BOSNIAN WOMEN'S EXPERIENCE OF WAR, LOSS AND RESETTLEMENT

by

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Declaration

This work is original and has not been submitted in whole or in part to any other institution, or for the purposes of obtaining any other qualification.

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ABSTRACT

Section one: literature review
The literature on the mental health difficulties and obstacles faced by refugees, and the challenges to services in meeting their needs is reviewed. The review highlights issues specific to refugee women and focuses on research on Bosnian refugees and loss, highlighting that research that reduces refugees experiences to pathology abstracts from their lived realities and concerns. Alternative approaches that account for women refugee's voices on their experiences of war, loss and resettlement and implications for services are required.

Section two: research report
The study explored Bosnian Muslim women refugee's experiences of war, loss and resettlement in the UK. The obstacles refugee women face are often overlooked in research and consequently their needs are often not incorporated into service and policy planning. The context of the war in Bosnia and UK resettlement experiences of Bosnian refugees are presented as a backdrop to the study. Eight interviews were conducted with four women. The research employed grounded theory methods. A conceptual model was constructed comprising a core category and a model of the processes of war and resettlement. Interconnectedness was identified as the core category encompassing interconnections within the family and between family and their social community. The social destruction of war and restoring and adapting life in a new country results in the fragmentation of these systems. Restoring and adapting life is characterised by living a different kind of life and adapting roles to meet changing family needs. Keeping in touch with Bosnia and opportunities in the UK moderate the difficulties associated with their new life. Participants identified enduring effects of war on relationships that were salient to them currently. The study generates implications for clinicians working with Bosnian women refugees. Further research would benefit from exploring the experience of a more diverse sample using participatory research methodologies.

Section three: critical appraisal
The critical appraisal reflects on the course of the research based on the author's research diary. What was learned through the research process is considered in relation to future research and research with refugee populations.

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Particular thanks go to the people who allowed me the opportunity to hear and represent their stories. I hope that I have done this justly.

WORD COUNT

Abstracts	317
Literature Review	6728
References for Literature Review	1819
Total Literature Review (including references)	8547

** Literature Review written in the style of *Journal of Mental Health.*

Research Report	12008
References for Research Report	1772
Total Research Report (including references)	13780

**Research report written in format A

Critical Appraisal (including references)	4121
Total: Literature Review, Research Report, and Critical Appraisal (excluding references)	22308
Subtotal (including contents pages and references)	27253
Appendices	6478
Overall Total (Including references and appendices)	33731

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Abstract

The literature on the mental health difficulties and obstacles faced by refugees, and the challenges to services in meeting their needs is reviewed. The review highlights issues specific to refugee women and focuses on research on Bosnian refugees and loss, highlighting that research that reduces refugees experiences to pathology abstracts from their lived realities and concerns. Alternative approaches that account for women refugee's voices on their experiences of war, loss and resettlement and implications for services are required.

1. Introduction

Over the last decade there has been a growing interest in refugees[1] in the UK. The focus of interest spans all spheres of the refugee's individual and social environment. For instance there has been considerable legislative reform influencing refugees' freedom and entitlements. In parallel to this there has been intense media attention on asylum and immigration. There has also been a surge in research on the mental health of refugees with a particular emphasis on the effects of war and displacement on the individual. Also, national health guidelines and initiatives have been introduced to assist developing services to support refugees.

The contextual approach to this review seeks to understand refugees within their environmental setting. The focus is therefore, not solely on the individual but how systems within which they live interact with their experiences. This approach is particularly suited to understanding refugee mental health given that the hallmark of their experiences are changes, often extreme in nature, in circumstances in their home country and place of refuge. The review highlights issues for refugee women and focuses on a particular refugee group, Bosnians, and literature on refugees' experience of loss as an area for further research. Through the process of war and forced migration, refugees can experience multiple losses. There is little research on the experience of loss and what it may mean to different refugee populations.

[1] For the purposes of this review the term 'refugee' is used to refer to individuals who have been displaced from their homes through war. The term is also used to refer to individuals granted full refugee status, exceptional leave to remain and to people seeking asylum in the UK.

Section 2 starts with a brief overview of the international background of war and refugees. This is followed, in section 3, with an outline of the UK context, including changes in refugee flows, policy and media, recent service developments pertaining to refugees and information on women refugees. Section 4 presents an outline of the process of becoming a refugee and a critique of literature that has attempted to encapsulate the difficulties experienced by refugees, focusing on research on the effects of war and displacement on Bosnian refugees. This is followed by a critique of literature on loss in relation to refugees in section 5.

1.1. Search Strategy

The literature review led to a focus on material obtained from a search using one of the following four strings of terms: refugee, asylum seeker, exile, displaced; women, gender; Bosnia and other post-Yugoslav states; roles, loss, grief, separation, bereavement, adaptation. The following sources were used to locate relevant material:

- Databases on WebSPIRS server, including PsychINFO
- World Wide Web: material from refugee organisations, research articles, and books
- Manual search in books and journals
- Consultation with researchers and clinicians in this area

2. International background on war and refugees

The 1951 Refugee Convention is an international body of law originally developed to respond to the European refugee crisis from the Second World War (UNHCR[2], 2003). Its scope has since been expanded to deal with the problem of displacement around the world. It remains an important legislation for defining who is a refugee, and their entitlement for legal protection and rights from states party to the document. The legislation defines a refugee as:

> A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it. (UNHCR, 1996, p.16)

The estimated total number of people of concern to UNHCR at the end of 2004 was approximately 19 million (UNHCR, 2005). Refugees constitute 48 per cent of this total and the majority are displaced in developing countries. However, this total is not a true reflection of the total number of people of concern because there are others that have not been identified and for whom data are not available. Almost half of the world's refugees are women (49%).

An increase in armed conflict and war has resulted in a substantial rise in refugees worldwide (Bracken & Petty, 1998). Dauvergne (2004) observes a growing international concern about migration, evident in regular media reports on asylum and illegal immigration and various policy changes to control migration. The increasingly restrictive methods adopted by Europe and North America to limit refugee entry makes it harder for individuals to obtain asylum safely (UNHCR, 2000).

Summerfield (1998) discusses the social processes characteristic of contemporary wars, arguing most cogently for interventions with war-affected populations to be grounded in an understanding of how these influence the course and outcomes of war. Summerfield illustrates that violent methods of war are deliberately used to terrorise ordinary citizens and destroy social, cultural, economic and political ties. In relation to women's experiences of war, they can be direct targets of sexual violence; however, a tendency to view women as vulnerable victims can overlook different roles they may have during war and displacement (Gururaja, 2000; Summerfield, 1998; Valdés, 1996).

[2] UNHCR- United Nations High Commissioner for Refugees. Agency established by the international community to provide help and protection for refugees.

3. The UK Context

An overview of the socio-political context in the UK is important because it gives a wider picture of the refugee experience and the challenges to services helping refugees. Although only a small proportion of refugees seek asylum in Western countries, the number of applications to the UK has increased over the last decade (Refugee Council, 2002). The former Yugoslavia was the highest source of asylum seekers to Western Europe during 1990-1999 (UNHCR, 2000). This has since changed due to the altering patterns in conflict across the world. For example, in 2003 the majority of applicants originated from Somalia, Iraq, China, Zimbabwe and Iran (Home Office, 2004a). Dumper (2004) provides information on refugee women in the UK. Although data are limited due to incomplete records, they show that women constitute a substantial proportion of the UK refugee population (26% as principal asylum applicants; 57% as dependents; 40% granted refugee status; and 16% exceptional leave to remain). The majority of women are under 35 years old, married and many have children.

3.1. Asylum policy and media

Over the last decade the UK government has introduced multiple policy and administrative changes to deal with the asylum and immigration 'problem'. This included the recent assent of the Asylum and Immigration Act 2004 (Home Office, 2004b). It also featured as a prominent campaigning issue in the 2005 government elections (e.g. Asylum: the big issue of election 2005?). "Asylum has become a political nightmare for Britain's Labour government in particular" (Loescher & Milner, 2003, p.599). These policy changes are viewed as deterrence measures and include: enforced dispersal, confinement in detention centres, stringent asylum procedures, and restricted access to welfare, employment, education and health care (Silove, *et al* 2000). Silove and associates (2000) review research demonstrating the negative effects of policy change on the mental health of refugees. It is not within the scope or aims of this review to detail all changes; however, key aspects that can have important implications for refugees and service providers are discussed below.

One particularly important change in terms of support and service provision for refugees is the dispersal programme. In order to reduce concentrated numbers of refugees in key areas- London and South East England- the government introduced a dispersal programme (Home Office, 1998). Refugees in need of accommodation and deemed eligible for government support are dispersed to areas, with a ready supply of accommodation, away from London and the South East. Dispersal areas were identified as locations

with a multicultural community or supportive resources to help refugees. However, the existence of established supportive infrastructures in these areas varies considerably (Watters, 2000). Also refugees who leave their allocated accommodation for any reason, including racism or to relocate to areas with established social or familial networks are not entitled to support. Despite this it is predicted that many refugees will relocate to London and consequently risk becoming destitute (Burnett & Peel, 2001).

It is important to examine social policy and media coverage because they could influence how refugees are viewed and their social resources and legal entitlements. Although the UK has a pluralist policy espousing integration of cultural diversity at a local level, refugees report problems with racism, discrimination and community hostility (Hayes & Teuton, 2003; Richman, 1996; Patel, 2003). Refugees have been the focus of much media and political attention and are often misrepresented as economic migrants or bogus refugees (Burnett and Peel, 2001). They are also portrayed as a threat to the country's resources. A series of recent headlines is testimony to this concern: Refugees a drain on UK, think young (2003), HIV warning over asylum system (Capper, 2003), Asylum crisis for NHS (Marsh, 2004), Patients lose GP surgery to asylum seekers (Wilkes, 2002), Struggling schools 'swamped with asylum seekers' (Slater & Knowsley, 2002), and Asylum seekers summer fun with your £1m (Butler, 2002).

3.2. Service Provision and Guidelines

There are recent health guidelines and service initiatives that focus on the requirements of black and minority ethnic people, including refugees. Under current UK legislation people with refugee status and those awaiting the outcome of their asylum application have equal entitlements to NHS care as UK residents. Despite this there are reports of inequities in access of health services to refugees (Jones & Gill, 1998; Patel, 2003). The refugee population is heterogeneous, comprising individuals from diverse geographical, cultural, religious and socio-economic backgrounds. This presents a challenge to services in dispersal areas to meet their multicultural needs (Watters, 2000). The Mental Health National Service Framework (MHNSF) spells out national standards for mental health, their aim, and how they should be developed and delivered (Department of Health, 1999). Standard one in the MHNSF states that Health and Social Services should promote mental health for all and combat discrimination against people with mental health problems, and promote their social inclusion. It calls for the development of culturally sensitive services and identifies refugees as a particularly vulnerable group with a high risk of suicide.

However, the MHNSF does not adequately address the needs of black and minority ethnic communities (NIMHE, 2003). In order to build on the MHNSF the National Institute of Mental Health in England proposed reforms to health provision for this population (NIMHE, 2003). The proposals are based on the recognition of disparities and inequalities between black and minority ethnic people and the majority white population, in terms of health and outcomes. It is observed that black and minority ethnic people can experience higher rates of mental health problems, less social support, and poorer access to services and different outcomes. The proposals aim to build capacity 'inside' services and 'outside' within communities. Building capacity within services includes developing culturally competent services to meet the needs of a multicultural society. The aim of building capacity outside of statutory services is to work with communities to develop resources to support individuals in the community. Finally, it is recommended that research approaches should be suitable for this population and consider culture and ethnicity.

Specific resources have been developed to assist services to meet the needs of refugees dispersed to areas throughout the UK (Burnett & Fassil, 2002; Refugee Council & Department of Health, 2003). Some of the key features in relation to mental health services are as follows: there can be barriers to refugees accessing services which include more pressing priorities (e.g. housing, immigration), mistrusting confidentiality and institutions and fear of social exclusion due to negative connotations of mental ill health. Also the concept of service support for mental health can be incongruent with refugees' cultural beliefs; they can experience and express their distress in ways that contrast with western approaches. The importance of addressing the heterogeneity between and within refugee groups is also stressed; within refugee groups there is diversity in terms of religion, socio-economic and cultural backgrounds. In terms of developing an understanding of refugees' presenting difficulties, a holistic approach is advised, incorporating culture, socio-economic and practical circumstances, not just focusing on symptoms. It is also recommended to attend to the meaning of refugees' accounts and avoid interpreting experiences beyond the realms of the professional's as symptomatic of severe mental health problems.

3.3. The role of refugee organisations

In addition to statutory health services, there are various refugee organisations that work with and support refugees. Carey-Wood reviewed a selection of UK initiatives in 1997. Obviously, some of the conclusions continue to be relevant today. The central aim of refugee organisations is to facilitate the

resettlement of refugees. Carey-wood (1997) identified two approaches used to pursue this aim. One approach aims to achieve this through self-help community development. This can be beneficial for refugees in providing work opportunities, empowerment through self-help, accessing mainstream services and resources where there are gaps in existing service provision. This approach is seen as an effective way of responding to local economic, cultural and social needs. The second approach entails refugee initiatives working collaboratively with mainstream agencies to develop services for local needs. When there have been barriers to developing mainstream services, refugee organisations have generated projects to fill service gaps. These projects are diverse in their focus and include: culturally congruent mental health and social support, housing, advocacy, training and cultural integration. One of the drawbacks of refugee initiatives is the reliance on funding and therefore, long-term insecurity.

McAfee (1998) reported on an innovative refugee project on mental health by the Refugee Action organisation. This was a national project that aimed to increase the capacity of the Bosnian community to address its own mental health needs. This was achieved through working with the community, developing knowledge of health services and normalising the traumatic effects of war. The aim was to facilitate mutual support and enable communities to identify their needs and be aware of how to access support from services if required. One component of the project involved training community members with skills to help interventions provided by services. The second component engaged community groups in learning about the effects of war and displacement on mental health, building on coping skills within the community. The meetings were informal and traditional Bosnian coffee was provided, reflecting traditional methods of social support in Bosnia.

A recent survey of refugee community organisations reports on a shift in the roles and focus of refugee community organisations in response to the impact of policy changes (Griffiths et al., 2005). The original function of integration, social activities and celebration of cultural identity has evolved into advocacy and reactive interventions in response to the effects of limited state support and resources. In London there are well-established organisations that are securely funded. However, through the dispersal programme, refugees often live in areas with limited social support, hostile communities and can have difficulty accessing mainstream services. The original intended focus of refugee community organisations could be seen to provide an important source of social capital. The attention to the collective, social cohesion and participation in community activities for mutual aid, broadly reflect some of the main dimensions of

social capital (Lochner et al., 1999). Although research on the relationship between social capital and specific health outcomes is mixed, the concept of social capital as a mediating factor between individual mental health and collective community remains important (McKenzie et al., 2002). However, not all community groups demonstrate the essence of collective mutual support. Kelly's (2003) research on Bosnian refugee community associations in Britain found that the associations were more contingent in nature. The associations continued existence relied on the efforts of a few people and they primarily functioned for the benefits that could be gained through them. There was therefore, little impression of a Bosnian community.

