any type of support, assistance, or assets available upon arrival into the United States or lack thereof. Namely this category included descriptions of any and all available resources on the journey to and immediately upon arrival to United States, including up to two days after arrival. In addition, it included any description of lack of resources during this time. Some of the resources mentioned included shelter, food stamps, having someone who speaks the same language, welcoming committee upon arrival, food, and legal residence. Other common experience included having a sponsor, which was explained as having a church or parish offer assistance and support to the incoming refugees. The lack of resources included lack of English language, lack of knowledge in general, not knowing how to access information and resources, and not having a safe shelter. An example that illustrates this category well was offered by participant 15 below:

Actually they make some paperwork's.... Caritas they have some paperwork for us, they make green card, they have some food stamps, they set up for us...they

have apartment ...they wanted force us...I don't know find job for us, for some. We no have car, we no have English. They try find some very close job for some nursing home or some kind. (Participant 15)

Another example of the resources established throughout their journey illustrated acquired debt immediately upon entrance into United States. Participants in this study offered an insight into how the immigration institution handled the transfer of refugees to United States. Namely, refugees were offered an arrangement where they had to sign an agreement that they will start paying off their flight cost as soon as they start receiving any sort of pay. In the following interview excerpt, participant 2 offered his perspective regarding the travel cost assistance.

There... there.... the immigration center that brought us here basically made us sign the papers before we came here that we owe \$1700 for the plane tickets that we have to pay. So basically as soon as we stepped on United States soil we already owe money. (Participant 2)

Emotional response upon arrival. Emotional response upon arrival (*typical*) includes descriptions of how individuals reacted emotionally upon entering the United States. It included fear of the unknown and feeling of not knowing what to expect. In addition, participants described in more detail what kind of emotions they were experiencing, such as shock, excitement, fear, and stress. Participant 7 offered a good account of this category below,

Because sometimes you hear stories the people just had the one or two people and they brought them somewhere just you know almost left them there, and normally that is a shock. I am saying if I had that experience I would have the same thing. And like I said I was afraid going into the plane in Frankfurt say ok where are you

going to come, just God please give me the space just to put the kids to sleep. That was mine thinking at the time when we were still in the plane. But directly going from being afraid because the kids were so small we didn't have time to think about that... Not knowing. That's the only thing that was the fear, like what we can expect you know just the place to put them to sleep. (Participant 7)

First impressions. The first impressions category (*typical*) includes descriptions of refugees' first impressions as they reflect on their new environment upon arrival to the United States. Some of the descriptions include seeing the United States as beautiful, as empty, welcoming, and shocking. In addition, they gave a descriptive account of what they were seeing and thinking during this time. Participant 2 offered an example of this category below.

I mean, like here in United States when we came here when they put us in these apartment buildings, which I don't even know, like, even now to this date, why would you put refugee people in this apartment building where is crime and drugs and fighting and all that stuff. How can the government put people that came from such a stressful situation in that part of the community. It is like, do you just want us to fail and just become criminals and drug users? Because you don't know how stressful we were and what had happened to us and stuff. But luckily we all pulled out of that area. But that one thing...It was really stressful. It was so stressful. It was like....it was the point that I was like is this America? Is this what I was looking for that I am gonna come and live in some kind of peace and be you know free in a way. I was like, I just want to go back. I kind of don't want to live here anymore because it was really bad...It was really bad! (Participant 2)

Another interview excerpt capturing first impressions category was offered by participant 9 below, who responded to the question of what his experience was like upon arrival to the United States.

What was my experience, ah, I arrived to Lincoln Nebraska, and pretty much was shocked. First what I recognize was not many people in the state. So I couldn't barely I could see someone early in the morning then I could see someone walking like what 10 in the morning. So we go through downtown and another thing was kind of shocked me was really not a bunch of houses and you didn't see like a city or anything, like Sarajevo where I came from was really crowded cities. Everything moving 100 miles an hour a lot of activities and you are using a lot of buses and all this stuff and they are full a lot of people all over and when I arrived to the airport there was not a lot of people. When I arrived in Lincoln Nebraska and walked on the old street the street was just street and I couldn't see anybody walking around, I was like what is going on...Empty, so that kind of was some experience, first experience. (Participant 9)

Domain 3: Adjustment experience. Adjustment experience domain included any narrative of adjustment occurring between the time of arrival (after the initial first two days) and current period. Some of the major common themes involved comparison of culture, sense of belonging within the community or lack thereof or pride of community, any resources offered and received during that time, and meaning making of their experiences. Thus, the categories that emerged within this domain included refugee program resources (*typical*), comparison of cultures (*typical*), sense of belonging and social activities within the Bosnian community (*typical*), challenges during adjustment

period (*typical*), coping during the adjustment period (*typical*), language development (*typical*), adjustment (*typical*), work (*typical*), and family support (*variant*).

Refugee program resources. The first category within this domain, refugee program resources (*typical*), described an account that the participants gave of all organizations and resources received through these organizations, by refugees, which assisted them throughout the period of adjustment. In addition, shortage or lack of resources were considered in this category as well. After being asked if there were any resources available to help him with the transition from Bosnia to United States, participant 1 offered a great description of the resources offered, as well as their limitations.

Mmmmm...not that much how it's supposed to be, you know?! You first need to go through certain things you know to ... I understand it's the program...I mean whoever made it up, you know, for this country and everything, but you first needed to go through certain things. You know! Like you need to go there apply for this and this and that to get the card and this and that. Till you do all that if you don't have any kind of your money ...aahhmm...you basically, excuse my language, I mean you screwed. So, it was kind of really bad because if you don't have any kind of money, I mean, sometimes they give you something but some organization, depending on which one, they give some food you know for beginning but then you like kind of, you know, if you have other needs like medication, this and that or whatever, you cannot get it right away until you don't get approved for some things. So it's kind of ...aaahhh....it was not only you know the people from my country. It was other countries too, you know. If you don't go through certain things in the program, you don't get approved for all that.

You know. It takes a while till it all kick in and then, you know. ..Well, lot of things changed, but still if you don't have...if you don't have knowledge of some things, you know, you have to ask...you don't know who to ask. You know and then after a while you miss on some things. Like me, I came in 2000 and since 2015, now of course, I didn't know that I had such opportunities to go back to school and everything because you couldn't apply at same time to work and have family and then go to school and everything and if I knew that the schooling would help me so much I would go from the beginning. But nobody ever offer me to go to school, to do this, to do that and everything else. (Participant 1)

Another example of this category was captured in the response given by participant 3, who after being asked about resources offered and received to help with transition responded by giving a description below:

Not really, you mean like...ugh help like, kind of help...My experience is when we came here from Lutheran church there are some people. They speak a little bit Bosnian, but they put us in an apartment for three months. They say it's paid for you, but you need to get right away job. Even if we didn't speak any English they took us to the school and work on the paperwork to get an opportunity to get job and go to school. They show us, but um...but it was like no transportation, no food, food stamps was really low, \$50 a month and we got that for only 3 months and tickets were paid for from Bosnia to fly to America, soon as we get job we need to return that money. It was basically a loan, we have to pay back. So I was , I am really, I was surprised about that...that we don't get any kind of help to stand up on our feet. And we had a baby 7 years old. So, we don't even have a baby sitter or anybody who is going to take care of the kid. They just push you, go

to work, go to work, you need to go work and nobody is asking you are you mentally ready for it. You know, we spent like 6 years in a war, nobody asking you....For taking you to doctor, and see if you ready to be in a normal life. They just push you, push you nobody asking you, give you an opportunity at least for a month or two months to get English, some English. When we said that we have some school finished, they don't even, you know, they don't mind. Just go work any jobs. (Participant 3)

Comparison of cultures. The category, comparison of cultures (*typical*), included those responses that provided any comparison between the home and host country. In other words, this category illustrated observations of any perceived similarities and differences verbalized by the participants during the interviews. Participant 10 provides a detailed example of a collective versus individualistic culture comparison, as well as comparison of the penal system and the law. After being asked what differences and similarities exist between their homeland and the host country, if any, participant 10 stated the following:

You know like, it is beautiful. It's crazy, back home my whole family lives together you know and then when you get married you live with your parents and your husband and your child. Here, everybody lives separate. They can't wait to be independent. Back home we are so dependent on each other. Here we can't wait to be independent; we want to be like that I think. Be able to support our family and give back to them because they sacrificed so much for us when we had so little you know... There are laws and regulations, that, it is just so crazy. A law will be like 850 pages long with loop holes upon loopholes, to where I feel like the common person cannot win if somebody does not want them to win, period. A

way will be found, not to allow them to prosper and I feel like because of all the rules and regulations, petty things that people do while they are young and they don't know. You know, they don't have a sense of self, of who they are yet and they do stupid things and I feel like America punishes people very harshly like the prison system is worse than like caged animals. I would feel like a caged animal. I am totally for refining mental institutions and prisons in America you know because it is important, because you have 3 million people in prison right now, it is so controlled... Yes, what has remained the same [when compared to home culture] is the fact that religion will always separate mankind. Politics is in everything. There is no such thing as reality. Because you find out there are three different kinds of reality. You have your own reality, someone else's reality, and then there is the truth. You know, that we can't see because our eyes don't allow us to see or our brains don't allow us to think like that you know but, certain things do remain the same.

Sense of belonging and social activities within the Bosnian community. The sense of belonging and social activities within the Bosnian community (*typical*) category was one of the two most prominent categories within this domain. It represented the perception of connection and cohesiveness within the Bosnian community and social activities that take place within it, as well as how strongly one feels as part of the community. Some examples described included accounts how close to or detached from participants felt toward their own Bosnian community in the United States. In addition, participants offered information as to how they connect with or participate in the Bosnian community, listing specific examples, such as church services, concerts, and other social gatherings. Participant 10 provided more information on how she feels about the Bosnian

culture in general , as well as her individual perspective on belonging and taking pride in one's background. (Participant 10)

I believe that we are a proud culture, you know. I believe that our people are.

They don't have much else to believe in other than where you come from. So you have, so they are kind of like nationalists you know. They are so proud of where they come from but if they had enough money I doubt that they would. Hey if someone gave them a million dollars, hey you can go anywhere in the world you think they are going to stay there? I doubt it, hundred percent they are going to leave with their money and their family, you know bye-bye. They know better. But when they can't do better I think their psychological has to remain positive so they have to believe in something, someone. They want to feel united with the country because you know. Refugees, we go somewhere we are not united as being around all the same people, you know. Here it is a melting pot, we see our own people during church and events, other than that we are all spread out over here. Everyone is everywhere.

Below, participant 5 describes the importance of belonging within the community, as well as a role it plays. Namely, belonging within the community seemed to have acted as a support and a buffer throughout all of their challenges and struggles.

Oh, we do a lot of, we try to hang together. A lot of celebrating! A lot of different things just to get together and be more happy and um...like help to each other, support to each other, help some getting out of depressed. We cook, take care of it, then we try to get person out, we try to get together, celebrate this birthday, that, go out, make a happy life.

Challenges during adjustment period. The category, challenges during the adjustment period (typical), captured all the described difficulties and challenges encountered during the adjustment period. Namely, these were descriptions of lack of transportation, lack of finances, not being able to communicate, lack of knowledge and resources, poor and unsafe living circumstances, feeling of being misunderstood, pressure to assimilate, and sense of inferiority. After being asked what positive or negative meaning his experiences have for him now, participant 1 described the challenge of not knowing what opportunities he had available to him. In addition, this participant described that others wanted to help, but were not well aware or educated about the services and opportunities for refugees.