3.4. The hidden gender: women refugees

This section briefly reviews issues in relation to women refugees highlighting the importance of considering gender differences. The literature suggests that differentiated gender relations can be present at all stages in the process of becoming a refugee. These include gendered differences in the refugees' home country before and during war, and during the process of applying for refugee status and resettling life in a different country. However, as stated in the citation below, the structural differences between men and women have traditionally not been considered.

> Research on refugees has typically meant a discussion of refugees as a unitary, non-gendered phenomenon presented as if there were no significant differences between the realities of men and women. (McSpadden & Moussa, 1993, p.203)

Valji (2001) reported that gender-specific experiences that lead some women to seek asylum are sometimes not recognised as persecution according to the Geneva Convention, making it difficult for women to obtain legal protection. In the UK women can also experience additional procedural problems in applying for asylum (Ceneda, 2003). They are sometimes not informed of their right for an independent application, and can experience difficulties with the practicalities of attending appointments and childcare. Another difficulty for women can be disclosing sensitive information, such as sexual violence, to support their asylum claim. There is a growing concern in the rise of cases of poverty and destitution resulting from the withdrawal of support when applications for asylum have failed (Dumper, 2005). These factors are seen to undermine physical and mental health (Burnett & Peel, 2001). Women are seen to be particularly vulnerable and there are increasing accounts of women turning to prostitution.

Services for refugees in the UK are traditionally planned on the basis of figures of principal applicants, mainly men, provided by the Home Office (Dumper, 2005). However, as stated earlier the data are

incomplete: it does not include people who come as dependents of principal applicants, most of which are assumed to be women (Dumper, 2004). In terms of service planning this can result in the needs of women being overlooked.

Recent research portrays refugee women as multiply marginalized in terms of their ethnic, economic and gender status (Franz, 2003; Goodkind & Deacon, 2004). Goodkind and Deacon (2004) report that there are particular challenges for women refugees resettling in industrialised countries. These include fewer educational and vocational resources, challenging role and status changes, and managing work and household duties. The authors recognise the importance of addressing the experiences and needs of refugee women, to facilitate their well-being, and because they play an important role helping rebuild family life.

The study by McSpadden and Moussa (1993) illustrated gender differences between Ethiopian and Eritrean men and women refugees' responses to changed roles and status during resettlement. It was found that men found it harder to adjust to a lower status in the new country; whereas women, although undertaking challenging and multiple roles, adapted better because their status in the new country was higher relative to back home. For the women life in the new country presented opportunities that contrasted favourably with the difficulties they experienced in their home country and during their journey to exile. It is important to understand gender-based experiences before, during and after conflict situations. Whilst some literature portrays women as vulnerable victims, a more careful analysis may uncover strengths and survival strategies integral to surviving war and rebuilding life following conflict.

To summarize the main points of section 3, there have been various developments in the UK in relation to refugees. The legislative and media concern, suggests a difficult environment for refugees. Mental health services need to address the needs of this diverse population. Some of the issues discussed in this section may be more or less pertinent to specific refugee groups. For instance, refugee populations who arrived in the UK earlier could have had different entitlements and experiences of the host community. These refugee groups could have experienced more support and assistance to resettle. It is therefore, important to examine refugee groups in relation to their current circumstances and experiences prior to becoming refugees to understand the unique challenges they face. This seems particularly relevant to understand the challenges and needs of refugee women.

(UNHCR, 2000).

4.1. Pre-flight phase and Journey of Flight

As indicated in the legal definition of a refugee in section 2, refugees flee to obtain protect oppressive regimes, persecution and violence (UNHCR, 1996). Civilians are commonly di violence in modern conflicts (Bracken & Petty, 1998). For example, in the recent wars in t Yugoslavia civilians were subjected to various ethnic cleansing methods including being f their homes at gunpoint, detentions, rapes and killings (UNHCR, 2000). For some refugee of flight can be as difficult and dangerous as the experiences that led to their departure (Re and Department of Health, 2003).

Much research and clinical attention concentrates on psychological sequelae of war atrocit western diagnostic frameworks, for example, the relationship between forms of war trauma and degree of posttraumatic stress disorder (PTSD)[3]. In a community sample of Bosnian M refugees, threat to life and traumatic loss experienced in war were observed to contribute t (Momartin, *et al* 2003). Weine and Becker et al. (1995) reported that experience of ethnic caused high rates of PTSD and depression in a sample of Bosnian refugees. The prevalenc per cent and 35 per cent, respectively. In another study, life-threatening events, physical vi separation from family were seen as predictive of psychological distress (Lie et al., 2001). (1999) reported diagnostic caseness of PTSD (50 %) and major depressive disorder (35%) displaced in a refugee camp in Italy. The participants diagnosed with PTSD reported a sig higher number of war trauma experiences. It was noted that few participants requested trea

[3] PTSD diagnostic criteria: (a) exposure to traumatic event involving actual or threat of or threat to the integrity of self or others; (b) persistent experience of traumatic events, wakefulness; (c) avoidance of trauma related stimuli; (d) increased nervous system arou of disturbance exceeds one month; and (f) disturbance causes clinically significant distres in functioning (American Psychiatric Association, 1994).

distress, despite having free access to services. Momartin et al. (2003, p.755) stated that this type of research is "critical to the mounting of rational strategies for targeted psychosocial interventions". However, recent critiques of symptom-focused approaches suggest that such strategies are not founded on clear thought or reason but originate from unquestioned assumptions about how to conceptualise and respond to the effects of war on individuals (Bracken, et al., 2003; Patel, 2003; Pedersen, 2002; Watters, 2001).

Bracken *et al* (2003) discuss the limitations of psychological conceptualisations of war atrocities, such as the concept of PTSD. They argue that such concepts are rooted in the notion of individualism, which is a value specific to western culture. Individualism constructs the person as an autonomous agent and values the individual over the social. This is contrasted with non-western ideals in which the person is bound up within their local social world and relationships. In relation to distress, individualism concentrates on intra-psychic factors- behavioural, cognitive and emotional manifestations of distress- to the exclusion of the social, economical and political determinants of well-being. The first problem with this is that it decontextualises the refugee experience. It does not address the social, economical and political factors that may contribute to ill health both in the country of origin and resettlement. Using a human rights perspective Patel (2003) incorporated the range of factors that can contribute to the refugee's health, including human rights violations that lead a refugee to leave their country and further violations in the country of exile. The latter includes: suspicion and hostile treatment from authorities, racism, media exploitation and difficulties obtaining their entitlement to statutory services. The second problem with the intra-psychic emphasis is that it privileges certain western ideas and interventions over the individual's own resources and means for restoring their health. Another related factor is the notion of universalism; western frameworks are presumed to occur as a universal phenomenon, regardless of the nature of the distress or cultural background. Refugees can hold unique understandings about which processes of war cause distress and forms of alleviation, which contrast with western psychological and psychiatric frameworks (Eastmond, 2000). However, discourses of refugee trauma are prevalent and research is starting to show how refugees themselves respond to this. For instance, Gross (2004) demonstrated different ways refugees identified with the trauma discourse, these include: identifying with it to be seen as a good refugee and obtain legal status; resisting the discourse and emphasising structural violence in country of resettlement; and, struggling with the medicalization of their biographies.

Another problem highlighted with the application of medical metaphors is that it can overlook the person's capacity to adapt (Meucke, 1992). It is thought that many refugees, even having experienced extreme adverse life events, do not develop psychological difficulties (Bracken et al, 1995). They are thought to demonstrate considerable resilience to rebuild their lives (Department of Health, 2003). Vega and Rumbaut (1991) describe the disproportionate stressors that fall on refugees and asylum seekers. As well as the atrocities of war, there is the forced migration and coping with living in a different country. The increase in restrictive policies to control refugees in the UK is expected to impact on the individual's mental health and their ability to adapt (Silove et al., 2000).

Many refugees may present with symptoms indicative of PTSD but without exploring the meaning and context of their distress they can be commonly misdiagnosed and given inappropriate treatment (Eisenbruch, 1991). There is the example of an Ethiopian refugee whose baby died when she fled her home and later she was unable to undergo traditional rites of purification (Schreiber, 1995). She presented with somatic complaints and continual grief until the purification ritual was performed.

Watters (2001) suggested a paradigm shift in professionals' approach to helping asylum seekers, drawing on the experience and expertise of asylum seekers themselves, which could help to develop more meaningful supportive networks. Research and practice that is grounded in the individual's experience is an important approach to mental health care (Department of Health, 1999).

4.2. Asylum seeking and resettlement phase

The trauma focus has been criticised for consigning trauma to the past, assuming that factors traumatic to the individual originate from their pre-exile experiences. Contrary to popular belief recent research has found that factors in exile, when a person is seeking asylum or resettling, can be just as or more distressing than war-related trauma (Duke, 1996; Gorst-Unsworth & Goldenberg, 1998; Harris & Maxwell, 2000; Hayes & Teuton, 2003). This is reflected by a shift in the research from pre-exile trauma to difficulties experienced in the country of refuge. These include social and practical problems relating to racism, limited finances, poor housing, hostile communities, destitution and the complexity and uncertainty of the asylum process. Silove et al. (2000) reported a number of studies that demonstrated heightened levels of stress that are associated with difficulties experienced after migration.

It is thought that refugees displaced in western countries, including the UK, face unique challenges related to living in a contrasting cultural environment (Richman, 1998). Factors thought to influence a person's ability to adapt to a different culture include interpersonal resources, experiences in home country and social factors in the new country, such as attitudes to integration at a local and policy level (Berry, 1997). Franz (2003) compared the resettlement experiences of Bosnian men and women in Vienna with Bosnian men and women who had resettled in New York. It was observed that the Bosnian women refugees in Vienna adapted better to their circumstances, compared to their male counterparts. They were seen to be more flexible in responding to the economic constraints by finding illegal employment and developing instrumental support through which to find work. The men and women resettled in New York primarily formed social networks within ethnic boundaries and integrated less well to the host society. The variances between the groups were attributed to integration policies and gendered differences.

Miller and associates (Miller et al., 2002) identified a range of exile-related stressors experienced by Bosnian refugees in North America. These included lack of environmental mastery, social and community networks, life projects, poverty, poor housing and loss of social roles. The study used a narrative approach that enabled the research to be shaped by factors that were important to the participants. One of the limitations of the study was the use of a clinical sample, which makes it hard to predict to what extent the exile-related stressors are salient to the wider refugee population.
A recent qualitative study on a non-clinical sample looked at the effects of refugee trauma on Bosnian refugee families in North America (Weine and Muzurovic et al., 2004). It was found that the way the families conceptualised refugee trauma and the effects of political violence on the family stood in contrast with clinical models of trauma such as PTSD. The consequences of family refugee trauma developed from the analysis included: adaptations in family roles and obligations; changes in how families communicate and family memories; challenges to the family structure; and, challenges to culture, traditions and identity. Although the study used a non-clinical sample, one member of each family met symptom criteria for PTSD. Even when studies of PTSD yield high rates of prevalence in non-clinical samples, for example 63 per cent in Bosnian refugees in Australia (Momartin et al., 2003), they do not reflect how refugees experience their everyday realities. The study by Weine and Muzurovic et al. (2004) shows that individuals can hold very rich understandings of the impact of war and, importantly, generate a range of coping strategies that would be helpful in assisting refugee families and individuals in the

clinical encounter.

Eastmond (2000) reported on ethnographic research on understanding the effects of war on the well-being of individuals in particular refugee groups. The aim was to capture aspects of life that are central to different groups in order to understand the effects of the war and processes that are important for health. One particular group looked at was Bosnians. This research expands on the meaning of family to Bosnians and why the disruption and rebuilding of the family becomes a central concern through war and displacement. Eastmond found that the primary obligation for Bosnian Muslims is to the family, symbolised through the household. Also sociability and reciprocity were important values connecting families and households. Through the disruption of war on these social and familial networks, the concern becomes focused on family welfare. Distress can result from the inability to fulfil roles to protect the family and property and ensure family welfare. Health is therefore seen as entwined with the family welfare project and becomes the focus of concern following war. Normality or well-being for Bosnians is seen as intricately interconnected to the individual, the family and the social.

5. Loss and Separation

Loss is a defining feature of the refugee's experience. Loss can relate to any person or aspect of a person's life that ceases to exist in some form through war and forced migration. Separation is defined as a form of loss that can be transient or permanent (Ahearn, Jr., 2000). Dimensions of loss can be varied and complex and can include physical losses like personal belongings, home, places of worship, family, friends and economic loss. These may be intertwined with losses in relation to aspects of self, which can include loss of life style, status, confidence, future and purpose, identity, role, culture and socio-economic status. Examples of separations would be children evacuated from parents. Problems faced in exile are thought to compound issues of loss and separation (Patel, 2003). It is thought that when refugees initially arrive in a country they contain difficulties with loss in order to deal with urgent practical concerns such as housing and claiming asylum (Richman, 1998). This suggests that the experience of loss can change over time as a person settles. Compared to refugees displaced within their home country, refugees who are forced to seek exile in the UK can face unique issues of loss because of living in a different country (Richman, 1998).

Although identified as a common part of the refugee experience there is limited research to understand

the impact and implications of loss. De Vries (2001) interviewed a group of refugees about their losses and their living and social circumstances. He also administered a Hopkins Symptom Checklist (Lipman et al., 1979). De Vries concluded that the refugees had "severe mental health problems" which "needs special mental health care" (p.20.). The study did not explicate the meaning of the losses experienced and how it may relate to their circumstances and mental health. It was noted that the participants were living in abject refugee camp conditions for four years and could not access money, work and education for the children. These practical concerns may have been a contributor to their distress and therefore, a better focus of resources than counselling. Another limitation is the validity of the mental health measure used. The respondents were Sri Lankan and some could not read or write. This raises questions about the cross-cultural validity of the measure.

In another study, experience of loss was associated with psychological symptoms of distress (Hourani et al., 1986). The degree of symptoms of distress was significantly related to loss of home, physical health and income. Research that just investigates symptoms, or identifies the losses, can obscure the full complexity and variety of meanings of the process of loss that may be critical for understanding and assisting with clinical problems. Loss of home and homesickness is viewed as a psychological stressor for people forced to leave their homes as asylum seekers (Van Tilberg et al., 1996). However, loss of home is only one of a myriad of potential losses to the refugee.

5.1. Attachment and bereavement

Attachment theory is one model that has been applied to understand loss experienced by refugees (Fox, 2002). Attachment theory refers to the emotional bond formed between an infant and caregiver. Secure attachments enabling an emotional bond are viewed as the basis for healthy development into adulthood. The theory is used to examine patterns of attachment that relate to psychological distress. An example would be in grief counselling that explores a person's pattern of mourning and how it is influenced by the nature of the attachment to the person lost (Worden, 2003). Drawing upon attachment theory Fox (2002) stated that a refugee originating from a country of socio-political unrest and hostility would be expected to have ambivalent attachment to their country, which can result in the display of pathology indicative of mourning problems. Also, hostility experienced from the receiving country has been linked to difficulty with letting go of pre-exile losses. This perspective assumes that individuals from different cultural contexts hold similar attachment values as to those in western countries. Rustin (1996) questions how

well ideas of attachment, developed in the post-war western context, can translate to the contemporary period. Others have raised objections to attachment theory being too reductionistic and overly deterministic (Leiman, 1995; Skolnick, 1986).

A number of criticisms of the application of western models like attachment theory to understand concepts in different cultures have been raised. Child rearing practices in many societies can be quite different in that infants are cared for by groups of adults (Holmes, 1996). Also using western models as a marker against which to measure clinical problems can result in inappropriate diagnosis (Eisenbruch, 1991). As identified earlier, theoretical models developed from western concepts and values can have limited use for explaining distress of people from non-western cultures and do not incorporate wider social and political factors that form part of the refugee experience.

Munoz's (1980) study of Chilean refugee's experience of loss interpreted their experience as a form of bereavement. The refugees were politically active which was related to their reasons for seeking exile and their experience of loss. Their experience of loss was characterised by an initial phase of relief to be safe, followed by a process of mourning loss of home environment, and social and political connections. The strength of the person's attachment to homeland was related to their degree of socio-political commitment. This study would not generalise to other refugee groups, in particular non-political refugees. For instance, Bosnian refugees had to leave their country because they became innocent targets in the war. Therefore, the meaning of their displacement and how they respond to their losses may be different. Ahern Jr. (2000) states that research on refugee loss asserts with confidence that refugees will experience a process of bereavement or psychological distress but little has been done to understand loss in relation to family, neighbourhood and community.

It is recognised that individuals from different cultural backgrounds experience, express and manage psychological distress in ways different to the west and that western concepts of mental health can be alien to the refugee or asylum seeker (Refugee Council & Department of Health, 2003). Research on grief and cultural bereavement emphasises the importance of exploring loss in terms of the individual's subjective meanings and cultural means of signalling and managing distress (Eisenbruch, 1991; Schreiber, 1995). Also, it is important to examine loss in refugees' experience of war and subsequent displacement. Generating an understanding of individuals' experiences of loss and how they respond to

their changing circumstances needs to be derived from personal narratives and situated in the context of their experienced worlds to avoid misrepresenting experiences as a pathological reaction. This approach could capture the essence of refugee's experiences and current concerns.

6. Summary and conclusion

The contextual approach of this literature review highlights a range of factors that could influence refugee's mental health. Some of the issues particular to women have been raised. Mental health services are challenged to meet the needs of the increasing diversity of their local population through the dispersal of refugees to different areas in the UK. Various guidelines and resources have been developed to assist in this, including community refugee organisations. In terms of mental health research the review critiques examples of common approaches to researching refugee health. The focus in research has been on identifying symptoms of mental health associated with war experiences. This stands in contrast to the recent guidelines and research that emphasise the importance of addressing the wider context and issues of concern to the population. There has been a recent interest in qualitative research with refugees (Ahern, Jr., 2000). The qualitative studies reported in this review illustrate how it can capture concerns salient to the population.

Although research on women refugees is in its infancy, it is starting to demonstrate that women experience war and displacement differently to men. Some perspectives view women as multiply marginalized and vulnerable victims, whereas others state that this view can overlook women's strengths and resources. Gender differences are often not addressed in research, which means there is limited understanding of the challenges women face and their needs. A commonly held perception is that refugees are typically young, educated males and service and policy developments operate on this assumption. However, it is now known that women form a substantial proportion of refugees in the UK. It is important to address the difficulties and needs of women especially given that they can have important roles in the family and household when living in a new country. At the time of this literature review no research on Bosnian refugee women's experiences of war, loss and resettlement in the UK had been identified.

The review demonstrates that loss, although a characterising feature of the refugee experience, has received little research attention. The meaning of losses through war and displacement can vary for

different refugee groups. It is important to explore loss in relation to the circumstances prior to exile and their experiences in the host country.

At present there is limited theoretical understanding to adequately explain loss resulting from forced exile. When a person is forced to leave their country because of war how do they understand and cope with the losses incurred in the process? To begin to form an understanding of the complexities of refugees' losses, research needs to explore subjective accounts of loss. This would provide data to develop a theoretical conceptualisation of loss placed in the wider context of the refugee experience. An understanding of personal experiences of loss and resettlement would generate information on how services can assist refugees in coping with resettling in a new country.

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Section two: research report

A grounded theory study of Bosnian refugee women's experiences of war, loss and resettlement.

Abstract

The study explored Bosnian Muslim women refugee's experiences of war, loss and resettlement in the UK. The obstacles refugee women face are often overlooked in research and consequently their needs are often not incorporated into service and policy planning. The context of the war in Bosnia and UK resettlement experiences of Bosnian refugees are presented as a backdrop to the study. Eight interviews were conducted with four women. The research employed grounded theory methods. A conceptual model was constructed comprising a core category and a model of the processes of war and resettlement. Interconnectedness was identified as the core category encompassing interconnections within the family and between family and their social community. The social destruction of war and restoring and adapting life in a new country results in the fragmentation of these systems. Restoring and adapting life is characterised by living a different kind of life and adapting roles to meet changing family needs. Keeping in touch with Bosnia and opportunities in the UK moderate the difficulties associated with their new life. Participants identified enduring effects of war on relationships that were salient to them currently. The study generates implications for clinicians working with Bosnian women refugees. Further research would benefit from exploring the experience of a more diverse sample using participatory research methodologies.

1. Introduction

Adopting the ideas of gender theory, gender sensitive observations have noted various differences between men and women refugees. According to gender theory the behaviour of men and women is shaped by social and cultural expectations rather than biological differences between the two sexes (Zalweski, 1995). This account postulates that gender varies across cultures and times and between members of the same sex. It also stresses the assumptions made by individuals about the roles of men and women and also manifested at various institutional levels including in the household, community, service provision and policymaking.

It has been reported that services are traditionally planned on the basis of principal asylum applicants, that is, men (Dumper, 2004). However, current asylum data are incomplete and do not reflect the proportion of refugee women in the UK (ICAR[4]). Burnett and Peel (2001) report that women's health needs may not be identified. Therefore, it is important to understand the challenges and needs of refugee women particularly since they are thought to have an important role assisting the family to adapt in a new country (Rumbaut, 1989). Refugee women's experiences are underrepresented in research because their circumstances can be a barrier to participation (Goodkind & Deacon, 2004) and their experiences are often subsumed under men's (Man, 1998), assuming gender based differences do not exist (McSpadden & Moussa, 1993).

It has been pointed out that women and men may experience war and displacement differently (Gururaja, 2000; McSpadden & Moussa, 1993). During war women may be direct targets of sexual violence (Richters, 1998) or persecuted for not complying with socio-cultural conventions (Dumper, 2005). There is a tendency to ascribe to women a vulnerability or victim status. This has been viewed as appropriate when they are victims of sexual violence in the context of war (Richters, 1998) or vulnerable when asylum support is withdrawn in the UK (Dumper, 2005) but it is thought to overlook other factors such as resilience and determination (Gururaja, 2000; Summerfield, 1998).

At the stage of seeking asylum gender insensitivity in legal and administrative procedures can be a barrier to women obtaining legal protection (Ceneda, 2003; Valji, 2001). It has frequently been reported that

[4] ICAR- Information Centre about Asylum and Refugees in the UK. Navigation guide: women refugees and asylum seekers in the UK: statistics. Retrieved July 6 2005 from www.icar.org.uk/res/nav/ng007/ng007-05.html

refugees demonstrate high levels of psychological distress (e.g., Momartin et al., 2003; Weine & Becker et al., 1995) and that women are more likely to present to services with health problems and depression (Burnett & Fassil, 2002). However, the emphasis on the mental health effects of war has been criticised for consigning trauma to the past, pathologising natural reactions to war and decontextualising the refugee experience (Bracken et al., 1995; Patel, 2003). Recent research has demonstrated that the ways in which refugees conceptualise the effects of political violence and trauma contrasts with medical understandings (Eastmond, 1998; Gross, 2004; Weine & Murzurovic, 2004; Summerfield, 2003). Furthermore, emphasising negative health outcomes excludes data about refugee health. Many authors have highlighted that refugees are an exemplar of the human ability to survive and adapt in the face of numerous losses and political violence (Muecke, 1992). A different perspective in the trauma research field found that personal gains could emerge from traumatic events (Linley & Joseph, 2003). These include re-evaluating one's approach to life, priorities and social investment and positive personal growth. First-hand accounts of Bosnian women survivors of war show that women employed various survival strategies and skills in their daily struggle to survive during and after the war (Hunt, 2004).

Some studies portray refugee women as multiply marginalized because of their ethnic, economic, refugee and gender status (Franz, 2003; Goodkind & Deacon, 2004; McSpadden & Moussa, 1993). It has been reported that gender roles shift during the upheaval of war and relocation to a different country (Weine & Muzurovic et al., 2004; McSpadden & Moussa, 1993). Men have been observed to struggle more with adapting to living in a different country and their loss of status (Franz, 2000; McSpadden & Moussa, 1993). Women can become primary protectors and providers for the family, undertaking new roles and responsibilities, including being the heads of households and managing finances (Hayes & Teuton, 2003; Olsson, 2002). Whilst some authors view these changes as multiple burdens (Goodkind & Deacon, 2004), others find that extra choices presented to women settling in a new country can be empowering (Valdes, 1996).

Loss and separation are a defining characteristic of the refugee experience (Ahearn, Jr., 2000). Research has traditionally focused on psychological symptoms associated with refugee loss (DeVries, 2001; Hourani et al., 1986; Van Tilberg et al., 1996) or applied western concepts to frame refugee loss (Fox, 2002; Munoz, 1980). There is little research on the nature and meaning of losses to particular refugee groups and how circumstances of war and resettlement affect these experiences. Munoz (1980) studied

Chilean refugee's loss and reported that loss was associated with political affiliations leading to exile and current political commitments. This study cannot be generalised to all refugee groups, in particular non-politicised refugees. Munoz (1980) and others (Eisenbruch, 1991; Schreiber, 1995) formulated refugee loss in terms of bereavement. Ahern, Jr. (2000) states that such research asserts with confidence that refugees who experience loss are likely to go through a bereavement process and be vulnerable to psychological symptoms, whereas there is little research on the concept of loss in relation to family, neighbourhood and community. In regard to Bosnian refugees their experience of loss may be unique to their circumstances of war and resettlement in the UK. Qualitative research methods offer a range of approaches for generating rich subjective accounts that would be suitable for exploring loss. Grounded theory defines an approach where concepts are grounded in the understanding in the situation being studied (Henwood & Pidgeon, 2003). Therefore, a study exploring the experience of loss would not begin with conceptualisations of the process of loss and adjustment but rather aim to identify emergent concepts which account for refugees' experience and response to loss.

1.1. Background of war in Bosnia and refugee resettlement in the UK

In order to enable the reader to understand the circumstances of Bosnian refugees as fully as possible a historical context of the war in Bosnia is presented. This background is one perspective on the war. It is based on an interview (Appendix 3) with V. Pupavac[5] (personal communication, 22 November, 2004). The war in Bosnia had both a civil and international dimension: the latter is important for understanding the course of the war and how the peace was experienced. The civil dimension of the war originated in a breakdown of the state of the Socialist Federal Republic of Yugoslavia. The war is seen as originating in the society and therefore experienced more personally. The breakdown resulted in inter-ethnic divisions and killings. Although the second world war featured inter-ethnic conflict and a much larger death toll, these losses may have been easier to cope with because of the positive socio-political and economic developments after the war. However, the peace after the recent war is characterised by impoverishment, increasing social inequalities, social atomisation and poor labour prospects. These structural changes are thought to reinforce losses experienced in the war. However, there is a degree of political certainty for Bosnia that could give people hope in its future development. In regard to the international dimension, the international community was important in influencing the course of the war. For example, aid

[5] V. Pupavac has academic expertise in international and humanitarian responses to war-affected populations from the Former Yugoslavia. A transcript of this interview is available along with the participant interviews in a separately bound document.

interventions, including the management of refugee flows, meant that it was difficult for people to leave of their own accord and their displacement was therefore experienced more passively. Early arrivals of Bosnian refugees to the UK had the same entitlements as citizens to social provision, such as housing and income support. Their experiences and integration may also have been easier, relative to other refugee groups, because Bosnians are white Europeans and the international recognition of the war may have served to validate their plight. However, the latter may not have been the case for Serb refugees because of the international condemnation of the Serbian role in the war. Bosnian refugees' integration and reception in the UK would also contrast with refugee groups who arrived more recently. Later arrivals were given fewer entitlements and more restrictions and increasingly seen as different to the host community.

1.2. Study aims

The present study focused on Bosnian Muslim women who came to the UK as refugees as a result of the war in Bosnia, Former Yugoslavia. The study aimed to explore women's experiences of war, loss and resettlement. The specific aims were to examine: the dimensions of loss due to the war and displacement; women's roles and the impact of war and displacement; and the context of war and resettlement on these experiences.

2. Method

2.1. Participants

Four women, identified as Muslim[6] during the war in Bosnia-Herzegovina, took part in this research. Although the causes of the war were complex and varied, it soon became an ethnicized conflict (Woodward, 1995). However, Bosnian Muslims are largely secularised (Lopasic, 1996). This was the case for most of the participants with the exception of one. The participants were recruited through a Bosnia-Herzegovina community centre in a city in England. All participants came to the UK to seek refuge approximately ten years ago and had recently received British Citizenship. Prior to the war they were either in full-time education or employment. Three lived in a city in the Northwestern area of Bosnia. It was regarded as one of the most dangerous areas in the country for non-Serb populations during the war (Human Rights Watch, 1996). There was no armed conflict between military groups in the

[6] The sample criteria specified Bosnians identified as Muslims. It is recognised that this does not reflect the complexity of the individual's own experience and view of their identity.

area but human rights abuses were commonplace. One participant lived in a city in the south-east, which was under constant shelling by the Serb military, and where human rights abuses against non-Serb civilians were committed (Human Rights Watch, 1994). Documented human rights abuses included forced expulsions, rape, murder, and men being used as forced labour, or otherwise unaccounted for.