Well some of them have bad and some of them have good you know. Like I said if I knew some things before I will do it differently, but I didn't know and if I knew that I had some opportunities I would do it. So I am thinking like that a lot of people don't know what...every kind of opportunities they have here because. I think they...I am thinking my thoughts are that they not enough informed with what everything they can do and you know the people...I wanna say there was people that wanted to help but they were not enough educated about the stuff they supposed to do and everything else...and they was looking more like it was every day job you know, like you behaving you know like you were working with ...I don't know like in grocery shopping you need to help somebody you know like you just pack groceries into the bag instead of like you need to more know about the people where they come from ...you know this and that.

Coping during the adjustment period. The category of coping during the adjustment period (typical) describes how one deals with, as well as manages stress and difficulties relating to the adjustment period. Some of the more common examples offered included use of accepting and/or avoidancing of issues at hand, having positive outlook, and complaining about difficulties to others. Participant 2 offered an explanation of how they personally deal with all of the difficulties and challenges. For this participant, staying optimistic and positive was a way of coping.

I try to stay positive always, you know. I don't think my glass is half empty but half full. So, I will always be like that. I don't know for what reason, but that what like kept me going. That's kind of like my well-being. Just being positive! If some things happen, you know like when we were in the war and I thought about positive things like that it's gonna stop and it's not gonna go on forever. It is gonna end. And then when we came to United States I thought it's not gonna be always that we don't speak this language. You know, I will learn it. I will do whatever it takes to learn it and to get more comfortable to have a life here and stuff. So, it's like I always think positive. (Participant 2)

Language development. The category of language development (*typical*) captures significance and impact of language acquisition as a benefit and/or barrier during the adjustment period. Most participant's verbalized how beneficial it was to acquire English language faster, as those skills accelerated adjustment and work acquirement. Individuals gave accounts of what venues and opportunities existed to help them with language development, as well as to possible barriers to language development. Participant 6 conveyed that more time is needed to focus on English language upon arrival. Thus, after being asked if that time was available for studying

English language more intensely would be helpful from their perspective, Participant 6 responded with the following:

Yeah, I think so because a lot of those people [with English language skills] actually have decent jobs, uh where, for example, if you look at my family, you know, they were all just working, working, working. You know, um...[they] didn't get a decent jobs, you know, they were basically, like for example, my mother, she was dealing with the crappiest jobs ever—cleaning, um, you know, working in a factory, I mean... she can't climb the ladder anywhere. You know, and that's it, that's like the highest that she can do. Where I know, I have some friends who like, a lady that was working with my mother in finance, she finished and she's an RN right now. And she's the same age as my mother. She's 60 years old and she speaks the language and she, she's an RN. She went 6 years for an RN. And now she's, she's working so, that's like a huge improvement, where my mother is...her company closed and she's jobless. And they've been like this for a couple years now. (Participant 6)

Another example from participant 10 gives another example of a barrier due to lack of language skills, as her father could have progressed to a higher position based on his work related skills, but was stopped from climbing the success ladder due to lack of English language development.

Because my dad would always tell me, you know, if I only knew how to speak and read better because he had a job opportunity where he could just sit in the office and wouldn't have to have his hands dirty, he could sit in his AC you know, he would tell me and just write paperwork all day and not have to get his hands dirty, because he has gotten his hands dirty his whole life. He shouldn't have to

anymore...He could not progress any further than supervisor which was still great. He was getting paid great with bonuses but he couldn't progress even though he was offered because he felt insecure, he felt if he took the position and couldn't read something or write it then he is not worthy of that position regardless of how great of a decision maker he is, a critical thinker or whatever all the good things you could think of someone in the workplace. That barrier was huge you know so he could only progress so much. (Participant 10)

Domain 3: Adjustment. The adjustment (*typical*) category captures descriptions of participants' adjustment process overtime. The explanations included acclimation to the new life and settling within the United States. The excerpt below from the interview with participant 7 captured how individuals eventually started living a "normal" life, as they would often refer to it, indicating adjustment. In addition, this example illustrates acculturation as it describes how individuals keep some of the ways and values of their own culture, as well as adapt parts of the new host culture.

Coming over here normally you are afraid because you listen to stories that are bad, you know. People killing each other and I would tell you maybe that I was afraid a little bit to go out at night for maybe a couple of months you know. But it is just the way how the people, how our friends today they approach us. We didn't really have so much time and I guess to think about that. You just, you know, start living the normal life. Which we would probably live in Bosnia if we stayed down there. And what is the normal life, it is really how you take care of the kids; take them for a walk or this and that. It is just the normal regular family things... Most of them we will know nothing, it is just the way of cultural thinking, how much the change really in the Bosnian community. I would say didn't change a lot the

Bosnian community. But they are approaching it like here, having said so many things, what probably the Bosnian community wants, say that is ok. You know what I mean? Either just live American Bosnian way I would say, it is not Bosnian American way, it is American Bosnian way. (Participant 7)

Participant 1 gives a short description of adjustment category as he explains how people again have started living, moving on and settling in.

Mhhh... well... I mean it's so many years passed by. The people look like they are... get here you know like settle and start you know like... ahmm you know like working and living and everything else like everybody else. (Participant 1)

Work and education. The category of work and education (typical) category provides accounts of any description of experiences, thoughts, and beliefs related to work and education during the adjustment period. In more detail it offers descriptions of the ease and struggles of finding work, as well as benefits and barriers of attaining work and education during the adjustment period. After being asked what resources available to him during the adjustment period, participant 12 explains that he simply has a job, which further connects him to more resources, such as basics of food and health insurance.

For me personally or as a refugee? (Deep sigh) Well I mean I guess looking...digging into things. I have a job so I have health insurance so I have access to all kinds of doctors. I have access if I want to speak to a therapist about anything. I have the funds to go do yoga or to exercise at the gym. Ahhmm and I ... I mean I have the funds to eat well, to never be hungry, things like that.

(Participant 12)

On the other hand, participant 13 explains that he and his wife have good careers in place, but that work sometimes can be 'isolating' due to the long work hours. In return,

participant 13 feels that besides taking care of the household, there is not much time left for socializing, which he deems as very important in his life.

Um, in regards to everything else, financially, you know, my wife and I purchased a good house recently, so we're doing well there, uh, we're fortunate in that sense. We both have good careers going for us right now. I just try to live simple, because I just know, you know, how life can be and it's the little things in life that matter so I don't need to, you know, have a Rolex watch on me. I don't need to have a big necklace or Ferrari in my driveway; you know...It, as long as for me, for me I'm more social. I still like to try to live that way, even though at times we can be isolated here because you work long days, you come home late, you're tired, it's dark it's 6:00 and you know, you don't really feel like going anyway. You have to clean the house or make dinner. (Participant 13)

Family support. This domain, family support (*variant*), captures descriptions verbalized during the interview regarding any type of support provided by family members throughout the adjustment period. A common theme among the participants in this study was that family members acted as a buffer to the adjustment challenges and were a source of great support and strength. Below, after being asked about resources and supports available to them, participant 3 explains how his family has been there for them in every way. It seems that the simple fact of the family understanding the experience and what they have been through was of great significance in itself.

We have family here so, we are like close to each other because if we need any help we try to help each other, support, mentally, physically because we've been through same experience...because we can understand each other better... From

somebody from outside they don't understand being one day in a war and one day without electricity and food, and they don't understand that. (Participant 3)

Upon being asked the same questions, namely what were the supports and resources available, participant 6 respond with saying that there were actually none except their family. “No, I had no resources. Except my family. They were my only, like, point of reference” (Participant 6).

In addition, participant 14 underscores again the importance of family support in United States by responding that they did not have that someone who could answer their questions, provide them with resource information, or simply point them in the right direction as to where they could go to seek further help.

We didn't know. We didn't have that [someone to ask for help or get information from], but thank God my brother was here. He was first generation so he knew some things and he help us from beginning. Other way I didn't know how I will survive. (Participant 14)

A large number of participants believed that having family in the United States at the time of arrival was of great support and helped somewhat ease the process of adjustment and acculturation, as well as helped the participants navigate through all of the challenges posed by the war experience and the immigration process itself.

Domain 4: Influence of war and post-war experience. Influence of war and post-war experience included all of the responses that described any impact or influence, whether positive or negative, of war, exile, immigration, and/or acculturation. The biggest focus will be on any symptoms of mental health and physical health or how it may have had an effect participants psyche and well-being in general. Thus, the categories that emerged within this domain included influence on mental health and well-

being (*typical*), making meaning of the war experience (*variant*), negative shift of the values and mindset of others (*variant*), war influence on the Bosnian community (*typical*), coping with the influences of war (*variant*), carrying the war experience within (*variant*), and Individual shift of one's personality and mindset (*variant*).

Influence on mental health and well-being. This category, influence on mental health and well-being (*typical*), included verbalization of any type of impact of war experiences on one's mental health and well-being. Some of the examples there were more prominent included recounts of specific events of war, such as shelling, rape, killings, beatings, as well as influence of war on physical health and well-being. Some of the after effects and symptoms described include avoidance, nightmares, intrusions, fear, suicide, depressive symptoms, low self-esteem, physical and mental exhaustion, anxiety, panic, stress, mood swings, and withdrawal among others.

We should have classes like psychology classes, and is it called psychology? ...To talk people to have experience because we, every person here was different experience we didn't go with the same. Some people was in a prison and some of them were beaten up, some of them was wound, with the bullet, some of them even raped. But nobody even gives them psychiatrist to talk to them first, to see, you know, how you going to be prepared for this normal life. And then all those Bosnians, what I know now they doing all well without psychologist, but they should really give out those classes, that's what I recommend...To explain how you deal if something happened, because, I become more emotional because of war. (Participant 3)

After being asked about the possible impact war may have had on the participant 5, she responded by describing the negative effects it has left on her mind and body, followed by questioning the purpose of the whole event in general.

Uh impact... um...I had a lot of bad dreams and I wake up screaming and the, I feel like, um, I had anxiety, I had depression, um, it comes often to my mind when I hear airplanes that they going to drop bombs, it comes often to my mind, to my dreams, and I feel, I feel like exhausted, feel sad. I feel why was I like that? Why we didn't lead life like other people who didn't have war?!... Nothing, nothing. We just, we just... when we got, when I got depressed, I got stuck and didn't know what is it?! I thought, I'm going to die, something. I didn't know what is it at all. I didn't experience, I didn't read more about it before because I didn't know anybody, you know before. (Participant 5)

When asked how, if at all, the war experience affected participant 10 subsequent or current life, she responded by stating that she has basically been groomed to protect herself and be on the lookout at all times. The following is an excerpt from her response:

Absolutely, every day... Um, because since I was born and since I can remember, I had to know how to protect myself, I always had to stay one step ahead, I always had to be alert, what is going on around me, in the neighborhood, noises, am I hearing gunshots, how far away does it sound? How far am I from where the action is and how long to get to my house. You are always on edge, even when you are playing and someone is driving by, you are hoping it is not someone who is just going to shoot you just because it is wartime. (Participant 10)

Making meaning of the war experience. The making meaning of the war experience (*variant*) category concerns itself with how participants interpreted and made sense of war experience. In other words, this category captured how participants made sense of their adverse war experiences, including positive benefits and growth that resulted out of the meanings made. Two main themes of the narratives included overcoming the adversity and verbalizing gratitude and appreciation for life, and perceiving the whole experience as senseless and struggling to find any meaning in the war experience. Participant 10 explained how she felt, overall, about her war experience. Even though she acknowledged suffering and pain, a sense of gratitude and learning to live in the present strongly came through in her narrative.