Table 1: Participant sample

At time of research	**Age**	31	60	29	59
	Lived with	Two children	Husband	Husband, one child	Alone
	Occupation	Single parent	Housekeeping & carer for grandchild	Parent & housekeeping	Supports child & grandchild
At time of war	**Age**	18	47	16	48

2.2. Researcher

The researcher is a white British female, who at the time of the study was 33 years old and in the final year of Clinical Psychology training. She adopts a critical approach to clinical psychology (e.g., Prilleltensky & Nelson, 2002). She had worked with refugees and asylum seekers in a research and clinical capacity. Prior to engaging with this study the researcher knew very little of the war in Bosnia and did not hold a particular political view in relation to the conflict.

The researcher holds a critical realist epistemology (Bhaskar, 1990). The critical realist does not believe that reality is socially constructed but rather holds that it is the methods and orientations we deploy to describe reality which are socially constructed. There is a dynamic of construction inherent in any attempt to understand any given events. The way events are understood in a research setting is influenced by a variety of social processes including: the characteristics and cultural background of the researcher and the researched, and professional interests and constraints. Relating this to the present study, there will be variation in people's experiences of war due to the subjective meanings attached to it. Also, certain descriptions of war will be viewed by some people as being more objective and thus more acceptable than others. The researcher believes women's experiences of war and displacement will be influenced by the socially and culturally gendered roles available to them. There will be a number of ways of construing and making sense of events, each based on individual circumstances and subjective values and beliefs.

2.3. Research Method

There is an increasing interest in using qualitative methods in research with refugee populations (Ager, 2000). The qualitative approach in this study enabled a comprehensive and contextual exploration of women's experience of loss and resettlement. Grounded theory was chosen because it offered several attractions to the researcher. It provides systematic procedures and guidelines for gathering and handling qualitative data, with the aim of developing a conceptual framework to explain the data (Charmaz, 2000; Pidgeon & Henwood, 1997). Yet it is not prescriptive, allowing it to be adapted to suit the research without compromising rigour (Charmaz, 2000). Also, clinicians with experience of grounded theory were available to offer support in individual supervision and in a qualitative research group. Another attraction was the scope for specifying achievable goals for the research. In terms of this study, a recognisable goal of the method is to develop a conceptual framework from the data, as opposed to a fully-fledged theory (Henwood & Pidgeon, 1997). All of the above factors appealed to the researcher starting out on her first independent qualitative project. Furthermore, the emergent nature of grounded theory design enables the researcher to refine and change the research focus on the basis of developing analyses (Henwood & Pidgeon, 2003). This was invaluable, given the exploratory nature of the research. The research started out exploring loss and then, based on developing themes in initial interviews, focused on women's roles and experiences of war and displacement. Finally, constructivist revisions of grounded theory accord with the researcher's belief that social processes play a role in the production of knowledge. Dimensions of this include participant's personal meanings, researcher's interpretations and the cultural frames of reference held by the researcher and researched (Charmaz, 2003; Henwood & Pidgeon, 1992).

2.4. Procedure

2.4.1. Recruitment of participants

Key dimensions of the sampling frame were Bosnian Muslim refugees who arrived in the UK around 1995. Targeting people resident in the UK since then allowed exploration of experience over a long time, after practical and immigration issues had been settled (Richman, 1998). It also allowed the study to relate findings to developments in the management of refugees and of services in the UK. The study was only open to people with conversational English because relying on interpreters adds additional layers of meaning that can be vulnerable to bias and misinterpretations (as cited in Fontana & Frey, 2000). Furthermore, the resource implications of using interpreters were not compatible with the constraints of the present study. People who were regarded as experiencing mental health difficulties and who may have

found it distressing to talk about their experiences were not invited to take part.

Ethical approval was obtained from an NHS Local Research Ethics Committee (Appendix 2). The manager of the Bosnia-Herzegovina centre helped identify, approach and recruit participants. Trust and rapport are important for sampling from refugee communities (Spring et al., 2003) and for obtaining good research data (Jones, 1988). A repeat interview procedure was used to engender this. Conducting a second interview can help with exploring research topics that can be sensitive or complex (Jones, 1998), and provides time between interviews to reflect on and add to initial data and to test out preliminary analyses (Hughes, 1998). Furthermore, this procedure was chosen in consultation with the refugee community.

To facilitate trust and learn more about the community, the researcher made several visits to the centre. This involved discussing the study at a member's meeting and answering questions about the selection criteria, confidentiality and interview content. The centre manager gave a letter introducing the research (Appendix 2) and information in English (Appendix 2) and Bosnian (Appendix 2) to people interested in taking part. Participants were given the opportunity to ask questions about the study before consent was sought. They gave written consent to the research interview (Appendix 2) and to being audio-recorded (Appendix 2). Participants received a cash payment of £20 to compensate them for their time and valued experience and expertise (Thompson, 1996).

The original aim of the research was to interview six people of mixed gender, twice. However, only four people, all women, volunteered to participate. Reasons given for declining to take part in the research were limited time or not wanting to talk about war related experiences. Although the sample was small, the variety in the age and experiences of the sample resulted in a good breadth of narratives.

2.4.2. Interviews

Participants chose to be interviewed in their homes and each participant was interviewed twice. Personal data were obtained to locate each interview in a biographical context. Participants were informed that if they found the interview upsetting the researcher could assist them to access support if required. The interviews were audio taped[7] and transcribed by the researcher using the transcribing conventions

[7] With the exception of the first interview because the recording equipment did not work. Consequently field notes were transcribed immediately after the interview. Agreement on these was obtained from the participant. These data were not analysed but used to supplement analytical findings.

outlined in Table. 2. Impressions of interviews were noted, this included rapport, engagement, comparisons between interviews and degree of disclosure.

Table 2: Key of symbols used for transcribing interviews

Conventions used for transcribing	
( )	Empty brackets- no hearing achieved
(work?)	Word & question mark in brackets- unsure about words contained therein
(son's name)	Words in brackets- participant identifiers replaced with description by transcriber
[brother]	Text in square brackets- words added by transcriber to clarify speaker's point of reference
=	Equals sign- interrupted speech

Interview topics and broad questions, generated by the researcher, were used to guide interviews (Appendix 3). It was important to minimise structure and ambiguity to prevent interviews being constrained by topics relevant to the researcher and to provide enough clarity for participants to define what was relevant to their experience (Jones, 1988). This was done in initial interviews by clearly stating at the outset the central research topic and why it was of interest, and asking participants to talk about their experience of loss from their journey into exile to the present time.

Development of the topic guide was grounded in the analysis of initial interviews. Through this process a form of theoretical sampling was conducted (Charmaz, 2000). This involved interviewing participants a second time to gather more data about developing themes and questions (Appendix 3), which was a planned part of the methodology. In initial interviews participants commented that men and women had different experiences during the war. This prompted an inspection of the data and themes concerning the maintenance of family welfare during war and resettlement were noted. The second interview focused on their experiences as women in this process.

A feature of the initial interviews was that participants' narratives were long and complex. It also appeared that participants felt compelled to tell their story and this could be difficult for the researcher to navigate. This was corroborated in two post-interview discussions. Subsequent interviews took this into account. The interviewer generated specific questions from analytic themes and adopted a more directive interviewing style.

2.4.3. Data Analysis

The analysis constituted developing a good knowledge of the data and prolonged, systematic use of disciplined coding techniques. Integral to the work was the use of constant comparison analyses (Strauss & Corbin, 1994). This involved seeking out other cases in the data through which to test provisional hypotheses. Various quality enhancement methods also fed into the analysis. These are outlined in the following section.

The first step in the analysis was starting to get to know the data. Transcribing each interview, soon after it was conducted, and comparing transcripts with audio-records assisted this. This triggered thoughts and questions about the data, which were noted on the transcripts and used to inform the analysis. Each interview was then analysed in turn, through open coding. This involved systematically reading through transcripts, line by line, assigning a label to each meaningful chunk of data that captured themes within the text. This was a prolonged and arduous task that required discipline to refrain from rushing through less thoughtfully.

In the next step open codes were compared to text and codes within and across interviews. This led to refining codes so that they corresponded well with the data (Strauss & Corbin, 1994) and generating more abstract, focused, codes. It was important to design a suitable system for storing and analysing the data early on in the analysis (Henwood & Pidgeon, 1997). A computerised word document was designed that could be used to record open and focused codes at the relevant place in the text (Appendix 4). Each focused code, corresponding interview text and initial codes were then entered into a data indexing system created in an excel computer document (Appendix 4). The data indexing system was invaluable in keeping an accurate log of analytic developments and an accessible system for continuing the analysis. The focused codes were grouped together and compared to look for evidence to collapse codes that captured similar themes and to generate new codes that fitted the data well. During this process categories were developed identifying the key features of the women's experiences of war and displacement. Categories were then related to each other and the data were reviewed repeatedly to verify fitness and relevance. Conceptual links between categories and changes in codes were recorded by writing memos. Throughout the analysis codes, categories and interview data were repeatedly compared to ensure that all data concurred. The method of computer assisted coding used enhanced the researcher's confidence in data patterns.

2.4.4. Methods used to enhance quality

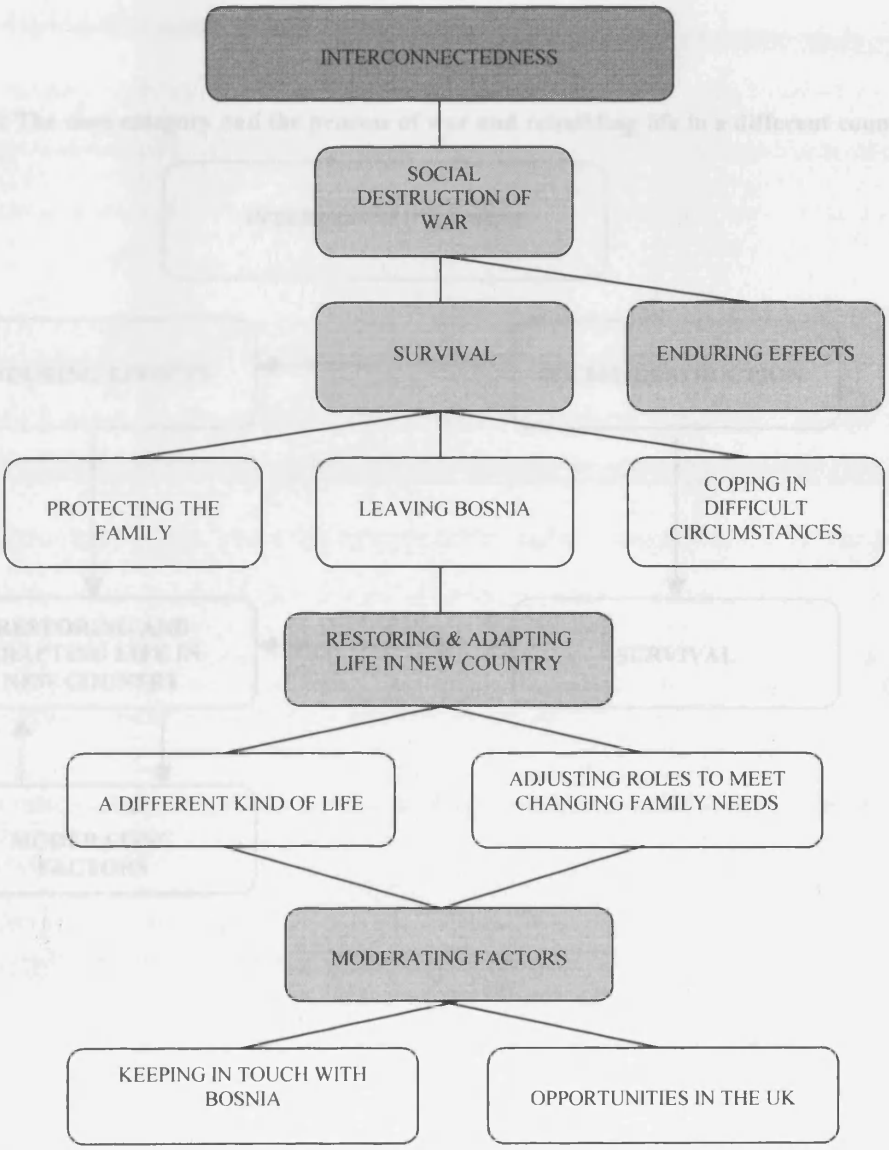
Participants were sent a copy of the initial analytical themes and invited to give their feedback as a form of respondent validation (Hughes, 1998). The author attended regular supervision and data analysis group meetings which helped refine coding, assisted in the coherence of the analysis and provided additional credibility checks (Elliot et al., 1999). For example, feedback on initial attempts at open coding highlighted the need to reduce the level of abstraction to achieve a greater degree of fit to the data. Confidence in the credibility of subsequent coding was obtained from comparing independently coded transcripts. Analytic coherence and consistency between categories benefited from discussing results with the group.

The researcher attempted to follow the dictum to 'own one's perspective' (Elliot et al., 1999) at the outset by outlining her interests, beliefs and experience. Readers may evaluate the findings in this context. A research diary was kept to critically reflect on the research process and which characteristics of the researcher may have influenced research activities. One such reflection involved developing an awareness of how being a privileged, indigenous British female influenced female refugees' presentations of their experiences.