I think there is a like a beauty in that like the suffering and going through all the pain to get to where you want to be and then that one day having that day like finally, I have suffered my whole life but look how beautiful today is and the rest of my life will be. (Participant 10)

An example of the other major theme that emerged in this category of making meaning, namely struggling to find any sense in this adverse life experience, was well illustrated in the following responses provided by participant 8 below. This participant not only experiences difficulties making sense of the experience, but of the final outcome as well, as she reiterates that after all people realized that they have to live together again.

Interviewer: Mmm and the post-war experience... after the war, you know, how...what did you take from it all? Is there anything that you took away from that whole experience? Any kind of meaning?

Participant: Well the thing is the whole war did not make sense to me anyways because it was supposed to be religious war, or it is called religion war, but never is religion war. Everything is money.

Interviewer: So you feel like it wasn't really about religion?

Participant: No. It was about ... (long pause)

Interviewer: Just profit?

Participant: Power and profit. That's it!

Interviewer: So that's the meaning you took away from it basically that it's senseless and...

Participant: Had no sense whatsoever, especially they try to come back together again because they stand and realized that they cannot live without each other anyways. (Participant 8)

Negative shift of the values and mindset of others. This category, negative shift of the values and mindset of others (*variant*) captured narratives of participants' perception of how others' beliefs, actions, or general understanding may have shifted unfavorably as a consequence of war. This negative shift included propensity towards segregation between ethnicity and religion, where individuals expressed that others were inclined to stay within their own religious or ethnic groups. Participant 1 shared below how individuals changed and began segregating for different reasons. In addition, he narrates how individuals that come from war experience background tend to be more mistrustful, withdrawn, as well as afraid of rejection.

Well overall war experience is really bad. First of all, in my family everybody is mixed. I have all the nationalities and everything. So when you are in certain areas it is hard to deal with that because most of the people change because they

start believing some other things and sometimes they did it just because of the... ahmm... they knew they gonna get better in life if they join some organization and everything... aaaahhh.... even though before they were doing the same thing that we were doing, like eating the same food. You know, we didn't even know who is who or whatever, you know. Like was it Christian, was it you know like Orthodox, or Catholic, or Muslim or whatever. But later on it changed everything so that's kind of bad experience. Ahmm...for me the politics is really, really bad. I mean. I don't even like to talk about it because I knew what it brought to me and my friends and my family and everything. Aahmmm... a lot of people changed, I noticed that.... Sometimes people especially if they come from war... aahhh... not trustworthy with someone... with persons. You know they don't say too much. Some people don't ask too much you know like because they scared or shy or... they sometimes think it's stupid to ask for some things, you know. Or they will not ask for too much and they will get rejections and someone towards you start behaving bad so you kind of just you know... aahmmm... think so you need to be more... whoever is doing that kind of job needs to be more involved with that you know like get proper training and everything and in which aspects they supposed to help more to the refugees or you know, know where they come from. (Participant 1)

War influence on the Bosnian community. The war's influence on the Bosnian community category (*typical*), included those responses that concerned themselves with any kind of impact or influence of war experiences on the collective Bosnian Community. It captured narratives about various perceived effects of war. All the participants acknowledged the effects of war, mostly of a negative nature. For example,

some reported several influences from their perspective, such as, communities change in values, priorities, functioning more on an emotional level, older individuals being affected more so than younger generations, experiencing depressive symptoms and isolating, constant movement and loss of relationships, feeling homesick, and loss of professional identity. In addition, participant 9 stated that he believes that the community is in somewhat of a denial when it comes to acknowledging possible consequences of war that they may be experiencing.

Interviewer: And how do you think the Bosnian community overall was affected by war and post war experience?

Participant: I am sure it was affected and I think one of these things that we just talked about is value. I think the value in the period of the war and they didn't have much and when they had the chance to get it they didn't think if it was something important for life they just start doing emotionally things. Turned off mind and turn on emotions. I think in the community there is more affected and changed their life and their values and many other things.

Interviewer: And what do you think about the Bosnian community's mental health and general wellbeing, as it is currently?

Participant: When you say mental health, what do you exactly mean?

Interviewer: Well in general, you know, how well do they feel when it comes to mental and cognitive functioning?

Participant: I think the older generation has been affected more, you can see they are really affected more than the younger generation, maybe my generation and even younger people are not that affected because

there was not and they didn't feel reality in the war like their parents did. But I think the older generation you can really see the impact of all the things that happened.

Interviewer: And in what way do you think?

Participant: I think they are more easily depressed, they are not communicating between each other which is really a tragic thing. If you see someone who is 60 years old and he has a neighbor who is also 60 years old and they don't speak English I think they are common to just see each other you know a little while and just talk about it all that stuff, but you really are not going to see the things. So I think that they are more closed door for community and they are by themselves and I think most of them are depressed. Then you have another group of the people who had some kind of position or in the life, put it this way, you have somebody who was a doctor back home and that person arrived here and started doing some early job they never thought that it would be a situation where they have to do housecleaning. Those people don't want to take that as a reality but life has changed you can't really, they don't want to take that as is, they have a hard time. A lot of them have hard time to accept. At one point the whole community knew them and they changed continent and no one knows them they don't speak English they don't see their values and they are shocked and depressed since they take that as is and move one. Build everything from the ground, all the time they

are turning around and don't want to take it as it is. You are talking about entire community or? Consequences of the war or?

Interviewer: Yes community and consequences of the war and exile. What are some ways that they have used to sort of overcome that?

Participant: I don't really think that the community was thinking about something like this. I really don't think that was organized at that level. Most people still think they don't have any impact of the war. That's like you are facing an alcoholic or drug user and they never going to take that even if the medical doctors they will say I am social drinker but getting in 3 to 4 beers a day. If you go with drug user the person never going to take you like I need help, I can leave the drugs whenever I want.

Interviewer: So do you think there is a little bit of denial or what is going on?

Participant: Yes I think. (Participant 9)

Another shorter example of the narrated influences on Bosnian community include participant 5 sharing how she felt the community in general was affected, including losing a fellow Bosnian friend to suicide.

Interviewer: How do you think the community, like Bosnian community overall, was affected by war and, you know, exile by coming to the United States?

Participant: Oh my, really bad affected, really bad affected, from war, from that syndrome, and from that um. A couple weeks ago one of my really good friends jumped from bridge, she died.

Interviewer: I'm sorry.

Participant: Just because she was bad depressed and she was, she couldn't get away, she couldn't get um pride with that anymore. She was depressed, she was dreaming, thinking about it. She survived real real bad experience back in war. Not much better here in either, she was like um, a disability and I guess they were pushing her to start working. She started working, she couldn't drive, she was depressed, she couldn't do that, she couldn't do... she thought that she not valuable enough. She supposed to work, she cannot work... go to psychiatric hospital, go back and she realized she low self-esteem.
(Participant 5)

Coping with the influences of war. The coping with influences of war (*variant*) category portrays narratives expressing how individuals deal with and manage stress and difficulties related to the consequences of war they may be experiencing. Some of the ways participants narrated as ways to deal with the influence and aftereffects of war were vacation, trying to think positive, comparing before and after war, talking about their experiences, avoidance, and moving on. When asked how she dealt with the war and immigration experience, participant 2 responded by saying that she focuses and talks about positive and funny things. In addition, she stated that she narrates examples of avoidance through giving an example of "burying" all the experiences and moving on.

Participant: Aagghhh...we don't talk about it. When we get together [in the community] we don't talk about that and hard stuff that happened.
We always talk about funny things.

Interviewer: Positive things...mmhmmm

Participant: Positive things, the funny stories that we told each other or like laughs that we shared. Things like that. I think, I think if we didn't have that like we would just go crazy.

Interviewer: So humor was part of that.

Participant: Yeah humor basically, yeah and there was a one guy that played like two different instruments and he had them with him and then we like sing and dance and that kind of stuff. So, that kept us entertained at night (laughter)...

Interviewer: Okay. So, what support and resources exist for you now to take care of your emotional and physical well-being?

Participant: Agghhh it's like ahhh...I guess not to think about the past as much, you know. Aahhh I think you just try to like take a big shovel and just dig a hole and....

Interviewer: Bury it?

Participant: Bury it, yeah. Just cover it up and you know... because there is other things that happened to me and then there was a war and there is all these things combined. So, if I think about that I guess I guess if I talk about it will make me like crazy.

Interviewer: Mhhmm...

Participant: But so I just kind of don't think.

Interviewer: OK.

Participant: I don't know if that's good or that's bad, but I try to stay away from it. (Participant 2)

Carrying the war experience within. The carrying the war experience within (*variant*) category captured the war experiences that continue to have impact on an individual's current daily life. In other words, individuals narrated carrying the whole experience within currently, including wishing it never happened, blaming and/or holding a grudge for the events transpired. Participants gave account of these experiences often coming to their mind, dreams and their daily lives. When asked how and if he is still carrying any of the experiences within, participant 1 shared the following:

But you know deep inside there is still stuff about the war and what reminds them of that and the other stuff. So I don't think so it's gone you know. It's just that people like myself keep it deep inside and you just you know take their life and I mean what is here and you know continue working living and you know doing regular stuff. (Participant 1)

Participant 10 offered her perspective on how she perceives these war experiences are carried within. As she narrates, the feeling of having to be on the lookout and on the edge still persist and permeates everyday life, even though it has been over two decades since the war in Bosnia ended.

We just feel, hey this is what we feel at the moment we will get through it we try to stay stronger you know because we have been through so much worse things in our life but we do need help. And I noticed that a lot of our people are on edge everybody around me that has actually been directly affected they have paranoia they still live in their old ways you know lock their windows at night if they have a one story house you know make sure the doors are double locked and front door is locked and almost like you are never safe. It's like no matter where you go you

take that paranoia with you because once you experience human beings acting like uncivilized animals not like civilized like people here. (Participant 10)

Individual shift of one's personality and mindset. The category of individual shift of one's personality and mindset (*variant*) describes how participant's beliefs, actions, or understanding have shifted as a result of war. The shift narrated included personal or individual accounts of personality and/or mindset change, including examples such as increased empathy, gratitude, prioritizing, as well as other not so positive changes like developing and internalizing the feeling of inferiority. An example shared by participant 3 details a sense of gratitude and acceptance.

Interviewer: Ok. So how do you think all of those experiences have impacted your life now? You know, now as you are, like how do they impact your life, or how do they affect your life?

Participant: Now, you know, I appreciate where I am, and who I am, and I have been through a lot and I think I am still, you know. So, I am happy where I am now and I am trying to make better life. (Participant 3)

Another example given by participant 12 tells how this participant became more sensitive and became more understanding. In addition, she expresses that all of the experiences taught her stronger work ethics, honesty, integrity, and overall helped her become a better person from her viewpoint.

Participant: Now looking back I feel like it's made me ...aahhh...understand people of all different cultures. It's made me lots...it's made me more sensitive to people struggling...It's made me I think more

ahmmm, what's the word...willing to help others because of seeing what struggle is. I feel like it's just made me, its taught me to be a good person and not to lie or cheat or steal, because I know what suffering is and it's just made me a better person. Just watching my parents work it's given me a good work ethic and things like that.

Interviewer: So it seems like it impacted your life.

Participant: Yeah it has. It has. I think positively. Also sometimes negatively just because I...It makes me sad seeing pictures of my family back home and wondering what would it be like if we were part of those pictures and those events, but I like the way our life is here too.

(Participant 12)

Domain 5: Mental health and well-being education and resources. The domain of mental health and well-being education and resources include education provided regarding what may have happened to survivors of war, what the possible consequences could be, any kind of education regarding mental health and symptoms, as well as physical health and symptoms. In addition, this domain would include resources provided and currently available or offered to take care of their physical and mental health and well-being. Mental stigma would also be included in this domain, meaning any negative attitudes toward mental health problems, prejudice, discrimination, stigmatization, whether social or perceived stigma. Within the domain of mental health and well-being education and resources, there were four categories that emerged: independently seeking information (*variant*), cultural barriers (*variant*), lack of information offered regarding possible war consequences (*general*), and lack of resource information and actual resources (*variant*).

Independently seeking information. This category of independently seeking information (*variant*) narrated the experience of having to or choosing to search for mental health and well-being education and resources without assistance. Participant 7 below narrates how their individual search for mental health and well-being education and resources unfolded, as they were not getting information and resources required to address their needs.

Interviewer: And how about resources and support, do you know what resources and support exist for you now in taking care of your physical and emotional and wellbeing in general?

Participant: If I want to be honest, personally I kind of start doing it myself. That kind of resources, if I started asking the question lots of people they couldn't give you the answer. And honestly in the past I would say now 7 or 8 years maybe I start, to say, probably educate myself about more of the mind, about the state of mind, about behavioral stuff, how people behave, and since I started doing that honestly, makes my life much easier. (Participant 7)

Participant 8 offered an account of searching for mental health and well-being education and resources on their own, without any outside assistance, as they were not offered any information and resources from any entity associated with the immigration process.

Interviewer: Okay. Ahhmm and has the community in general, the Bosnian community, been offered any information about possible symptoms and consequences of people that have experienced war?

Participant: Not that I know of... No, not. Not that I am aware of.

Interviewer: Mhhmm. So even personally you have never been offered any information...

Participant: Mmhh no, no.

Interviewer: ...of what could possibly happen.

Participant: Whatever it did I did myself and not with help of anybody.

(Participant 8)

Cultural barriers. Cultural barriers (*variant*) category included any obstacles encountered in gaining access to mental health and well-being education and resources that are imposed upon by the culture itself. Some of the narrative excerpts capturing this category included viewing the culture as too proud to accept or acknowledge any mental health issues, as the example below illustrates.

Interviewer: And when you look at Bosnian community in general have they been offered any information about possible symptoms or consequences that people may experience you know when they go through after war, like do you remember of anybody talking about it?

Participant: No never. I think people shy away from the issue to be honest with you, because I believe our culture is the proud culture. Just like I said, and you know like a mother might say I don't want my husband to look at me like I'm not a good mother or a wife because I have PTSD or I might be bipolar or I have high anxiety and stress and once I am labeled I might feel less of a mother less of a wife, less of a person because now I have a label, now I have to take

medication, or now I am on a controlled substance, you know what I mean, or I can't just be ok by myself. (Participant 10)

Another example of cultural barriers to mental health and well-being were portrayed by participant 12 again there is an acknowledgment of mental health stigma within the culture itself. This participant reveals that the community may not be receptive to any acknowledgment of psychological issues.

Participant: Ahmm I ... I feel like I am sure there are resources but with our culture people don't like talking about mental health and needs and things like that. It's still a little bit of a stigma, but I mean I know of some people who have went to therapist and things like that and I am all for that because to me mental health is really important. I mean I learned a little bit about that in school and I just, I feel like it's as serious of a disease as heart disease, as diabetes, as any other disease...Some people don't have control over their thoughts and I just feel like sometimes they are afraid to go get help because they feel like they will be almost shunned by the community. (Participant 12)

Lack of information offered regarding possible war consequences. The category of lack of information offered regarding possible war consequences (*general*) included any information offered by the programs in the hosting country (e.g., immigration services, refugee sponsors, religious institutions, etc.) informing refugees about potential mental health and well-being consequence of war and immigration experience. This was the most prevalent category in the domain of mental health and well-being education and resources. Participant 5 offered a good illustration of this

category below, after being asked if anyone offered any information about possible psychological aftereffects of war, as well as resources as to where to seek help. The entire answer was kept intact, including the first part about resources, in order not to lose any context.

Participant: We didn't have that. Nobody offered us anything, nobody, we try to help each other, that's what it is.

Interviewer: Aha and has the community been offered any information of possible symptoms or consequences people may experience after they have been in the war and exile? Like, have you ever been offered any information about the consequences—like negative or positive, when...

Participant: No!

Interviewer: ...it comes to health, mental health, or anything else?

Participant: No. I didn't know anything about any depression, I didn't know anything about the emotions, about...we were kind of stuck when I first felt bad. I thought what's going on! I didn't know anything, nobody told us. I wish somebody let us know that we may expect this or that.

Interviewer: So not even when you came to United States....

Participant: No, no.

Interviewer: Nothing was offered to sort of explain why...

Participant: No, no.

Interviewer: What you could expect or where to go if you need help or...

Participant: Nothing! (Participant 5)

Additional example illustrating the category of lack of information offered regarding possible war consequences came from participant 14 included below. Again, part of the answer was double coded within the lack of resource information and actual resources category, but the answer was kept intact for the sake of context.

Interviewer: And then do you remember when you came here to United States, has the Bosnian community, the Bosnian group of people, have they ever been offered any information about possible symptoms, or consequences that people could experience after war?

Participant: No! No, no...

Interviewer: Nobody ever talked to you, like social worker or doctor ...

Participant: No.

Interviewer: ...anybody to tell you ok this is what happens in war or after war...

Participant: No.

Interviewer: Did they ever talk about where you could look for help if you had any problems...

Participant: No, no.

Interviewer: ...physical, mental?

Participant: No, I think for us look like nobody even care for us.

Interviewer: So you were never approached as a group or on individual level by your doctor or nobody to tell you...

Participant: No, no!

Interviewer: ...what could come out of it [war experience]?

Participant: No. (Participant 14)

Lack of resource information and actual resources. Lack of resource information and actual resources (*variant*) category captured narratives of any mention of information offered by the programs in the hosting country (e.g., immigration services, refugee sponsors, religious institutions, etc.), or more so the lack thereof, informing refugees about potential mental health and well-being resources and how to access them. Narrated examples included not receiving any information about available resources for individuals to seek help from regarding mental health and well-being in general. Participant 1 shared his experience, stating that he was never in the fifteen years since arrival been offered any information about potential mental health and well-being resources.

Participant: But yeah I was never...I never, I mean I am fifteen years here and I never hear anything so far that somebody offer to get through some problems like psychologically or this or that. I never hear... nobody ever offer us!

Interviewer: Ok. In addition to the information about possible symptoms, has the community been offered information about available resources to help deal with possible consequences of war and exile?

Participant: No, nothing! Never I hear nothing. I wish I did. But no, I never hear anything. Not even like on a radio or TV or from the doctor or from other people.

Interviewer: From social worker? Anybody?

Participant: From social workers never. I mean I have...I have I mean the group how we came back here was good but I never hear anything as I remember you know. Maybe it was there but nobody ever offer

anything. I can't remember, but I was never offered it here.

(Participant 1)

Another example illustrating the common theme of lack of information about and actual resources offered relating to mental health and well-being came from participant 2 stating similarly to participant 1 that she has never been offered any information or resources herself.

Interviewer: So nobody shared any information like doctors or social workers, like what could be happening with your mental health or physical health.

Participant: No! No.

Interviewer: Or where to get help?

Participant: No. Nothing like that.

Interviewer: Ok. So in addition to the information about possible symptoms, has the community been offered information about available resources to help deal with possible symptoms and consequences of war?

Participant: None!

Interviewer: None. None that you remember?

Participant: None, no. No, nothing.

Interviewer: And even doctors that you saw, the physical doctors?

Participant: No! Nothing. There was never ever a question or anything or like any kind of concern about that.

Interviewer: And the social worker that was sort of helping you?

Participant: Not even the social worker, no. (Participant 2)

Domain 6: Current lifestyle. Current lifestyle included those responses that captured any current life narratives, attitudes and beliefs, as well as any current resources. Within the domain of current lifestyle, there were three categories that emerged: mental health and well-being resources (*typical*), work and education (*variant*), and sense of stability and well-being (*typical*).

Mental health and well-being resources. The category of mental health and well-being resources (*typical*) included any current resource, or lack thereof, that were verbalized by participants as being utilized to assist them in managing current mental health and well-being. Below is an example narrated by participant 10 stating that there are infinite sources in the host country of America. However, she acknowledges lack of current health insurance.

Interviewer: And what about resources and supports. What kind of resource and support exist for you now in taking care of your physical, emotional health, and wellbeing?

Participant: Well there are infinite resources in America to get help with anything you might need help with. And if you can't get help then someone will find a way for you that is just the way this country works and I love that about it. The only thing is I don't have insurance so when you don't have insurance it is tough to you almost feel like you want to pay for somebody because you feel like you are getting a better experience because maybe that person had a longer education than next but I know that means nothing.

(Participant 10)

In addition, participant 12 narrates that through her job she has access to health insurance, which further extends resources such as doctors, therapists, exercise and even yoga.

Interviewer: What support and resources exist for you now in taking care of your physical and emotional health and well-being?

Participant: What exists now of those things?

Interviewer: Mhhmm what kind of resources to take care of yourself, you know, your physical and emotional well-being.

Participant: For me personally or as a refugee?

Interviewer: For you personally.

Participant: (Deep sigh) Well I mean I guess looking...digging into things. I have a job so I have health insurance so I have access to all kinds of doctors. I have access if I want to speak to a therapist about anything. I have the funds to go do yoga or to exercise at the gym. Ahhmm and I ... I mean I have the funds to eat well, to never be hungry, things like that. (Participant 12)

Work and education. Work and education category (*variant*) captured any narratives associated with current work and education experiences. In other words, some of these examples included participants talking about their education status or anything related to their education, as well as descriptions relating to their work and careers. For example, participant 13 below narrated that he is currently a lawyer and relies on language precision to do well on his job. In addition, he expressed his perception of him and his wife having good careers.

Participant: I guess I'll start with language, I mean, I feel that I've mastered the language, if you will. Um, obviously I have to rely on language and the precision in it because I am an attorney by trade now...so writing down briefs or legal arguments and making sure to use correct punctuation and all those things are super important in my position. Uh, so in that sense I feel like I'm doing well... Um, in regards to everything else, financially, you know, my wife and I purchased a good house recently, so we're doing well there, uh, we're fortunate in that sense. We both have good careers going for us right now. (Participant 13)

Participant 5, on the other hand, narrated educational and vocational success of her children: "Um, I'm happy for my kids, they have good education here, they have good jobs, that may be positive, but we, me and my husband, we kind of um, we do as much as we can do" (Participant 5).

Sense of stability and well-being. The category of the sense of stability and well-being (*typical*) described the perception of financial and general stability, as well as having an optimistic outlook and strong sense of values. Participant 3 below expresses feeling more stable and grounded now, after working hard for it. She also expressed a sense of freedom of mobility, financially, as well as the ability to make independent choices.

Umm it's a lot change now I am on my feet and I have house, beautiful, I bought it. And then I got a son here, born, and, uh, for 18 years I am really happy, because I been working hard. I am still working and I make my life how I like, and I can travel, I can buy whatever basically I like. (Participant 3)

Participant 12 offered an example of financial stability, where she compares her current financial standing with her past financial standing and expresses that now she does not feel the burden of financial strain as much, thus feeling more stable in the host country. Just looking back compared to now, I feel like money isn't as big of a burden as it used to be. I feel, like now I feel comfortable to where if I want to buy myself something, I don't have... I feel like I don't have to feel guilty or question if the money could be used elsewhere.