3. Results

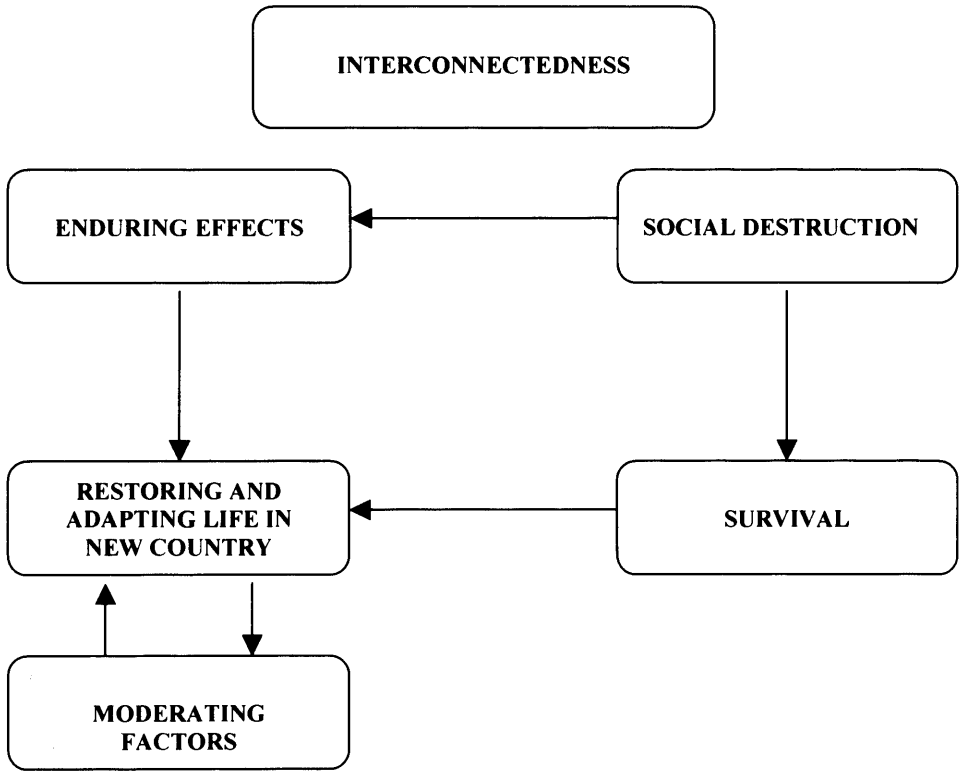
Through analysing the interview data as described in the method section, one core category was identified as the central theme permeating all main categories. This was labelled interconnectedness. Also five main categories were identified in the interview data of all the participants. Themes within the main categories were seen as more or less salient in each participant's interview data. Figure 1 is provided to illustrate categories identified prior to the development of a conceptual model.

Figure 1: Diagram illustrating categories developed from the data.



After identifying categories in the data these were formulated into a conceptual framework of factors involved in the process of becoming a refugee. Interconnectedness is the core category seen to permeate the main categories. It encompasses interconnections within the family and between the participants and their wider social community. The experience of war impacts on these systems and affects how participants respond to their circumstances in trying to survive and adapting a life in a new country. Moreover, the enduring effects of war and moderating factors were identified as processes salient to life in a new country. A summary is presented in Figure 2. Arrows represent the relationships between categories within the framework.

Figure 2: The core category and the process of war and rebuilding life in a different country



3.1. Core category: interconnectedness

The overarching theme of interconnectedness permeated all areas of participants' experiences of war, leaving their home country and settling and establishing a life in a new country. There were two main areas of interconnectedness. These were interconnections within the family and the wider social community.

In the theme of 'within the family', participants described aspects of family life including living circumstances, gendered roles and mutual support which gave a sense of valued interconnectedness between family members. Family would often live close to each other, in their hometown, or in extended family households. Although some would settle away from their hometown, they would often prefer to live in their homeland and maintain regular contact with other family. In some cases the home and land would be handed down generations and children expected to inherit the family home or build their own house on the land. This was the case for Nerma:

> [My brother] would've built a house on our land, just a few metres from family house, even his wife and his children, we would be close and see them everyday. Nerma[8] 2: 115-116

Hazba thought that the family structure in Bosnia was not too different to that in the UK, although it would be more typical to adhere to traditional values, for instance standards of right and wrong and responsibilities to the family. Men would typically be the head of the household and the main providers of income for the family. Household domestic and child-rearing duties were seen to be women's:

> My father he is 63 years old and he's never washed dishes in his life. It's not like in England...where they share things, like to put washing outside, to put clothes in the washing machine, that's not man's, that's women's responsibility. Hazba 2: 128-133

Although some women did work they would often maintain domestic and childcare responsibilities. As in Almira's case:

> My husband was head of house in my country, I was just after him because I worked and my task was at home. Almira 2: 285-286

The final aspect of family interconnections was mutual support within families. Parents would support children well into adulthood and children would look after older parents. Also extended relations, with no family of their own, would be part of some family household. The closeness of family networks could be used to help with childcare for working mothers.

> Children look after parents, parents look after children...we didn't have homes for the old people...it was just natural that you look after your parents or parents look after children, until

[8] All names accompanying participants' interview data are pseudonyms.

> sometimes 40, if they don't have place to live...they just live with their parents. Dinka 2: 27-33

The second component of interconnectedness is the importance of the wider social community as a part of everyday life. This includes inter-ethnic integration, neighbourliness and extended community neighbourliness. The most prominent of these was the inter-ethnic integration. All talked about ethnic or religious difference not being an issue before the war and of intermarriages being commonplace. Also it was common to celebrate religious holidays with people of different religious persuasions. Like Hazba, some said that they were not even aware of people's ethnic origin:

> When I went to school I had lots of friends, they were Croats, Serbs, you know it didn't matter, nobody knew them, you know who I was [Muslim], you know was he Serb or was he Croat. Hazba 1: 45-48

Another feature of community connections was the importance of neighbours. Relationships with neighbours were close and they were regarded as friendly and kind. It was common to call on neighbours at any time and socialise over coffee. Hazba explained:

> In Bosnia your next-door neighbour is like your family...they coming into your house and [you] going like in their own. Hazba 1: 555-556

The final quality referred to was the perceived safety in the community. It was felt safe to travel at night and for children to play away from home. This gave a sense of extended community neighbourliness:

> You could travel everywhere, anytime, at any moment really of your life, in the middle of the night, it doesn't matter, you can stay out, no one will touch you, everybody will ask you if you need help. Dinka 2: 41-44

3.2. The social destruction of war

A pronounced feature of participants' accounts of the war was the way in which ethnic and religious difference suddenly became important and divisive. People started to be identified by ethnic heritage and religious affiliation. Croats were affiliated to the Catholic Church, Muslims to Islam and Serbs to the Orthodox Church. Their experiences of these social divisions as Muslims in a Serb-occupied area and how it impacted on aspects of family life are now described.

Participants did not view their Muslim heritage as being central to their identity and some did not engage in religious practices. For example, Hazba commented:

> Before the war started I wasn't thinking about that, you know I wasn't looking at myself as a Muslim, I was looking at myself as a Yugoslavian. Hazba 2: 14-16

However, their Muslim identity, often indicated by the family name, took on a different meaning in the

war. They described various ways in which they were persecuted because they were Muslims. Family members were fired from their jobs, forcibly moved from their homes or threatened with being relocated. Belongings and money were taken and they were without food, electricity and water at times. All felt frightened for their lives. Some heard accounts of violent killings, torture, rape and men being forcibly recruited to join armies. Others had first-hand experience of atrocities; neighbours and family disappeared and rape.

> Some nights you wouldn't even sleep because you were scared of soldiers getting into your house because you would hear things about person being killed, did you hear last night they raped this girl. Nerma 2: 468-470
>
> They raped me, I was 49 and they were like my son's, my son's age. Dinka 1: 461-462

The social structure of the neighbourhood changed with many Muslims leaving and new people arriving, fleeing from conflicts in neighbouring republics. It was described as chaos: people moved into homes belonging to owners who had fled, belongings and money were taken, and looting was widespread. Another facet of the social destruction wrought was the damage done to the architectural environment that symbolised the cultural and religious diversity of the population.

> All mosques are demolished...I didn't think the church, mosque have something to do with people, just a building but it has, in our country when this has happened it is very important to have some church, some mosque because you know what kind of people live there. Almira 1: 345-352

Serbian soldiers were commonly cited as perpetrators of hostility and ill treatment. They would forcibly take men to be killed or fight in the army and women could be subjected to verbal and sexual violence. However, they were not the only ones that carried out violence. Hazba talked about a friend who internalised concerns about religious difference and suddenly became an enemy:

> You were sitting with that person, you had a drink, you had a coffee, he came to your house, you went to his house...and suddenly he just started calling you names...like, 'You are a Muslim bitch. What are you doing here? What are looking here for in this town?'...'You have no right to be here. Why don't you just go?'...he was a bit drunk and he had a gun and I was so scared I couldn't move. Hazba 1: 67-72

Women and men were seen to experience the war differently. Participants thought it was harder for men in the family, especially younger men, because soldiers could take them at anytime, and they could be killed or forced to fight in the army. These risks made it difficult for men to go out.

3.3. Survival

Basic survival became paramount. How this was managed and the roles women had are described next. Despite being victims of Serb occupation participants were agents active in helping the family survive the

war. There were different ways in which participants were seen as surviving. Trying to protect the family, coping with difficult circumstances and ultimately, leaving Bosnia.

> When the war broke in Bosnia, the only thing you could think about was survival. Nothing else mattered, just to save yourself, your family and to survive. That was all...In those situations all you think about is saving your children. Nerma 2: 46-48

3.3.1. Protecting the family

The dangers experienced by men in the war and gender roles existing before the conflict influenced the options for women and men during the war. Men's ability to provide for the family was limited because of forced job losses and because risks to their lives reduced their freedom. Although Dinka's husband was relatively safe because he was not Muslim, she worried about and acted upon ensuring the family's survival.

> I was the one who was thinking aloud, 'What would we do with the children, what would we do today, what we have to eat today'. Dinka 2: 233-235

The women tried to hold good to their responsibilities to the children and had important roles in protecting the family. These roles included the safety of children and food provision.

> I think that the women were the leading person in the war for men because they were under a lot more pressure than me, it was the same but they had to go to army because of that...we had to cope, hard, very hard, just to balance between men's and political situation, everything that was happening affected them much more than us. Almira 2: 362-366

A primary concern was to protect children in the family, especially the males from going into the army. Some sent their children to other countries for their safety. It was very hard to send away children they cared for. They were unused to being apart and the separation would be for three years. Evacuating the children was also practically difficult because it was difficult for Muslims to get out of the country. Securing help from friends and payments made to Serb soldiers helped. Dinka took the lead in this:

> I was the one who had to find Serbs soldiers for my children to escape. Dinka 2: 240-241

To cross the border and avoid being sent back to fight, Almira's son assumed a false identity. She described the impact of talking to her son after a long period of losing contact with the children:

> We didn't hear about them anything and the first time we heard the voice of my son, who is now thirteen and a half, it was 18 months after that, it was over the radio station. My husband couldn't cope with that. He was very strong until that but he took telephone and heard the man from radio station telling it's my son and he just left me to talk with my son but I couldn't recognise the voice, he's grown up because he's in puberty time [voice broken]...It was a son I didn't know. It was awful to miss that time living with your son. Almira 1: 80-89

The scarcity of food made it difficult to survive which challenged the women's ability to provide for the family, as illustrated by Dinka:

> Everything is like cut by knife over night, without water, without electricity, without food, fridge and freezer full of everything. You just didn't know what can you eat, well not you but your children, your family. Dinka 2: 253-255

The participants drew on different resources in order to acquire food. Some relied on donations from humanitarian organisations and savings or money sent from people in other countries. Neighbours were also an important source. Serb neighbours helped by leaving out food and others left their house keys when they fled so that any left over food could be taken. However, because of the social divisions some found it hard to trust help offered from Serbs. Hazba thought that although some Serbs wanted to assist, many were afraid of getting into trouble for helping Muslims. Participants described different ways in which they were resourceful, for example, using wild and farm produce, storing water and ways of managing without electricity. Almira talked about selling her possessions at the market to get money for food and how in this situation sharing her stories about the war with other people lifted her spirit and gave her strength to survive the war.

> I went to market and sold some things with my friends from work, friends in family, relatives, everyone, it didn't shame people, it was just to stand up and go between them, our enemy, to sell...clothes, small electric appliances, everything that you can make money from it...it was our strength...because it just had been our fight. Our soldiers, Bosnian soldiers, Croatian soldiers, they fight in fields and on side where war, where there is fight, but we fight on the market, it was the only situation that we had...it's easy than when you are just one separate person, one family, more family it make a better feeling for people, they feel strength, power is stronger when there is more people and we are aiming for living a better life, you have to eat, better to eat, it's nice, we were talking who sent their children out, we were talking about our children, we have someone to share our problems. Almira 2: 45-69

Some of the women had brothers who fled to the woods to hide from soldiers. Although supplies were very limited, Hazba talked about how they tried to get food to the men:

> [In] those woods...my cousin had like...a small house...nearby and mainly we would take food to that house and they would go there and have something to eat. Hazba 2: 70-76

3.3.2. Coping in difficult circumstances

In addition to protecting family there were other ways in which participants perceived themselves as surviving the war, ways that were related to coping in difficult circumstances. Participants had different experiences of this. For Nerma, feeling powerless to protect the family, prayer and accepting events as God's will was a way of coping:

> There was nothing that you could do, you would just sit at home and pray that it doesn't happen to them [the family]...I think that there is a god because even though so many people were killed in Bosnia, innocent people...I always say it was God's will, it was God's will for somebody to die or for others to live. Nerma 2: 529-536

The unpredictability of circumstances was managed by surviving day-by-day; taking each day and what it may bring in turn. For Dinka, escaping into books helped cope with the constant shelling and shooting:

> I had more than a thousand books and they saved really our minds during the war...if we didn't have those books I don't know what we would do. Dinka 1: 35-39

For some trying to carry on as normal was important. Hazba aimed for this through being with friends:

> I tried to enjoy myself as much as I could. I had friends and we would be out somewhere in the neighbourhood, have a joke and a laugh, carry on as normal [laughed]. Hazba 2: 46-48

However, this could be difficult given the absence of complete trust in the safety of being with friends. For Almira carrying on as normal meant living as though the war was not happening and trying to be happy in order to preserve the family's well-being and dignity. This is illustrated in the extract below.