(Participant 12)

Domain 7: Recommendations. Recommendations included those responses that concerned any recommendations offered by participants as to how to ease and improve the future refugees experience upon arrival. Within the domain of recommendation, there were six categories that emerged: promoting community cohesiveness and social gatherings (*variant*), providing mental health and well-being resources (*typical*), providing general information and resources (*typical*), willingness to communicate with others (*variant*), providing language and training to assisting professionals working with refugees (*variant*), and language education (*variant*).

Promoting community cohesiveness and social gatherings. The first category, promoting community cohesiveness and social gatherings (*variant*), illustrated the notion of the participants recommending an increase of interaction and social support within the Bosnian community. In other words, this category encompassed the participants' perception regarding the different ways that they suggested greater interaction within the Bosnian community living in the United States. For example, participant 7, shared the importance of the Bosnian community being able to come together and interact with one

another. In the statement below, it was apparent what the participant recommended and explains the importance of the Bosnian community coming together:

Yeah! Yeah! More socializing, yeah, like...like to get them all together. Because if you get them there you know some influential people who are in some positions or you know especially like they always say like singers don't have boundaries or borders or anything. They are for everybody. So you are not gonna judge somebody by song even though you can hear sometimes bad songs. But aaaa you know if they are say somebody is here at concert you know this guy who is supporting everybody you know and there were people like that. So I am pretty sure people would get energy and get together faster over some things.

(Participant 7).

Another participant shared the importance of having other Bosnian individuals form an organization and share their experiences. Through this organization, this participant believed that other refugees would be able to celebrate different holidays together and create a sense of community for all of them to come together and find social refuge. Below, participant 14, explains more about their beliefs:

I would suggest like I just said some kind of organization with few people for refugees when they come where to go to talk to help them to find a job, find them...to tell them what kind of school or colleges are for kids. Help them to get their...help us find a job and thank God in our (case in native language) we had the family and cousins came after us. We made our group and we celebrate everything together. Maybe was good for us and we stay more...you know like Bosnian community here...Yes. I think it should be somebody somewhere by church or some...to when people come to have a place to go ask questions where

to go, how to find a job, how to meet people. I think that's very important for us.
(Participant 14)

Providing mental health and well-being resources. Providing mental health and well-being resources (typical) was the second category under the recommendations domain. This category focused on how the participants' recommended that resources should be provided to individuals in order to manage mental health and well-being resources. In other words, the participants shared their experience and recommended that future refugees would benefit from receiving resources where they are able to gain knowledge on the available resources related to mental health and well-being. As stated by many participants, one of the limitations to access to care was the fact that they were not aware of the different resources available to them. Below is an excerpt from participant 3, which describes the desire to have known more about mental health resources.

To talk people to have experience because we, every person here was different experience we didn't go with the same. Some people was in a prison and some of them were beaten up, some of them was wound, with the bullet, some of them even raped. But nobody even gives them psychiatrist to talk to them first, to see, you know, how you going to be prepared for this normal life. And then all those Bosnians, what I know now they doing all well without psychologist, but they should really give out those classes, that's what I recommend...yes, yes. To explain how you deal if something happened, because, I become more emotional because of war. (Participant 3)

Another way that participants shared their experiences was related to finding support groups where the refugees could share their experiences in a safe setting. For

example, participant 5 shared how she wished that support groups would form, in which a mental health professional would allow them to share their experiences.

I wish we had some groups or something, especially for refugees, getting together somewhere, at least a couple times yearly, or once monthly and talk about what was it, what is it, what could be, somebody professional who know more about that or somebody from experience if it was volunteering, helping out the professionals, that would be real good...So even, you feel like it's going to be better in a group because everybody scared, but this way everybody is sharing the same experience (Participant 5)

Providing general information and resources. Providing general information and resources (*typical*) was the third and most prevalent category. This category represented the participants view gaining general knowledge about available resources. This category is defined as the recommendation that information and resources should be provided for individuals to manage everyday living situations. This category included more information on living arraignments and daily services or resources that the refugee committee could use and benefit from. Below is an excellent example of this category where participant 3 shares their experience and desire to attain more information.

but when you come somewhere with no experience, no English, no that kind of opportunity that somebody can open your arms and help you to stand up on your feet. And we are not lazy people and we are not asking anything for free just little support until we stand up on our feet. I think 3 months, that's not enough and the tickets were paid for you, transportation, you have to pay back that was shocking for me. (Participant 3).

Although this participant shares their belief that the refugee population is not a lazy community; they still share discontent with the current process and resources allocated to the refugee population upon arrival. Meanwhile, participant 5 shared their challenges with not knowing enough of the language or the work system creating a sense of frustration and confusion.

Umhm, and when it comes to even like jobs search and you know, you said you had to relearn everything, the whole system, did you get some help with that, or were you on your own too... Not much, no, we were looking for jobs, that's it. Nobody helped us do anything. We didn't get much; I wish we had something.
(Participant 5)

Willingness to communicate with others. Willingness to communicate with others (*variant*) was defined as the participants' openness to talk about, consult with, and seek verbal support from individuals within and outside of the Bosnian community. This category emerged as the fourth category under the recommendations domain. In other words, this category further described the participants' willingness to share their experiences and communicate with others whether the other party is part of the Bosnian or outside community in general. As participant 10 shared their experience about never feeling understood and desired to have another person to find common ground or similarities between them.

I kind of wish because then I could feel more normal, because my entire life people outcast me because I am a certain way. I have high energy, high anxiety, doesn't make me a bad person, I have always been different or looked at differently but I think if somebody did say something it would make you feel

better because at least I know I am not going through this by myself, someone is feeling it too and just not comfortable with talking about it yet. (Participant 10)

Another participant shared a prime example of how the participants desired to have others with whom to talk and share their personal experiences. The excerpt below best presents how the participants perceived that having someone to talk to is a good resource and is recommended to others.

And you said that you guys...a lot of people that already have those experiences talk to each other. Do you feel like that might be a coping skill as well? I think so, yeah. That's a good point. I do feel like that's a good resource to have is each other and sometimes just having someone that's listening speaks volumes. It can take so much stress off of someone if they are just able to express themselves and get everything off their chest and someone they know will understand is listening by them (Participant 12).

Providing language and training to assisting professionals working with refugees. Providing language and training to assisting professionals working with refugees (variant) was present in a few of the interviews; however, participants perceived and shared their belief about the importance of professionals being able to communicate effectively with the refugee population. This category is defined as the participants' recommendation that professionals working with refugees be able to speak the native language and gain valuable knowledge to support them. Below, participant 5, shared her experience and recommendation of having someone who speaks the refugees' native language. By sharing the same language, it was perceived that the participants would have been able to share and discuss more effectively with the professional.

We had someone who talked our language, talk to us about everything, about um, life here, about what we expecting, about our um, understand us what we go through, what we may expect emotional, what we may expect on different, like about jobs, and everything, the people may not understand us when we get emotionally, who we may go ask to for help, what we can do within our own, everything. (Participant 5)

Similar to the previous excerpt, the following participant shared the similar belief of having someone who truly understands to be helpful when working with refugees. For example, when the participant is not able to communicate with the professional effectively frustration can arise due to the lack of knowledge. Below the following excerpt further defines these phenomena.

So it is a difference you know, you have to have someone who truly understands, to be able to help you even if those resources are available I don't feel like they are going to be sufficient if the person who is trying to help you has no knowledge, direct knowledge, you know at least visited, seen, knows somebody studied it, specifically studied that. Because it is going to take somebody who has directly been there or someone is truly just interested in helping war refugees and trying to get our side of the story told and for people to be more aware that they can get help. You know I want to get help and, I have been to a psychiatrist I spoke for 15 minutes and she prescribed me something, no questions, no feedback, no digging into my mind and do you understand? I wish somebody would dig more into my brain, well why this why that, why do you feel like that, what happened, you know what I mean? And the trauma that we all go through

the war kids go through I think it would be beautiful to speak about it because then you are like liberating yourself. (Participant 10).

Language education. Language education (*variant*) emerged as the sixth and final category resulting from the recommendations domain. Language education was described as the recommendation that refugees be offered programs to learn the English language. Although earlier categories described the importance of those working with refugee populations know the native language, this category stresses the importance of the refugee population having the facility to learn English. It was of great importance for the refugee population to have the ability to learn English in order to learn how to navigate the system in the United States. The excerpt below reveals how participant 6 believed that it was a great asset for their peers to move to Canada and learn the language. It was perceived that learning the language would help facilitate adjusting to the new surroundings.

So I think if they had better resources, like for example I have, I have um, friends who actually went to Canada. They were actually, um, I don't want to say forced, but they had to, it was one of the things they had to do is to attend school, and you know for a year and learn the language and I think that's something that maybe here they should implement, especially if they are receiving refugees they should mandate that they see a psychiatrist, so kind of like, you know, to help to transition here, you know, because all of the refugees from whichever war they all have consequences (Participant 6).

Another participant described the dissatisfaction of having short term English classes. This participant shared that although English was offered for six months the

allotted time was often not long enough for everyone to learn and become proficient in the English language.

Honestly I think they were only supposed to take them for like 6 months it would have been great if they could take it for two years you know it should be like a minimum of two years. You know when you learn a language here in high school you do it for two years to really understand the language you kind of have to take it for longer than six months you know what I mean. So a prolonged language course that is taken care of by the government because they want the people to interact more well you have to teach them, so if it takes a little bit of extra time hey at least you are building a better future or people can communicate better. They want to you know, because after people do their basic six months or however long of the English courses, they go back to work and all they know is working coming home cooking cleaning and doing it all over again. The weekend is the free time you know when are they going to take the courses. If it was mandatory then people would be like hey, I have to do this. Prolonging the English process absolutely (Participant 10).

The seven domains speak a lot to the participants' experiences, as well as needs. Chapter Five will answer the initial research questions of this study, mainly through the use of the domains and categories, which arose out of the raw data.

CHAPTER V

DISCUSSION

Summary

The purpose of this study was to explore how Bosnian refugees make sense of their war and post-war experiences and how salient these experiences are two decades after the civil war of Bosnia. Specifically, I looked at perceptions of mental health functioning and well-being, how refugees make meaning of their experiences, and what types of resources and coping styles are most prevalent for addressing challenges to well-being. One out of every one hundred individuals of the entire world population have been uprooted due to war (Summerfield, 1996). Refugees have been recognized as "... the most vulnerable people in the world" (UNHCT, September 2011) who have experienced detrimental mental health and well-being effects (Fazel, Wheeler & Danesh, 2005) that can last decades, thus negatively affecting their general quality of life (Zatzick, Jurkovitch, Gentilello, Wisner, & Rivara, 2002; Stam, 2007). Though this is an ever-growing population in the United States, very few studies have focused on exploration of their unique experiences or perceptions (particularly those of their individual mental health standing). Researching these areas among Bosnian refugees who have resettled in

the United States is relevant to our transnational society in a global context of considering ethnic and political conflict making the current study significant.

Data analysis took place following procedure of Consensual Qualitative Research (Hill, 2012), which revealed the following seven domains: pre-immigration experience, arrival process to United States, adjustment experience, influence of war and post-war experience, current lifestyle, mental health and well-being education and resources, and recommendations. Each domain contained several categories, which were acquired through cross-analysis. The analysis was accomplished through inclusion of several members of the research team, including two main analysis team members, methodologist, and peer auditor, who remained excluded from the actual initial analysis process in order to remain as objective as possible. The occurrence of the categories was defined by variant (25 -50% of case), typical (over 50% of cases), and general (100% of cases) (Hill, 2012).

The pre-immigration experience domain was defined as all the experience that happened before participants immigrated to United States, including reason for immigration. This domain included the following categories: upbringing (*general*), reason for immigration (*general*), path of refuge (*variant*), resources prior to US arrival (*variant*), and war experiences (*typical*). The second domain, arrival process, was defined as the actual experience of the journey to the United States and the first two days after arrival, including all resources received during that experience. Within this domain there were the following categories: availability of resources upon arrival (*typical*), emotional response upon arrival (*typical*), and first impressions (*typical*). The third domain, adjustment experience, included any narrative of adjustment occurring between the time of arrival (after the initial first two days) and the current time, including, comparison of

cultures, sense of belonging within the community or lack thereof or pride of community, any resources offered and received during that time, and any kind of meaning making of their experiences. It included the following categories: refugee program resources (*typical*), comparison of cultures (*typical*), sense of belonging and social activities within the Bosnian community (*typical*), challenges during adjustment period (*typical*), coping during the adjustment period (*typical*), language development (*typical*), adjustment (*typical*), work (*typical*), and family support (*variant*). The fourth domain, influence of war and post-war experience, included the impact or influence, whether positive or negative, of war, exile, immigration, or acculturation. The biggest focus within this domain was on any symptoms of mental health and physical health or how war may have had affected their psyche and well-being. It included the following categories: influence on mental health and well-being (*typical*), making meaning of the war experience (*variant*), negative shift of the values and mindset of others (*variant*), war influence on the Bosnian community (*typical*), coping with the influences of war (*variant*), carrying the war experience within (*variant*), and individual shift of one's personality and mindset (*variant*). The fifth domain, current lifestyle, included narratives of anything relating to current life, attitude and beliefs. It also included current resources. The categories that arose out of this domain are following: mental health and well-being resources (*typical*), work and education (*variant*), and sense of stability and well-being (*variant*). The sixth domain, mental health and well-being education and resources, included education provided regarding what could happen to survivors of war, what the possible consequences could be, any kind of education regarding mental health and symptoms, as well as physical health and symptoms, resources provided and currently available or offered to take care of their physical and mental health and well-being. In addition,

mental stigma was also included in this domain, meaning any negative attitudes toward mental health problems, prejudice, discrimination, stigmatization, whether social or perceived stigma. This domain included the following categories: independently seeking information (*variant*), cultural barriers (*variant*), lack of information offered regarding possible war consequences (*general*), and lack of resource information and actual resources (*variant*). The final seventh domain, recommendations, included any recommendations offered by participants as to how to ease and improve the future refugees experience upon arrival. This domain included the following categories: promoting community cohesiveness and social gatherings (*variant*), providing mental health and well-being resources (*typical*), providing general information and resources (*typical*), willingness to communicate with others (*variant*), providing language and training to assisting professionals working with refugees (*variant*), and language education (*variant*).

Central Research Question 1

How do Bosnian refugees make sense of their war and post-war experiences and how salient are these experiences to them some two decades later?

Several of the participants struggled with answering questions related to making sense of their war experiences. Several participants verbalized that they never really considered the relationship between their past experiences and current living and were actually unsure of the impact. This illustrated the common theme of avoidance. So many participants verbalized how they simply avoid talking and thinking about what they went through, or making any sense of it, and instead prefer to “just [move] on.” This was accompanied by explanations of having no time to think and process past experiences

leaving participants feeling as though like they had to just throw themselves in the flow of their environment in order to survive.

In addition to the above narratives of avoidance, participant responses often captured a negative shift of the values and mindset of others, which was identified as a category under the influence of war and post-war experience domain. Thus, many participants described the perception of how others' beliefs, actions, or general understanding may have shifted unfavorably as a consequence of war. This negative shift included the tendency of participants to perceive other community members as wanting to remain within one's comfort zone regarding ethnicity and religion and segregate themselves from others. This in itself speaks volumes as to how some of the participants made sense of their experiences by holding on to the values and beliefs developed during the war circumstances.

Similarly, results suggest participants make sense of their war and post-war experiences by constantly carrying it within them. This category in the same domain continues to influence present life and well-being of Bosnian refugees as it verbalizes a desire that the war experiences had never happened. It also shows a tendency to blame and/or holding a grudge for the events transpired during the war and post-war time. It coincides with a tendency to often think or dream about the experiences, further negatively influencing current living.

On the other hand, a large portion of the participants verbalized positive transformation as a result of war experiences. It was common for participants to experience a sense that they were starting anew or experiencing a new beginning after surviving so many war and post-war experiences, thus representing a meaning making

domain. Perfectly captured in the narrative of participant 10 was the positive transformation, sense of gratitude, hopefulness, as well as living in the present:

I think there is a like a beauty in that like the suffering and going through all the pain to get to where you want to be and then that one day having that day like finally! I have suffered my whole life but look how beautiful today is and the rest of my life will be. (Participant 10)

Sub-Question 1a

In what way do Bosnian refugees respond to the continued salience of their war and post-war experience and how do they see it in relation to their mental health and well-being as individuals?

As mentioned and partially answered by the previous question, many of the participants responded by giving accounts of somewhat negative response to continued salience of the war and post-war experiences in the sense of holding grudges, choosing to segregate and thinking and being influenced by these experiences on a daily basis. However, many responded with positive transformation and post trauma growth instead. Some are not really aware if and how these experiences are relevant at this moment in time, thus narrating having no time and having to move on fast in order to survive. When it comes to response to continued salience and its relation to mental health and well-being, as would be assumed, negative reactions and carrying the negative memories within on daily basis seems to elicit negative adjustment riddled with psychological symptoms, such as for example depression, insomnia, hypervigilance and irritability. However, individuals that narrated positive transformation and growth were more

hopeful and expressed feeling more content, regardless of negative psychological symptoms reported.

Sub-Question 1b

What do participants understand about the influence of war on a community's mental health and what do they think about their community's mental health status and well-being in general?

This sub-question was mostly answered through the domain of influence of war and post-war experience; the war influences on the Bosnian community category. A large majority of the participants narrated a perception that the community was mostly negatively influenced by the war and post-war experience. However, there were some positive influences as well. For example, some participants reported changes in values within the community (both, negative and positive), as well as changes in priorities. Some of the more negative ones included functioning more from an emotional than cognitive level, older individuals being more negatively affected than the younger generations, experiencing depressive symptoms, isolation and withdrawal within the community, constant movement and loss of relationships, feeling homesick, and loss of professional identity, as most vocational skills were narrated as not being easily transferable, if at all. In addition, narratives conveyed at times a perception of denial within the community, regarding acknowledgement of possible consequences of war that the community may be experiencing, and at times just the basic will to survive and move on.

Sub-Question 1c

In what ways have these experiences influenced the lives of Bosnian refugees living within close-knit Bosnian communities in the United States?

The sense of belonging and social activities within the Bosnian community category, which occurred within the adjustment experience domain, captured most of the data helpful in answering this specific sub-question. This category appeared as the most prominent one within its domain and represented the perception of cohesiveness within the Bosnian community. It also described social activities that take place within the community, offering further support, connection, and belonging. Examples included church services, concerts, and other social gatherings. Based on the participant's narrated answers, there seems to be no major difference between the participants who expressed strong attachment to the community and the participants who expressed that they did not have a sense of belonging to the Bosnian community. Both groups narrated similar influences on their lives due to the war and post-war experiences. Some participants narrated that belonging and participating within the Bosnian community was helpful in dealing with consequences of war and challenges of adjustment. These individuals narrated it as a way of coping. On the other hand, some individual expressed that participating and belonging caused distress and reminded them of all the negative experiences that they have survived. However, a slightly different preference came through the recommendation domain, which suggested an increase in interaction within and support offered by the Bosnian community, opining that it would be very beneficial in combating adjustment challenges and homesickness.

Central Research Question 2

What resources do Bosnian refugees narrate as helpful to them in addressing challenges to their well-being that may relate to their war and post-war experience?

Starting within the Bosnian community, narratives indicate that there were no major differences in combating challenges of war and post-war experiences when it came to the sense of belonging to the community. In other words, individuals who strongly identified with the community narrated similar experiences, responses to, and challenges as those who verbalized a lack of identification with or belonging to the Bosnian community. However, participants who suggested they participated in quantifiably more social activities and interacted more within the community expressed how these resources acted as ways to deal with the distress of being home sick. These interactions also assisted individuals with the adjustment processes to the new culture and environment.

Participants indicated that very little mental health information and resources were offered by the host country upon arrival. Those resources that were offered by refugee programs were more related to the overall basic well-being and survival, and described as helpful. Examples include the following: food stamps, language classes, assistance with administrative tasks, and assistance finding and maintaining living arrangements. In addition, participants reported great appreciation for having a resource or connection with individuals who spoke one of the languages with which they were familiar. This helped ease the initial transition and gain understanding and comprehension of information offered to the newly arrived Bosnian refugees. A few participants shared that they were grateful for having several members of their sponsoring church parish available for support at all times, even years after the arrival. Several participants acknowledged that they received even more access to helpful resources upon acquiring a secure job. This included access to health insurance, gym membership, mental health personnel, and yoga classes, among other resources. However, this most commonly did not transpire until many years after the arrival of refugees.

Sub-Question 2a

What, if any, are the identified mental health services?

Unfortunately, most of the participants were unable to identify any mental health services offered to them, even after over two decades of living in the host country.

Several participants reported seeking mental health support within their Parish by talking to other church members or religious officials. Another smaller group of participants narrated how they independently sought help and understanding of the psychological issues they encountered. These individuals gained awareness of their mental health symptoms, read literature relating to the war and post-war experiences they encountered, learned information regarding consequences of war, and attempting to heal themselves through their own independent inquiry.

There were only a couple of participants who verbalized utilization of mental health services. Both participants expressed that they were unaware of any services prior to experiencing a mental health crisis and severe psychological symptoms, which resulted in psychiatric hospitalization through the utilization of emergency room services. This researcher his questioning whether there would have been different outcomes had appropriate mental health services been previously provided, which should be addressed in future research.

Sub-Question 2b

What do participants see as resources that have been/are absent, which they view as necessary for sustaining and/or improving their mental health and well-being and that of their community?

Participants identified many basic resources were unavailable or absent when they arrived to the United States. Many individuals had little to no support, few (if any)

resources, no transferable vocational skills, and/or no language fluency. The absence of these resources in turn affected the mental health and general well-being of participants resulting in an even bigger need for resources. Even though some general resources were provided and appreciated by participants (e.g., food stamps, shelter), several could have been improved. For example, participants verbalized that most of the resources they received were only for a temporary period of time. As it takes time to settle into a new life learning language, finding a job, and creating a new way of living, most of the resources were no longer available by the time participants learned to live independently and understood how to actually use them.

Major deficiencies in resources were identified within the information offered regarding possible outcomes and effects of the war and post-war experiences as well. Participants reported feeling different and experiencing negative effects of which they were unable to verbalize and understand the true nature. At the time, they did not know what to do or how to make themselves feel better. The majority of participants identified that mental health issues are somewhat of a taboo topic within the community, thus posing additional challenges to seeking out support and help. Many participants expressed frustration with the fact that no one (e.g. general physicians, social workers, and immigration workers) approached them to inquire about their mental health or overall well-being. Not only were they not offered any information about it, but no resources or information on where to seek further information and support regarding psychological symptoms were offered either.