> It was to protect our dignity [trying to be happy]. We wanted to have dignity in that circumstances. Just we are people as they are. The same as everybody else because the pressure was enormous for our people [Muslims]...Just to protect our health from that, to make ourselves that we don't live in that, as it isn't war. Almira 2: 12-21

Other forms of social resources were used to cope. Dinka had a neighbour whom she visited to vent her feelings about the Serb atrocities, even though her neighbour was a Serb, Dinka felt understood and calmed as a result of being listened to. Almira described various forms of social resource to cope in different ways. Helping others survive and sharing their concerns about the war would lift her spirits and combat the lonely feelings she experienced as a result of being separated from her children. In addition there was a sense of solidarity between Muslims and Croats who had suffered under Serb occupation. Aspects of this are illustrated in the following extract:

> So many people lost their flats, homes and they bought tickets...to go out [leave the country] and for that time they don't have anywhere to stay...and in my house I took everyone who wanted to be in my house until he go out. All time during that period, these years, some families come and go, and it was like that. Our task just was talking about children, talking about going out, helping each other to survive and the fight about living. Almira 2: 101-107

3.3.3. Leaving Bosnia

The final aspect of survival relates to leaving Bosnia. All participants felt they had to leave. Some held off hoping the conflict would end. As this did not happen and the conditions for survival looked unfavourable, they decided to leave. Leaving was viewed as a forced choice:

> It's not that just one day we decided, 'Well that's it', I was forced to say, 'That's it, I'm getting us out of here' because my brothers had to hide in the woods because of the soldiers parading, being there all the time and if they see you, if you're not in uniform and you're a man. Nerma 2: 472-475

The prospect of leaving was accompanied by uncertainty. Uncertainty about what would happen to belongings left behind and what the future held. Although it was hard to leave friends, family, and home, leaving was often accompanied by a sense of relief in finally achieving safety and freedom and being reunited with children. Hazba illustrates some of this:

> You didn't know where you were going, what's gonna happen to you, where're you gonna live, are you gonna be on the street, or are you gonna live in a house but at some point it didn't matter, you just wanna leave and leave Serbs behind us, so they can't hurt us anymore, they can't touch us. Hazba 1: 314-317

Leaving was a process negotiated in different ways. In the first sense it involved finding a way of getting out of the country. Having no money and the restrictions on movement for Muslims made it hard. Most requested the help of humanitarian organisations, which could entail paying a large sum of money. In another sense leaving involved negotiations between members of the family, who had different opinions about going. A factor here was older men's reluctance to leave because of their ties to homeland. Almira described her prolonged struggle with her husband who would not leave; she wanted to reunite with her children and to be with him. Nerma illustrates her determination to get help to save her family even though it meant leaving without her husband, not knowing if he was dead or alive:

> You know I was the one that went to the UNHCR to ask for help to evacuate us...and I insisted on them saving my whole family, my close family, myself, my daughter, my brothers, my parents and I insisted that all of us be saved not just me and my daughter even though my husband was picked up from the street and I didn't know whether he was alive or dead I couldn't ask them to save him because I don't know where he was but my family was there and I insisted with them to save all of us. Nerma 2: 453-459

The family's negotiating preferences about where to go was another important part of the leaving process and this was related to experiences in the war, ties to homeland and opportunities, with the consideration of family being the main priority. Families were drawn to the UK for multiple reasons. One attraction was the opportunities the children would have. Another was to reunite with children who had already been evacuated there. In one case it was chosen because it was offered as a temporary refuge and the hope of returning to the homeland made the thought of leaving easier. With many friends and relatives fleeing the family and community became dispersed around the world. Hazba illustrates how different family member's priorities contributed to the family unit becoming fragmented:

> My father said, 'I am coming back, I'm going back to my land, I'm gonna die there, where my father died, I'll go back there' but my brother told me just that he was thinking about his daughter. Hazba 1: 293-295

> He [brother] went to America with his wife and his child. He said, 'God I'm not going back to this, you never know what's going to happen again. I want to be there when my daughter gets married, for everything. I don't wanna die. I'm not coming back'. Hazba 1: 278-282

3.4. Restoring and adapting to life in new country

The participants described restoring and adapting family life in response to the effects of war and living in a different country. War disrupts the course of life, alters the family and social structure and the focus becomes concentrated on rebuilding life with close family. These changes result in living a different kind

of life. For some there is a constant sense of feeling uprooted from the familiarities of home which influences how they and others in the family adapt. All these factors result in adjusting roles to meet changing family needs. Keeping in touch with Bosnia and opportunities in the UK are seen to help moderate the destruction of war and being displaced from home.

3.4.1. A different kind of life

'A different kind of life' is used to encapsulate various ways family life changed, ways which are associated with the women's and other family member's experiences while rebuilding life in a different country.

> I've seen people change and I've changed, everything's changed, you have to adapt to different kind of life, things, everything. Nerma 2: 148-150

One aspect was that one had to start over again and 'lost time'. One had to start over with a new life, language, vocation, which for some felt like losing time. Others talked about losing a time in life which they were enjoying or looking forward to, because of the disruption of war.

> It was awful because all of us had qualifications. All. Some lower, some higher qualifications and many of them who finished university had to start from the beginning. It was awful. You lose time, learning again but the days passed by and many settled down with new diplomas and work and everything. Almira 1: 232-236

Another feature of living a different kind of life was loss of status. Living in a disadvantaged area on income support contrasted with life in Bosnia, where there were no rich and poor neighbourhoods and where most were employed, some as professionals. Personal belongings lost through war can be given new meanings when they function as evidence and reminders of qualities of life from before the war.

> If I don't have now few photographs from that period of my life it is like I haven't lived really for fifty years because...you can't explain...who could believe you that you came or you, when we came we got a small bungalow...I didn't know really that there are areas that people are just live on income support and, I mean I live on income support now which is the great, not shame but in Former Yugoslavia just the poorest people live on social security. I used to work for a living and my husband as well, he was a doctor of geology and he travelled all around the world. Dinka 1: 325-332

Another aspect of 'a different kind of life' is the simple fact of living in a new country, where the language, climate and community are different to home. The dispersal of family and friends throughout many countries and living in an atomised society were all associated with having less social contact. Some found they spent more time on their own. There was fear of not being able to see close relatives scattered across countries before they died. Women worried about their young children adapting to aspects of English life and having less control over their behaviour. Nerma talked about the contrasting

atomised lifestyle and Bosnians in her locality adapting to this:

> I get on very well with my neighbours it's not, I mean I respect them, they respect me...I like them, they like me but in Yugoslavia you'd pop to your neighbours house and they would pop to your house a few times a day and you would drink coffee with them every morning and it was [a]...closer community. Here everybody minds their own business. But Bosnians who live here they have adapted to English kind of life. They, people you know they just mind their own business, they work, they come home, cook dinner, go to bed. They don't have time for you know, others. Nerma 2: 120-129

Leaving the familiarities of home life was particularly difficult for some to adjust to.

For instance, Hazba has not been able to settle. She hopes for improved social and economic prospects in Bosnia so that she may consider returning with her own family. However, over time she is developing a sense of home here and her child may settle here. These contrasting things make it hard to plan the future.

> I would love to live around my people. Around people when they talk they speaking language. Where the weather's different. It's just that we are very different than English and maybe because of that and maybe because I wanna come back to England when I go to Bosnia because it erm I get used to it or here. Maybe I've settled, maybe in some strange way I feel like this is my home but in some strange way maybe it's not. I really can't explain that. Hazba 1: 495-501

3.4.2. Adjusting roles to meet changing family needs

The effects of war and having to rebuild family life in a different country results in roles being reorganised to meet the changing needs of the family. When family members struggle to adjust to living in a different country and speak a new language they can lose their status and become more dependent. Almira, talked about how her role and the roles of others in the family changed so that they could support her husband:

> The case of my husband because he is very depressed, he's on medication...he just can't speak English, he tried for years to learn the language but he couldn't make it...because of that he feels isolated. I have to go with him to the doctor, for the car my son-in-law, my son, has to go with him, everywhere we have to go with him. He was an independent man all his life...as woman we can all change but for a man he just lose his dignity. It's very difficult for him and for many like him. Almira 1: 595-607

> Now how his depression has affected him he feels he needs protection I see. Now I am here we changed roles, I am here just to guide him in spirit, with everything. Almira 2: 289-291

Atrocities of war can directly impact on women's roles. For instance, war rape can change a woman's ability to have intimate relationships. As illustrated by Dinka:

> I hate men...I told my husband...from now on we will be just two room mates, or friends, or enemies, it doesn't matter, what would you prefer but I will never, ever be your wife. Dinka 1: 590-596

Another example is when women become single parents through the loss of a husband in war. In Nerma's case she described gaining strength from surviving and coping with adversity. The most important thing to her was her children, their success at school and her hopes for their future.

> I wouldn't say it's not difficult to be a mother and father to children but it's made me stronger, stronger as a person because I have to be strong for them and it's made me stronger and stronger everyday...Well of course I am strong because I've survived the war, that's not small thing...there's people that maybe give up but I'm not giving up and I say I'm not scared of anything that life throws at me because I know that I am stronger now, surviving the war, saving all my family, bringing up two kids on my own, stronger as a person. Nerma 2: 542-555

Women with older children adopt different roles in supporting their children in their work and helping to look after the grandchildren. Whilst these responsibilities could be demanding on their time and energy, they were rewarding and served the important purpose of keeping active. As illustrated by Almira:

> Being busy and I like it but I don't produce any money for that [laughed]...I am paid with my spirit, that's the best thing that you can have. Almira 2: 307-312

Changes in family circumstances over time result in further role adjustments. Such changes include children leading independent family lives, arrival of new grandchildren requiring childcare and a housewife losing a husband. Dinka talked about having to adjust to being on her own more and managing this by doing voluntary work, scheduling activities and finding new interests, as she explained, to escape loneliness. Almira described having to be and do lots of different things for the family in her multiple roles:

> I try to work but I was affected by my arthritis, so I couldn't work and I just look after my daughter and that is my first task and everything to organise in the house, for cooking, for housework, or to look after my husband, he's 68 now and also to look after my son during his schooling in University and just to watch on my daughter and son-in-law to see their progress, their work, to be happy for that, to be sad if something goes not right. Almira 2: 278-283

3.5. Moderating factors

Participants talked about various things related to the ideas of keeping in touch with Bosnia and opportunities in the UK, which were seen as moderating the process of rebuilding life in a new country. Examples of these and their meaning and function are described below.

3.5.1. Keeping in touch with Bosnia

Re-establishing and maintaining relationships is a way of keeping important links with the fragmented community and home country. Some are more able to rekindle these connections after family life is settled. Keeping in touch with people long distance helps with missing friends and family. Being around

Bosnian people and particular aspects of a Bosnian way of life could also help one manage living a different kind of life in a different country. For example, it helped Dinka manage her loneliness:

> Just this morning I rang my friend [in Bosnia] and said I will pay for ticket and everything...I've saved money to give to someone else, I want to be with you just a little bit. Dinka 2: 175-177

Contact is maintained in different ways, including by Internet, phone and overseas visiting. Almira describes the restorative effect of her first visit back to Bosnia:

> When I went last year I was so happy. It was nice to see nice building [post-war reconstruction], the city's blossomed...everything moving on...And I like it because I had a lot of friends to see and I was happy and I just filled up my batteries when I came back here and from that I want to go when ever I can. Almira 1: 324-329

Maintaining links with homeland enables one to keep informed about how the country is developing after the war. Learning about post-war reconstruction and hope in the future of the country were important.

> When you walking down the street where there is a site of a mosque there is not now, it's as a desert. It reminds you of the war ... We had also mosque, old four hundred and forty years old...it's demolished and it should be built again... Because you feel just safer seeing everything is the same as was...Not because of prayer or whatever, there is much less people, younger people who go to church, or to mosque, but the building has his meaning, its meaning. Almira 1: 366-377

For some loss of possessions which signify a way of life or important relationships and events have made it difficult to keep in touch with their life in Bosnia and can reinforce the devastating impact of war and displacement on their lives. The ability to salvage some belongings and hold onto memories was identified as important.

Most participants talked about trying to maintain cultural traditions. For some it was important that young children learned the traditions and language of their country. Maintaining traditions was also seen as a way of trying to prevent children from becoming unruly and unresponsive to parent's wishes.

> The good thing is we have...the Bosnian Community centre and we meet there a couple of times a week, have you seen the Bosnian dancing and on Saturdays there is a school in Bosnian language and a religious school, so people bring their children and they sit there and talk for a couple of hours. Nerma 2: 133-137

3.5.2. Opportunities in the UK

All participants identified difficulties with rebuilding life in a new country. However, various opportunities occasioned by coming to the UK were seen to moderate these problems.

The prospect of rebuilding life with their children was seen as an important opportunity. For some this overrides the losses incurred through war.

> My husband and me we are not unhappy because we lost those things [belongings], we are happy that our children are with us...That we are in the same city because so many children are separated...one can live in Sweden and one in USA, everywhere in the World but we are happy that we are together, live life together. We enjoy life together. Almira 1: 557-564

Valued resources identified by all in restoring life were social provisions, income support and housing. Nerma felt that limiting her material needs enabled her to manage her circumstances. For some work, education and children's prospects in the UK were viewed as better compared to Bosnia and creating a better future for their children became a priority.

3.6. Enduring effects

Participants described enduring effects of war on some relationships, which were pertinent to their newly established life. These were viewed as secondary to how people tried to save themselves and their family in the war, poor employment and financial prospects, and being uprooted from their previous way of life.

> Relationships between cousins are down much more now because everyone just was fighting for own life and his family. People just feel in another way than before...I have relationships but in many cases it isn't as it was. People get angry with each other without any reason, it is post-war syndrome because after war now it is difficult to live, to earn for living because you don't work, many of the people don't work. Almira 1: 540-547

It was noted that some relationships could be less resilient and needed to be managed with care to avoid individuals becoming isolated from what is now a diminished community. Also some mixed marriages were unable to be sustained in the war. In some cases relationships with friends and relatives suffered from mistrust resulting from the ways people had tried to survive the war. Poor economic and employment prospects were seen to be an important contributor to the strain on and between people. The extent of the social destruction also made it hard for some to trust in the peace and to forget the atrocities that had been committed. Ways of trying to manage these strains included hoping that time will help them recover from the hate and mistrust.

> I understand that the war's had a lot of affect on people's mental state and so that's why I am saying that even the smallest things can get on people's nerves now. Before the war those small silly things didn't matter. You had your neighbours, your friends, your family around you, even if I say something to you that you don't like well it didn't really matter we are friends but that's not the thing today. Nerma 2: 376-384

4. Discussion

The results of the study are discussed in relation to the original aims of the research: the dimensions of loss through war and displacement; women's roles and the impact of war and displacement; the impact of war and resettlement on these experiences.

4.1. Dimensions of loss through the war and displacement

The participants in the study valued interconnectedness within the family and the social community, which were challenged both by the destructive processes of war and through being and then experiencing atomised living in the UK. Mijuskovic (1992) identified two forms of human organization, the organic community (seen as corresponding with Bosnian) and the atomistic society, exemplified by British society. Eastmond (2000) reports that Bosnians traditionally value reciprocity and sociability, within the family and between families and the wider community, and that the individual's well being is intertwined with the welfare of these systems. In comparison, Western values have shifted towards emphasising individual achievement, self-interest, material gain and consumerism (Pilisuk et al., 1996). Participants remarked on how traditional Bosnian social behaviour, in particular relationships with neighbours, contrasted with their experience of living in the UK where they had fewer friendships, which for some resulted in loneliness. Some also found that other Bosnian refugees had adapted to Western values. The individual's neighbourhood, community and culture are seen to influence their mental health and ability to cope with daily demands and loneliness (Basic Behavioural Science Task Force for the National Advisory Mental Health Council, 1996).