Sub-Question 2c

Have participants, on an individual or community level, ever been offered any information about possible symptoms people may experience after they have been

exposed to war conditions, as well as about available resources to cope with such symptoms?

All fifteen participants reported that they were not offered any information about possible symptoms people may experience after being exposed to war conditions and immigration experience. Participants expressed that out of all of the immigration workers, social workers, and even general physicians they encountered after arrival and until current time, not one of them inquired about their mental health or opened up a discussion about what the possible consequences could be after experiencing chronic distress associated with their experiences. Not only did they not receive any information about possible consequences, but they were not even offered further information or resources as to where they could go to seek help and support regarding the previously mentioned.

Sub-Question 2d

What, if anything, do they think could have been done differently by hosting countries, whether on individual or community level, to ease the consequences of war and exile?

This specific question was partially addressed within each of the previous research questions. Participants were quick to offer many suggestions and recommendations to this question while responding to each interview question, which illustrates the gap between what the host country provides and what refugees actually need.

The major recommendation provided by participants was to extend the availability of all resources provided to them. As previously stated, Bosnian refugees were offered several general resources upon arrival; however, they were only available

for a limited period of time. Thus, most participants verbalized a need for the extension of all resources available to them. This would include, food stamps, financial assistance, and, mostly significantly, English language courses. One significant resource the majority of participants identified as a requirement was being offered English language courses until they became more fluent with the language. Participants revealed that even though these classes were offered, most concluded after only six months and others were not accessible due to such life factors as lack of transportation, lack of child care, and the immediate need to secure a job as few financial resources were provided. The act of having limited resources also caused great distress once they ended or were taken away due to limitations on them.

Participants suggested that supports within the Bosnian community could be improved as well. Multiple participants identified a need for a safe space and support for all newcomers immediately upon arrival to a host country. In so many cases, participants were placed in unsafe communities and in poor living conditions without their awareness.

As previously mentioned, it was recommended that refugees be provided with general and mental health information and resources. Participants reported that informational group sessions would be helpful in providing the knowledge and education about how the system in the host country functions. This could include explaining how to go about applying for financial loans, how the educational system functions, and how to apply for different learning opportunities. Many participants reported that they would have gone to school to learn English and receive a degree if they had known the opportunity existed. In addition to general resources, participants suggested that refugees should be informed about possible psychological consequences of war and immigration upon arrival, as that would help normalize the experiences and help them understand

what is going on with their emotions. Participants also reported that they should have been offered information about resources and/or resources themselves to address the psychological issues experienced as well.

Limitations

Despite the fact that necessary steps were taken in order to secure the trustworthiness of this research project, several elements may have introduced possible limitations to this study. The first limitation is the possibility of participants withholding information for a variety of reasons, such as shame, a sense of numbness, lack of emotional expression, lack of trust and the stigma of mental illness in general (Nicholl & Thompson, 2004).

In addition, other limitation worthy of noting is the familiarity of the main researcher with the Bosnian refugee population. Thus, at times participants of this study failed to elaborate more fully due to fact that the researcher was familiar with the background and experiences in questions. In addition, the main researcher attempted to compensate for this limitation through probing further. However, due to the community closeness, the researcher knew most of the participants personally. Therefore, even with further probing did not yield more detailed responses. For example, even when further probed, the participants would respond with stating that researcher already knew what transpired. Perhaps if the researcher had interviewed individuals with who she had no prior contact with it would have elicited more detailed responses. Although, the participants might automatically assume that the researcher is familiar with all of the common experiences due to the refugee status and background. Another way to try to ameliorate this limitation could have been by having the non-Bosnian research team member accompany the researcher throughout the interview process, which may have

elicited more detailed responses in order to fill in the other researcher of the missing details. On the other hand, this may pose another limitation of having an “outsider” present, which may evoke an opposite reaction and intensify withholding of detailed information regarding the lived experiences. In addition to probing further, the researcher emphasized more open ended questions, as well as rewording the same question in several ways in hopes to draw out more detailed responses. However, being of the same background and having knowledge of the history afforded the researcher a unique perspective and also the enhanced credibility and trustworthiness with which participants saw her.

Another possible major limitation was comprehension of interview questions by participants. Even though questions themselves mainly arose from available literature and lead researchers’ experience with refugee population, they may not have been transparent and intelligible enough for some participants due to barriers mainly pertaining to language. This situation poses a limitation in the sense that the researcher may not have gathered all the necessary detailed data associated with the rationale of the study, or more precisely individual questions. Researcher did clarify questions if and when asked by the participants, as well as translate any specific words or phrases from English to Serbo-Croatian if and when asked by participants.

Yet another important limitation that lies within use of qualitative and self-report instruments in general is the potential to introduce retrospective reporting biases into the data (Hill, 2012; Miller et al., 2002). For example, relating to the phenomenon of PTSD, Roemer, Litz, Orsillo, Ehlich, & Friedman (1998) found that participants with chronically elevated symptoms of PTSD may well recall more previous trauma in the initial phase of PTSD than shortly after the trauma experience in question occurred. Also, it is important

to note that symptoms of PTSD tend to vary overtime, where some symptoms decrease and some increase for reasons that are yet unclear (Hasanovic, Sinanovic, & Pavlovic, 2005). The interaction of importance and decency of an event play a major role in how well a person remembers details of an event. However, as Hill (2012) opines, "...all memories of events involve retrospection, which is open to distortion (p. 73). However, even though retrospective reporting is often a limitation, in this study the participants served as 'interpretive agents' in telling their story. Thus, the retrospective reporting was not seen as a bias, but rather offered a unique perspective to each story told, as meaning making was pertinent to this study.

Another pertinent and feasible limitation may be associated to the researcher's own subjective experience related to the focus of this study. The researcher experienced slight struggle with the ability to bracket her personal experiences and biases from the process of analysis (Moustakas, 1994), as she experienced similar war events and trajectory of immigration as most of the participants in this study, thus having a more intimate relationship with the topic explored within this study. In addition, the researcher was unable to reach some of the participants for transcription and interpretation checks in order to make sure that these are a valid representation of participants reported experiences, as well as other participants expressed no interest in reviewing the transcripts for accuracy of representation. This situation may have introduced a limitation to the study through decrease of testimonial validity (Stiles, 1993).

Risk and Benefits

This study did not involve assessments of any treatment efficacy, thus no known serious adverse effects occurred as a result of participation. However, due to the nature of the questioning related to traumatic experiences, it is reasonable to expect that subjects

may have become somewhat distressed during the completion of the demographic survey and subsequent semi-structured interview. The risks of questioning are considered minimal and no more than would normally be expected in other daily life situations. However, if in the future any participants express experiencing distress and need for professional help, referrals for appropriate service would be undertaken. Participants were given, at the time of the interview, a list of free and affordable mental health services in their city. In addition, participants were provided with the phone numbers of the main investigators, dissertation chair and the IRB.

Potential benefits that could have risen from this study include a possible alleviation of symptoms by completing of the survey and interviews (Hill, 2012). An example would be participant 10 who expressed feeling gratitude over the fact that she was able to share her story with others, whereas there are many other oppressed populations who are not able to do so freely. In addition, through the completion of this interview participants may have learned more about themselves and the symptoms they may have been experiencing. Furthermore, if needed, the participants may receive help with referrals provided by the investigator for additional mental health counseling and treatment, as well as general resources. Finally, even though as an indirect benefit to participants of this study, a better understanding of the war and post-war lived experiences and the perception of the mental health and well-being among Bosnian refugee population was obtained.

Recommendations for Further Research

An objective during the early stages of this research project was to have an equal sample of participants from three different cities where the Bosnian refugee population is very prominent (i.e., Cleveland, Ohio, Washington, D.C., and St. Louis, Missouri).

However, by the end of this project, collected data from all three locations was not possible due to financial hardship, time availability, and scheduling. The main research was also completing a full time psychology internship at the time of data collection. Therefore, the first recommendation for future research would be to collect data from multiple locations. Another recommendation would be to have a larger, and more equal, sample size from each location to allow for a better representative sample. With larger sample sizes, different groups may also be compared with each other.

A recommendation regarding samples would be to recruit participants from different age groups as well, as participant narrated perceiving that older individuals experienced more negative psychological symptoms and more challenges with adjustment. Thus, the perceptions and experiences of an older adult who was raised during the civil war in Bosnia would be different from those of an individual who fled the country as a younger child. Interviewing participants from different age groups would allow further comparison and deeper understanding of rich data and life experiences.

Another recommendation is to repeat the current study in participants' home language(s). The language barrier may have limited comprehension of questions to a degree, thus, possibly limiting the narrative responses offered by the participants. The researcher believes had data been collected in the native language, participants would have been able to fully understand, respond to, and expand for clarification whenever needed. However, financial and time limitations proved this to be too challenging for this specific study.

Implications for Practice

The implications for practice are evident throughout the findings of this study. Essentially, this qualitative study strongly suggests that most participants in this study

understood that they were negatively influenced by the war and post-war experiences, as was the whole collective community. However, many participants also expressed positive transformations taking place on individual and community level. In addition, many seem to have been pressured to get back to what they refer to as 'normal life'; however, many feel as if they had no time to process or make any sense of their lived experiences pertaining to war and post-war experiences. A majority of the participants verbalized experiencing traumatic and distressful experiences, as well as experiencing negative psychological symptoms. Several of the participants who acknowledged psychological distress and symptoms also reported that at first they were lost and did not understand what was happening with them. In addition, many reported denial and avoidance as coping mechanisms.

The strongest implication for practice seems to be found in the acknowledgment of the lack of information disseminated relating to possible effects of war and post-war experiences, as well as resources offered to possibly alleviate these verbalized consequences. Thus, valuable implication for the practice seems to appear in the recommendation domain. This domain offered a lot of detailed information on how the field and practice of psychology can better prepare and adjust in order to serve this population, as that seems to have not been the case thus far. Participants expressed a strong need for information about what could possibly result from events they experienced, as well as where to seek help if needed. Participants narrated that they were never approached by *anyone* after arrival regarding possible after effects. Narratives included feeling lost and not cared for, as well as not being knowledgeable about mental health in general and not knowing how to deal with the symptoms they were experiencing. Participants reported that there were cultural barriers as well to reaching

out. In addition, participants reported that mental health was not something that was openly discussed within the culture. Participants reported that no one from the welcoming committee, including the sponsoring Parishes, immigration workers, social workers, nor general physicians brought up any discussion or inquired into their mental health at any point. In other words, the participants shared their experience and recommended that future refugees would benefit from receiving information where they are able to gain knowledge on the available resources related to mental health and well-being. As stated by many participants, one of the limitations to access to care was the fact that they were not aware of the different resources available to them. Thus, having the welcoming committee approach the refugees with an inquiry and open discussion about their mental health, starting with social workers and general physicians, would be of great benefits. In addition, several participants suggested that professionals knowledgeable in the field of psychology, who are aware of war and refugees' experiences, should offer information upon arrival pertaining to possible effects and available resources in group format to help combat some of the cultural stigma. Thus, these shortcomings in our services offered to refugee populations have to be addressed immediately. It seems that even after two decades we are still lacking immensely in addressing their needs, as can be seen through their narratives. The first step to improve the overall service offered would be, as narrated by refugees, to invest in training of individuals involved with this particular population. As the path to mental health services seems inaccessible and unfamiliar, the first step may be to train other individuals who come in contact with refugee population upon their arrival, such as social workers, immigration workers, English language teachers, as well as physicians and nurses who assess their health status initially. In addition, a great advice offered by couple of participants was the idea to offer mental health and well-

being information and resources in a group format upon arrival, which would help decrease stigma within community as secondary benefits. It seems that most of the research implications and suggestions focused on the end goal, namely receiving mental health service. However, there appears to be a disconnect between research and practice, as literature and this study show that very little individuals from this population reach the end goal, or mental health services. We have to create the bridge to services and it may have to start with other levels of care in order to eventually link the refugees to mental health services.