War, persecution and displacement often strips people of the signs and props of their identity (Loncarevic, 1996). An individual's identity is formed through a lifetime of interaction with their family, social and economic spheres. Loncarevic (1996) speaks of Bosnian people having a social identity in addition to an individual identity. The issue of identity loss often featured in the women's accounts and the questions of reconstructing identity and ascribed identity was also implied in other discussions. The women talked nostalgically about Bosnia and the way of life before the war. Although they had been resident in the UK for approximately ten years and were aware of the continuing social and economic devastation in Bosnia, their current life was often contrasted with nostalgic reference to the past. Nostalgia could be a function of a difficulty with reconstructing an individual and social identity. For the women in this study various factors were thought to hamper rebuilding a social identity in the new country: the difficulty with

language; lack of close contact with neighbours; the scattered placement of their networks; atomistic lifestyle of people in the community; and the loss of trust amongst some Bosnians following the war.

The importance of keeping in touch with Bosnia, particularly in terms of relationships with people left behind in Bosnia or people who became scattered throughout the world, and learning about the development of the country after the war were seen to help with losses. Weine and associates referred to this as the connectedness of the Bosnian Diaspora (Weine & Muzurovic et al., 2004). Maintaining the cultural traditions of Bosnia within the home and family and imparting traditions to the children can be seen as a means of keeping the thread of their history and culture alive. War and the consequent uprootedness and fragmentation of networks threaten this. Tradition and a culturally grounded way of life formed a central part of the women's identity, evidenced by their nostalgic references to a lost way of life. This problem is compounded when children are involved; the women with younger children described a tension between maintaining family traditions and the children acculturating. Tribe (1999) reported that children could find themselves in a double bind, caught between family loyalties and using opportunities to integrate.

4.2. Women's roles and the impact of war and displacement

The women in this study employed various strategies in surviving the war, protecting the family, coping in difficult circumstances and leaving Bosnia. For some, experiences of surviving the war carried through to restoring and adapting life in the new country giving them strength and positive gains. As suggested by others, these experiences can be overlooked when research is restricted to women's experience as victims (Gururaja, 2000; Summerfield, 1998). The positive gains experienced by some in the face of adversity and loss has also been found in other research (Linley & Joseph, 2003).

A primary concern for participants was rebuilding family life and helping to create a better future and prospects for children. This corresponds with others' findings that the destruction and fragmentation of the social system results in families investing their energy in the family (Eastmond, 2000; Weine & Muzurovic et al., 2004). Processes that inhibit this restoration are thought to result in distress (Eastmond, 2000). This corresponds with one case in the study whose husband struggled to adapt to his reduced status and fragmented social system. His consequent distress triggered role changes within the family, which is an example of the positive interconnectedness and reciprocity within the family.

All women in the study had taken on new roles after they came to the UK and for some these shifted in time in response to changing family needs. This has been found in other research (Weine & Muzurovic et al., 2004; McSpadden & Moussa, 1993). However, they were not perceived as multiply marginalized and burdened, as observed by others (Franz, 2003; Goodkind & Deacon, 2004; McSpadden & Moussa, 1983), rather the participants embraced and valued these roles, which kept them busy and from which they obtained a sense of purpose and company. Some women however, were unable to reinstate their professional and work identities due to either language difficulties, age prejudices in the labour market, qualifications not being recognised or physical health problems. For other women, the absence of family networks that could be used for childcare meant that they were unable to work. The loss of personal working identities was compensated through investing hope in children's prospects.

The sample in this study comprised women who considered themselves lucky to have survived and to have the opportunity to reunite with close family. Their experiences of resettling may be different to other women who have endured more extensive losses in the war including the loss of children and partners. However, in the present study the participant whose husband disappeared in the war demonstrated her resilience by restoring family life. Other research found that some women were less able to cope after losing their husbands (Weine & Muzurovic et al., 2004). In relation to gender, it should be noted that the concentration on these women's experiences in this study is not intended to privilege a certain sense of gender; the diversity of gender within and between members of the same sex should be acknowledged (Rajaram, 2002).

4.3. The impact of war and resettlement on these experiences

The participant's descriptions of enduring effects of war on social and family relationships and economic determinants of these strains are in accord with other data (personal communication, V. Pupavac 22 November, 2004). It was reported that the poor economic circumstances following the war contributed to the enduring social strains and cleavages. It was also notable that participants used the terms trauma and post-war syndrome but that the meanings conveyed in these related to a lost way of life and the breakdown of important relationships contributed to by the impoverishment and struggle to live. These findings are similar to other research which showed that Bosnian refugees can conceptualise their trauma and interact with notions of trauma that have different meanings to medicalised notions (Eastmond, 1998; Gross, 2004; Weine & Murzurovic, 2004; Summerfield, 2003). This is an important point for clinicians

because it shows a need to engage with the way refugees construct their biographies in order to develop meaningful and trusting encounters which help individuals cope with the distressing effects of war.

This study shows the positive impact and long-term benefit of society offering good social provision to refugees. Participants often referred to their appreciation of social provision. The opportunities to work or access social support and housing if unable to work was seen as an important factor in facilitating the restoration of life in the new country. However, their entitlements would contrast with recent refugee arrivals in the UK, due to the changes in asylum policy and administration. The increasing restrictions in asylum and immigration have dramatically reduced refugee's entitlements and choices, and recent research demonstrates the negative effects on mental health (Silove et al., 2000). This would suggest that later refugee groups might experience more difficulties with adapting.

The participants' experience of being forced to migrate is important and must be distinguished from voluntary migration. This is often overlooked in literature on migration and mental health (Vega & Rumbaut, 1991). Refugees are forced to migrate because their lives are at risk, whereas people who migrate voluntary are often leaving solely for a better life. This is an important distinction because it challenges misperceptions of refugees as economic migrants. Also refugees can experience disproportionate stressors related to experiences that led to leaving their country and their circumstances in exile (Vega & Rumbaut, 1991). It can also be important in terms of how people adapt to living in a different country (Berry, 1997). It has been observed that individuals who are forcibly relocated to a different country can have difficulties adapting to a new cultural context. This process was apparent in the present study in one case of a prolonged inability to settle and in another where a husband's difficulty in adapting negatively impacted on his wife.

4.4. Critique of methodology

It is important to note several limitations of the study. The primary limitation is the small sample size which limits generalisation. People who declined to participate may have had different experiences and it may be the case that some were coping less well. However, it is commonly recognised that trust and limited time are often reasons for refugee communities refusing to take part in research (Miller, 2004; Spring et al., 2003). Accessing research samples from refugee communities is known to be difficult (Miller, 2004; Spring et al., 2003) and this was the case in the present study. Developing a relationship

with the community leader and attending community events facilitated access. This could have been improved by collaborating with the community in developing the research aims and design.

Research with participants who speak English as a second language can add further layers of meaning adding to the complexity of obtaining and analysing data. Although participants may be fluent in the language of the interviewer, some words and terms may not have shared meanings (Fontana & Frey, 2000). Reflection in interviews was used to check participant's meanings. Additional checks were made by asking participants to comment on preliminary analyses. A final precaution was refraining from overly abstract analytical interpretations by maintaining descriptive interpretations that fitted the interview text well.

Offering interviewees a payment for their participation was carefully considered with reference to literature on payments and refugee circumstances. Participant payments in research are increasingly common and a fair rate is recommended to gain meaningful involvement (Service User Research Group England, 2005; Tew et al., 2004). Although the conventional view has been that payments could introduce bias, in certain research compensating participants for their time and expert values and knowledge can create an incentive to take part in research and remove barriers from doing so (Thompson, 1996). The present research targeted people who had experienced enforced socio-economic disadvantage and centres on their experiences of loss in a context of war and current disadvantage. Therefore, the research process itself would add to financial pressures and put strain on them by taking their time. From this view payments could open up the research to refugee people who would value their time over participation and compensate for power differentials between the researcher and researched.

Conducting a second interview with each participant had several advantages over the one-off interview. It enabled participants and the researcher to reflect on and add to the initial interview. It also allowed a deeper investigation of complex topics, which can be sensitive or difficult to reveal and demonstrated the researcher's commitment to the topic and to the participant (Jones, 1988). This seemed particularly pertinent in research with refugees, as their stories can be long and complex, as highlighted by Dinka below. It also provided the opportunity for participants to validate interpretations and information (Hughes, 1998). This resulted in participants confirming whether or not interpretations mirrored their experiences and elaborating on some themes. Furthermore, it meant that participants did not have to

undergo one long interview. To further enhance respondent validation and to observe etiquette (Pernice, 1994) the researcher has offered to talk through the findings with participants and respond to questions and challenges.

> Like I said there is plenty to talk about, plenty for one year I think because every person has million situations to explain that they were in. Dinka 2: 193-195

Another methodological issue was the need to balance obtaining interview data with respect to socio-cultural customs of the interviewees (Goodkind & Deacon, 2004). The participants were notably sociable and meetings often extended beyond the interview for informal conversation and refreshments.

4.5. Clinical implications

This study illustrates the significance of family welfare, family members progress and mutual support, employment, benefits, local social environment and connections with the home country. These are all factors that are viewed as crucial in the psychological well-being of refugees (Ahearn, Jr., 2000) and therefore, have a number of practical implications for clinical work.

First, given the significance of family interconnections clinicians should extend their focus from the individual to their family network. Systemic approaches offer a range of ways for working with families (e.g., Burnham, 1986). These systems can have an important role in the person's ability to cope with loss and resettlement. Also women can be a vital resource in helping the family to adapt, therefore their needs should be addressed (Rumbaut, 1989). Furthermore, the importance of children's prospects to women should be addressed and their educational and vocational needs facilitated.

Second, loneliness is associated with a range of debilitating conditions (McWhirter, 1990) and may be prevalent among refugees living in atomised communities. The individual's social circumstances should be addressed. Evidence suggests that preventative interventions should promote social integration, practical support, employment, education, family reunification and befriending schemes (Loncarevic, 1996). Some of these resources may be accessed through local community and refugee organisations or clinicians could work with communities to develop resources to support individuals in the community. This is recommended in recent mental health care reforms for meeting the needs of minority ethnic populations (NIMHE, 2003). Community psychology approaches have long recognised the vital importance of the individual's community and social determinants of mental health and offers approaches

that can be used to promote and meet the mental health needs of communities (Orford, 1992).

Third, given the importance of keeping in touch with Bosnia for women and their family members, this should be assisted by restoring and sustaining these links to provide a sense of connectedness with the fragmented network (Weine & Muzurovic et al., 2004).

Fourth, clinicians should balance their focus between deficits and positive outcomes. The present study demonstrated the resilience, strengths and coping mechanisms of women that could be vital resource to harness in the clinical encounter. This is in line with a recent shift in interest towards positive clinical psychology (Seligman & Csikszentmihalyi, 2000).

Fifth, clinicians should incorporate individuals' subjective meanings into their formulation and not rely solely on diagnostic frames of reference. Narrative therapy offers approaches that can be used to explore and promote both parties' frames of reference. Also, it draws on the individual's skills and is interested in the broader context that affects people's lives (White, 1989). It is well recognised that individuals from black and minority ethnic communities are less inclined to access mental health services and services do not adequately address their needs (NIMHE, 2003). Refugees in particular can conceptualise their distress in different ways and services need to engage with their accounts to develop trusting and meaningful interactions (Gross, 2004; Summerfield, 2003).

4.6. Considerations for future research

This study shows that women can have important roles in assisting the family to restore and adapt to the effects of war and displacement. Little research attention has been paid to how refugee families influence service use and recovery over time. People who are experiencing distress may be accessing alternative avenues of support, within the family or community, and existing mental health service frameworks may conflict with the family belief systems (Weine, Feetham et al., 2004). Further research in this area would help to generate ideas of how to create service pathways for refugee families that compliment their existing social and cultural systems. A broader sample of women, representing the range of ethnic groups in the conflict may reveal different findings and implications. Participatory research methods would enable future research to be shaped by participants and can be used to generate research aims meaningful to the population. The collaborative nature of these methods can also engender trust and therefore, ease

access to refugee communities.

4.7. Conclusion

Using grounded theory methods, this study investigated Bosnian Muslim women's experience of war, loss and resettlement in the UK. The aim was to generate a conceptual framework for their experiences of loss and resettlement in relation to the war and current context. The findings were that processes of war destroyed valued home, family and social interconnections. The ability to restore these links could be hampered by living in an atomistic society, the enduring effects of war and the transnational dispersal of original networks. However, women had important roles in assisting the family to survive and in rebuilding a life in a new country. For some, these experiences resulted in positive growth. Restoring life and creating a better future for the family became the central foci, assisted by opportunities in the new country and ways of keeping in touch with Bosnia.

This study highlights the centrality of family to Bosnian refugees and the importance of attending to the family and its strengths. It also demonstrated how the women and their families adapted over time and emphasised the different roles of family members in this adjustment, to which in the field of refugee mental health, little research has adequately attended to (Weine, Feetham et al., 2004). The importance of clinical services orientated to understanding and meeting the needs of women and their families was also emphasised, a value that is not always upheld in research and clinical activities (Weine, Feetham et al., 2004). This study looked at women refugees' experience of displacement in the context of war and resettlement in the receiving country. It demonstrates the relevance of the macro social, economic, cultural and political context and how it may influence recovery and resettlement. Research and clinical work that does not adopt a contextual approach may overlook factors important for understanding refugee mental health and affecting change.

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Section three: critical appraisal

The critical appraisal is based on a research diary of reflections recorded on the research process and points of learning for further research.

1. Origins of research interests

My interest in research with refugees dated back to the first year of the clinical psychology course. At the time I was given the opportunity to contribute to a needs assessment for local services investigating psychosocial distress and mental health difficulties of refugees. My contribution was a qualitative study on the perspectives of refugees and asylum seekers (Hayes & Teuton, 2003). The study was presented as a course assignment and a report was submitted to the local NHS Trust. I am currently working with statutory and community agencies to assist with implementing the recommendations. This gave me experience of and interest in research on the mental health needs and difficulties of refugees. Also my current work in the area would enable me to influence future service provision with further research. For instance I have been invited to present my research at a conference.

2. Planning the research

From reading literature, consulting with colleagues and attending conferences I developed an interest in researching refugees' experience of loss. I was particularly interested in loss because it is such a strong feature of the refugee experience. Furthermore, it is well accepted that significant losses are associated with a range of clinical problems and therefore, research in this area could be helpful for clinicians working with refugees.

I decided to focus on Bosnian refugees' experience of loss for several reasons. First, there was local expertise and research on refugees from the Former Yugoslavia that could be used to inform a study with this population. Second, Bosnians formed one of the largest, longstanding refugee groups in the area. The advantages of this were twofold, the research could explore loss over a long period, and the relatively large population could help with recruitment. I focused on Bosnian Muslim refugees because they formed the largest proportion of the Bosnian refugee population and one side of the war in Bosnia.

Before starting the study I presented my research proposal at a local conference hosted by the Division of Clinical Psychology in June 2004 (Appendix 5). I found the experience of presenting a project

prospectively difficult but it was a very good opportunity. It helped me to clarify the rationale and approach to the research. Also positive feedback from people at the conference encouraged my confidence in the project.