Conclusions

The aim of this study was to explore war and post-war experiences and mental health and general well-being of Bosnian refugees, as perceived by the ones who lived it and set within its natural context as it exists in the real world. The study was guided by narrative research design which enables participants to reflect on their stories of experiences in order to make meaning of their experiences (Clandinin & Connelly, 2006). The experiences in question in this particular study were the war and post-war experience of Bosnian refugees living within the United States, as they relate to mental health and well-being. The data analysis method employed in this study was the Consensual Qualitative Research (CQR) (Hill, Thompson, & Williams, 1997). In general, CQR data analysis method aligns mostly with constructivist paradigm in the sense that it depends on interactive, naturalistic and qualitative methods. One of the benefits of qualitative methodology is that the hypotheses does not drive the data collection, but more so that hypothesis derives from the data itself (Berrios & Luca, 2006), which allows for new information to arise (Ahearn, 2000).

This current study was guided by Bronfenbrenner's ecological system theoretical framework, as it will in-depth explore meaning making by Bosnian war refugees nested within the larger social context, as it naturally occurs. By no means did this study intend to test the Bronfenbrenner's ecological system theoretical framework itself, but rather just used this theory as a background framework to help understand how different systems may interact with each other. To give an example, this systems theory helps understand what kind of role participants sex, age, health and other individual factors (Micro System) may play in their current life, as well as how these factors may relate to the questions addressed in this study. As several of the participants mentioned in the domain of influence of war and post-war experience, war influence on the Bosnian community category, how older individuals from the community faced more challenges with adjustment, including more negative consequences. Another example to illustrate the benefits of using the Bronfenbrenner's ecological system theoretical framework to understand the influence and possible interplay of different systems would be to use the Chronosystem to grasp how sociohistorical conditions and time since events may play a role in the participants' lives, as well as how they may have impacted their experiences and therefore the meanings associated with them.

The results obtained from the collected data were organized into seven primary domains, which initially started developing based on review of literature (Arcel, Folnegović-Šmalc, Kozarić-Kovačić & Marušić, 1995; Colic-Peisker & Tilbury, 2003; Donnelly et al., 2011; Drummond, Mizan, Brocx & Wright, 2011; Fazel, Wheeler & Danesh, 2005; Gibson, 2002; Hoge et al., 2004; Hunt & Gakenyi, 2005; Jankovic et al., 2011; Jensen, Norredam, Priebe & Krasnik, 2013; Kessler et al., 2001; Segal & Mayadas, 2005; Simich, Mawani, Wu and Noor, 2004) and research questions. Later on throughout

the analysis process, as the domains were revised with each interview, the process of consolidation, deletion and consensus took place, leading to the final seven domains. The seven domains that emerged included pre-immigration experience, arrival process to U.S., adjustment experience, influence of war and post-war experience, current lifestyle, mental health and well-being education and resources, and recommendations. Within these seven domains, categories were developed based on the raw data collected through the semi-structured interviews.

The most significant take away from this study is that there is still a major need to do more research and utilize the research for practice implications. As can be seen in this study, which cannot be generalized to all other refugee populations, there is major deficiencies in the resources extended to this refugee population. This refugee population needs to be advocated for. Participants expressed the need for general knowledge about available resources, as well as recommended that information and resources should be provided for individuals to manage everyday living situations. Some examples of these included more information on living arraignments and daily services and/or resources that the refugee population could use and benefit from. A strong outreach program should be created in order to address the lack of information disseminated relating to possible effects of war and post-war experiences, as well as resources offered to possibly alleviate the narrated consequences of war and post-war experiences. Thus the field and practice of psychology has to find a better way to prepare and adjust in order to serve this population in a more efficient way. In addition, other service workers who interact with the refugee population ought to be trained to address these issues as well, as they may be act as the first contact within the host country of United States and thus can enact a bridging role to the actual mental health resources and services. As these individuals narrated feeling lost,

scared, confused and not cared for, normalization of experienced events and experienced symptoms needs to take place upon arrival. Most participants expressed the need to become more knowledgeable about mental health in general and knowing how to deal with the symptoms they were experiencing. As previously reported, participants narrated cultural barriers, which acted as challenges to reaching out for support and services. Thus, they suggested that the refugee welcoming committee offer resources and information to all incoming refugees. In addition, several participants suggested that professionals knowledgeable in the field of psychology, who are aware of war and refugees' experiences, should offer information upon arrival pertaining to possible effects and available resources in group format to help combat some of the cultural stigma. In other words, the participants shared their experience and recommended that future refugees would benefit from receiving information where they are able to gain knowledge on the available resources related to mental health and well-being. Thus, this could be accomplished through having the welcoming committee approach the refugees with an inquiry and open discussion about their understanding of mental health, followed by information session and provision of available resources to address any psychological concerns, starting with social workers and general physicians.

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APPENDICES

APPENDIX A
DEMOGRAPHIC QUESTIONNAIRE

Participant ID:

1. What is your gender? (please circle one)
•Male •Female
2. How old are you? _____
3. What is your current marital status? (please circle one)
a) Single b) Married c) Separated/Divorced d) Widowed
4. How many children do you have? _____
5. How many years of school did you complete? _____ (number in years)
6. Your religious affiliation: (please check)
 - a) ____ Muslim
 - b) ____ Roman-Catholic
 - c) ____ Eastern-Orthodox
 - d) ____ Christian
 - e) ____ No Affiliation
 - f) ____ Other (please specify)
7. Your spouse's/partners religious affiliation: (please check)
 - a) ____ Muslim
 - b) ____ Roman-Catholic
 - c) ____ Eastern-Orthodox
 - d) ____ Christian
 - e) ____ No Affiliation
 - f) ____ Other (please specify)

20. Have you obtained United States citizenship? (**circle** answer)
- Yes •No
21. How often do you affiliate with other Bosnian refugees?
- a) ____once a week or more
- b) ____once a month or more
- c) ____once a year or more
- d) ____not at all
22. How often do you attend Bosnian community gatherings of any kind (e.g. dances, concerts)?
- a) ____once a week or more
- b) ____once a month or more
- c) ____once a year or more
- d) ____not at all
23. How many times per week do you talk on the phone with other Bosnian refugees?
- _____ (write in number)

APPENDIX B

INDIVIDUAL INTERVIEW PROTOCOL

1. Could you tell me about where you grew up, and what led to your decision to come to the United States?

Probes:
 - a) When you first arrived to United States, what was your experience like?
 - b) During that time, were there resources available to help you in making the transition from Bosnia to United States?
 - c) Now, after living in United States for some time, how have things changed for you?
 - d) Have some things remained the same from your home country, and if yes, which ones?

2. Can you tell me something about your war and post-war experience? What did you take away from it all? Something that you feel is important, yet comfortable for you to share.

Probes:
 - a) How have you carried this with you so far?
 - b) How, if at all, has your war experience impacted your subsequent life?
 - c) What kind of meaning do these experiences have for you now?
 - d) What support and resources exist for you now in taking care of your physical and emotional health and well-being?
 - e) How close do you feel you are to the Bosnian-American community currently?

3. How do you think your community overall was affected by the war and post-war experiences?

Probe:
 - a) What do you think about your community's mental health and general well-being as of now?

4. What are some of the ways, which you know of, that the community has used to deal with the consequences of war and exile, if any?

- 5a. Has the community in general been offered any information about possible symptoms or consequences people may experience after they have been exposed to war and exile conditions, and if yes by whom?

Probes:
 - a) What kind of information was shared?
 - b) Were you personally offered any information on possible symptoms?
 - c) Where does mental health fit into this?

- 5b. In addition to the information about possible symptoms, has the community been offered information about available resources to help deal with possible symptoms and consequences of war and exile, and if yes, by whom?

6. What, if anything, do you think could have been done differently by the hosting country, whether on an individual or community level, to ease the consequences of war and exile?
7. Is there anything else that you want to tell me about?

Please note – Due to the exploratory nature of this study it is possible that other questions may arise during the interview.

APPENDIX C

INFORMED CONSENT



Cleveland State University

College of Education and Human Services
Counseling, Administration, Supervision and Adult Learning

Informed Consent

My name is Irina Bransteter, and I am a doctoral student at Cleveland State University (CSU). My principal investigator is Dr. Kathryn MacCluskie, a professor at CSU Counseling, Administration, Supervision, and Adult Learning department. For my doctoral dissertation I am conducting a study that will explore the meaning of the war and post-war experience of Bosnian refugees living within the United States as it relates to mental health and well-being.

Your participation is voluntary. If you decide to participate, you will be asked to complete a semi-structured interview, along with demographic questions, such as age and gender. Completion of the demographic form and interview will take between 60 and 70 minutes. However, more time will be provided to those who need it.

Interviews will be audio-taped and subsequently transcribed. You will receive a copy of your interview transcript for review following the transcription of the audio-taped interviews in order to see if the true meaning of your answers was captured. The audio-taped recordings will be erased upon completion of the transcriptions and transcription review. Before completing the survey, please read and sign one of the copies of this consent form and keep the other one for your records.

Potential risk may include distress and discomfort of disclosing information. Some of the interview questions might trigger painful memories, resulting in distress. If that occurs, you may skip the question. If distress persists, you can contact professionals found on a separate sheet to help you deal with any distress you may experience. In addition, you may skip any questions you don't feel comfortable answering, and you may stop at any time without penalty.

As an indirect benefit, your participation in this research will provide additional information about the meaning of the war and post-war experience of Bosnian refugees living within the United States as it relates to mental health and well-being. Additionally, your disclosure of your experiences may have therapeutic effects on your well-being. Please understand that you will not receive monetary compensation for completing this survey and that there will be no cost to you for participating in this research study.

Your data is of value to this research project, and we hope that your participation contributes to your learning about psychological research. If you have any questions, please feel free to ask. Questions that may affect the outcome of the study may be deferred until the end of session. If you consent to participate, we will use the data for preparation of scientific reports. A separate form will be provided for the names and emails of participants wanting to know the results of the study.

Thank you for your valuable contribution to this research and for your cooperation and support. Signing below indicates you are 18 years or older and that you agree to participate.

Consent

I consent to participate in this research. I have read and understand the information that has been provided regarding this procedure; my tasks; the purpose of this research; any risks that may be involved and the safeguards that have been taken; benefits that may result from the research; and educational feedback that I will receive after participating. I understand that my participation is voluntary, and that I may terminate my involvement at any time, without penalty.

I understand that if I have any questions about my rights as a research subject I can contact Cleveland State University Institutional Review Board at (216) 687-3630.

If I have questions about this research project, I can contact Irina Bransteter at (216) 773-0053, or her advisor, Dr. Kathryn MacCluskie, at (216) 523-7147.

Printed Name of Participant:

Signature of Participant:

_____ **Date** _____

Printed Name of the Researcher

Signature of the Researcher

Date _____