3. Ethics and research committee

Ethical issues were a central concern in the development of the study. The aims, design and conduct of the research followed guidelines for ethical research involving issues of mental health and black and ethnic minority people (Patel, 1999). As recommended in the guidelines the research was developed in consultation with people with experience of seeking asylum; aimed to take account of contextual factors; and positioned the participants as experts by experience. Furthermore it was important for me to be critically reflective of the research and of my role within the process, and to relate the research to important social determinants critical for understanding the effects war and displacement on the individual (Pedersen, 2002).

The issue of identity representation was an important concern of mine throughout the research. The complexity and sensitive nature of identity in relation to the war in Bosnia became increasingly apparent throughout the research. One consideration was how to represent the participant's ethnicity. Although most participants did not view their Muslim heritage as defining their identity, being identified as Muslim became a defining feature of their experiences of war. So there seemed to be a need to use the term Muslim but it seemed that doing so might reinforce the idea of ethnic divisions that became an overarching strategy in the war. Another concern was how to represent the data sensitively. This seemed particularly important when interview data demonstrated the enduring presence of social strains in participant's lives. I was reminded of the importance of representation when a participant said she did not want to be portrayed as hating Serbs.

A timeline from applying to ethics to completing the interviews is illustrated in Table 3. This is provided to highlight difficulties encountered in the research that delayed starting the project. The main obstacles were with getting a sample and are discussed in the recruitment section of this appraisal. I applied for ethical approval in June 2004. I was keen to progress with the research as early as possible because I wanted to have time for the study report to be reviewed by informants, including participants, as a method of quality enhancement (Elliot et al., 1999). I attended the ethics committee meeting because I wanted to

be able to speak to questions and any concerns directly. I was a little apprehensive about it but it went well and my attendance helped speed up the review process. The committee was supportive of the research which was encouraging. They requested two main amendments to the protocol before granting ethical approval. One amendment was that I refrain from enquiring about loss of possessions because the committee was concerned that participants could be led to believe that they were going to be compensated for such losses. I argued that excluding loss of possessions would be a significant omission from the research because possessions can be intricately linked to losses in relation to self. The committee accepted this and my assurance to make it clear to participants that they would not be compensated for their losses. The second amendment was to translate the participant information sheet into the first language of the participants to ensure they could make an informed decision.

Table 3: Timeline of research activities

Year	Month	Research Activity
2004	**April**	Submitted to LREC
	June	Presented proposal at Division of Clinical Psychology conference
	July	Participant information translated Obtained LREC approval
	August	Amendments to translated material
	September	Participant information sent out
	October	Local Bosnian association disbanded
	November	Only responses obtained declined participation due to limited time
	December	Liased with Bosnian centre manager in neighbouring county Consulted literature on participant payments, payment judged suitable given research demands and population circumstances
2005	**January**	Protocol amendments to LREC: extend study site & payments Ethical approval obtained First visit to community centre Interviewed participant 1
	February	Interviewed participant 2, 3 and 4
	April	Conducted repeat interviews
	May	No new participants, therefore interview phase closed

In July 2004 the participant information sheet was translated by a local interpreting service and the project was granted ethical approval. At this point I felt that the research was progressing at a good pace and I had plenty of time. However, the following month I requested a Bosnian colleague to check the translated material and it transpired that it had been translated into Serbian. The idea of sending Bosnian Muslims a Serbian information sheet about research on their experiences of loss from a war in which they were persecuted by Serbian military was horrifying. This was also a pertinent learning point in the use of interpreters in clinical work with refugees. I realised that it is important to be informed about different dialects of languages in choosing interpreters. This discovery delayed the research. I could not get the translating service to accept responsibility for this error even though I had clearly specified a Bosnian translation. However, a colleague kindly offered to amend the translation.

4. Accessing and recruiting a sample

Prior to submitting to ethics I met with several contacts in the Bosnian community to talk about the research and recruiting. I was aware that establishing trust was key to obtaining participants and that negative reporting can be a barrier to refugees participating in research (Spring et al., 2003). A colleague from a refugee organisation informed me that the community was angry about a previous study that had disseminated results insensitively. I was concerned about this, it reminded me of my responsibility to represent the community sensitively and I worried that it would be difficult for me to gain access.

There were two Bosnian community associations in the area and my plan was to meet with the members to talk about the research and invite people to take part. I worked closely with a colleague in the local NHS research and development department on how to recruit participants. We decided that she would liase with the leader of one association and I would make contact with the other. It was difficult to get hold of people during the summer school holidays because many Bosnians took long vacations to Bosnia. When I managed to contact the leader of the association we met and he agreed to help me access participants. I then learned that my ethical approval did not extend to this area. So the focus then became on the other community organisation. In September 2004 information was sent out to potential participants. The following month I found out that this community association had disbanded and members no longer met as part of the association. The only responses I received to the information that I sent out were letters from people apologising because they did not have time to participate.

By December 2004, four months after ethical approval, I had no participants so I had to go back to the drawing board and decided to extend the study to the neighbouring county. I went back to the community association that was out of area to talk about possibilities there. He invited me to meet members of the community and suggested offering people a payment to take part. I knew that payments were becoming more standard in research practice although some view payments as potentially biasing the data (Dickert & Grady, 1999; Tew et al., 2004; Thompson, 1996). After considering the arguments carefully and speaking to my supervisors I concluded that payments were justified in the research. Before recruiting could start I had to submit a notice of substantial amendments to obtain ethical approval to extend the study site and offer participant payments. I was not anxious at this point, perhaps because I was very occupied with following up contacts and amending the protocol. This took me to January 2005. As soon as I got approval I visited the community centre several times.

I felt my attendance at the community association meeting went well although it was very challenging. After I introduced the research lots of questions were fired at me and it was difficult to keep track of what was being asked. Had I had more time I would have really liked to spend it with the community working with them to develop the research aims and design. I only managed to get four participants, all women. I held out for more participants until May but no more responses came forward. This was disappointing and frustrating, I had no option but to close the recruiting phase and acknowledge the limitations of the study because the deadline was approaching fast.

5. Interviewing

One feature of participants' first interviews was the complexity of their narratives and their compulsion to tell their stories. It was hard to create a mental map to picture leads to pursue and to be able to get questions in. Smith (1996) recommends using active listening techniques and checking your understandings by reflecting back. However, I found that this did not help to steer interviews, rather it encouraged people to talk too much. An alternative approach that seemed more effective was using a directive interviewing style. I recalled a supervisor saying to approach an interview like a news reporter. It felt comfortable to be more directive in the follow-up interview but I do not think it would have been suitable in a first interview because at that stage I was just beginning to develop trust and rapport. Also a more open approach in the first interview enabled participants to say what they thought was relevant to the research aims, which is recommended in research with refugees (Bertrand, 2000).

Another feature of the interviews was participants' sociability. Sharing coffee and cake together followed the interviews with older women, whilst the interviews with the younger women were followed by informal conversations. Initially I felt uncomfortable with taking up their time and did not want to prolong the meetings but it became clear that it was important to respect social customs to build trust. I wondered if it was also a feature of the loneliness that had come to characterise some participant's new lives. But I think it was really a reflection of their sociability. One participant, who actually had company and a busy life, said, "Why don't you pop by, come and visit. Why not!"

One of the foci of the post-interview impression notes that I recorded was the level of disclosure. I wanted to note this to get a sense of how much participants were engaging with the interviews in order to answer niggling concerns which I had because of the potential problems with payments identified in the literature. Based on the sensitive content of their disclosure and participants' generosity with their time I was assured that this was not an issue. Most of the participants invited me to contact them again in the future if I needed anything else.

Asking refugees to talk through their autobiographies can evoke difficult memories and rekindle negative emotions. Bertrand (2000) advises the researcher to listen to these words and not feel responsible for their cause. However, I felt it was my duty to take care of the people I interviewed. If a participant became upset I asked them if they wanted to talk about something else. In one instance the participant wanted to continue her story, in another a change of subject was requested. I had a responsibility to offer participants help if they were distressed or found the interview upsetting. I carefully considered how to do this with my supervisor. I had a responsibility to present it as an option but did not want to convey a perception that they needed help. I decided that I would say "I could help you to access some support if you want". When I did this the participants declined, one very poignant response being, "The only way you can help me, is to get me back to Bosnia".

A theme common to most interviews was the participant's difficulty conveying experiences in words. Often, when I probed about how events had impacted on them, the response was "awful, awful". I was aware that language could at times fail to convey the complex nuances of subjective impressions of the atrocities of war. However, I wondered if participants' English might have limited their ability to convey their experiences. This query was followed up with two participants and they stated that it was not the

English language but that language in general failed to help them express their experiences. Despite this I took care with the analysis and maintained a descriptive level of analysis avoiding too much abstraction.

Other observations I made in the interviews related to constructions of difference between the researcher and the researched. For instance, the younger women made references to their culture being westernised and contrasted it with developing countries. This is illustrated by the extract from Nerma's interview. I wondered if they felt they were being misconstrued as distinctively different outsiders and if there were aspects of my appearance and behaviour that contributed to this. It was important to acknowledge that they were westernised but also to explore the differences in social values between Bosnia and Britain mentioned in earlier interviews as being relevant to their experience of resettlement.

> Because there was a war in Bosnia, there's a war in Iraq, there was a war in Rwanda and you know some other countries and I think that when you say Bosnia people automatically think well Iraq, Rwanda, Bosnia that's all the same but it's not you know, it's westernised. Nerma 2: 445-448

6. Research method and analysis

Qualitative research approaches are concerned with exploring how people experience events and make sense of their experiences (Willig, 2001). Therefore, a qualitative approach was suited to an exploratory study into women's experiences of war, loss and resettlement. I chose grounded theory for several reasons. The approach offered techniques for obtaining and organising interview data into a conceptual account of the area of study and I would be able to get support and advice from clinicians with experience of grounded theory. Also, I was interested in the content of interview data but wanted to acknowledge the role of the researcher and researched in knowledge production which corresponded with constructivist revisions of grounded theory (Charmaz, 2003).

The problems with recruiting people to take part in the research resulted in a small sample, which is the main limitation of the study. In terms of standards for qualitative thesis research, a minimum of six participants has been recommended (Turpin, et al., 1997). However, less than this is viewed as acceptable in exceptional circumstances, such as repeat interviews and research with populations known to be difficult to recruit from (Turpin *et al.*, 1997).

I was initially concerned that the aims had shifted from loss to women's experiences, even though this is a legitimate development (Henwood & Pidgeon, 2003). However, in examining participants' narratives it

was clear that the restoration of family life, focusing on the interconnectedness of the family system, despite the destruction to their lives and the losses experienced were important processes. These themes were also seen as clinically relevant and could provide information about how clinicians could assist the population.

I found analysing the data extremely arduous. It was difficult to get a sense of how to develop codes and categories. I read and reread literature on technique and examples of coding but still found it hard to grasp. One of the difficulties was a lack of consensus on what constituted an acceptable level of abstraction for initial open coding. The advice and guidance in individual and group supervision conflicted with published examples (Charmaz, 2003; Henwood & Pidgeon, 2003). I went along with the advice given in supervision, which was to stick close to the data and not be too abstract.

I attended a regular qualitative research group, attended by other trainees and facilitated by a clinician with experience in grounded theory methods. This assisted greatly with the analysis although, because my research was late getting off the ground, it was not until later group meetings that I could bring interview material to group. However, in the meantime the meetings were useful in preparing for interviews, discussing epistemology and methods. On several occasions I circulated interview extracts to peers for independent coding before meeting to make comparisons. This helped to develop my coding skills and finding that independently coded material resulted in similar codes reassured me that I was on the right track. The group was also used to present developing concepts and conceptual links and helped clarify and refine my ideas.

Developing the conceptual framework was a long, hard process. In developing the first draft I spent a lot of time going back to the interviews and comparing codes and data. In writing the first draft of the results I kept going back to the data checking and refining ideas. It took a few revisions of the first draft to get something that I was happy with. Supervisors, peers and friends were asked to read and comment on drafts. This helped to further refine the results. Right through to completing the write up of the report I reread interviews and consulted the coding index system which gave me confidence in the results.

Because of limited time, due to the late start of the research procedure, I was unable to ask participants to check on the final document before handing it in. I found this very frustrating. However, I would still like

to seek their views and plan to invite them to review the report.

7. Supervision and support

I received advice and support in regular supervision from my academic and field supervisors. Their input was particularly helpful for getting me to clarify the results, proof reading material and emphasising course requirements for the thesis, including encouraging me to highlight the clinical relevance of the research.

An important source of support and motivation to keep going came from other trainees. In the few weeks leading up to the deadline we shared many phone calls and emails. Apart from keeping my morale up it also helped to talk about difficulties and ideas in writing up the research.

8. Learning points for further research

I have developed my qualitative research skills, which I am keen to progress further. I have learnt about the barriers and levers to recruiting samples, in particular with refugee communities. The research has given me experience of different approaches to interviewing and the advantages and disadvantages of these.

Qualitative research is labour and time intensive and requires high organisational skills to manage and manipulate data. The computer indexing system I designed helped to work with the data. In future I would like to use computer packages designed for analysing qualitative research.

The research has given me experience of balancing the high demands of qualitative research with other current commitments, such as clinical placement duties. At times I had to put my research commitments first whilst finding manageable ways of keeping up to date with my project work on placement.

Conducting this study has helped me to appreciate working with different agendas whilst conducting research. These include, meeting course requirements, passing my clinical training and trying to produce something that I felt was meaningful and representative of the population's experiences.

In the process of planning the research I felt uncomfortable with being responsible for identifying the

research area and aims. I would have liked to have used participatory research but recognised that this was not possible within the constraints of the course. In participatory research, the participants drive the research process, whilst the researcher acts as a facilitator. Participatory research also has an explicit focus on social change. This approach is particularly advantageous in research with marginalized populations. I am keen to do further research with refugees and am working with a local multidisciplinary research network and pushing participatory research on the agenda.

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Section four: appendices

Contents

Appendix 1

(i) Format of literature review and research reports

a) Notes for contributors

Note to Authors:** please make sure your contact address information is clearly visible on the **outside** of all packages you are sending to Editors.

Journal of Mental Health is an international journal adhering to the highest standards of anonymous, double-blind peer-review. The journal welcomes original contributions with relevance to mental health research from all parts of the world. Papers are accepted on the understanding that their contents have not previously been published or submitted elsewhere for publication in print or electronic form. Evaluation Criteria of Qualitative Research Papers.

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Manuscripts should be sent to Executive Editor, Professor Til Wykes, Department of Psychology, Institute of Psychiatry, De Crespigny Park, London, SE5 8AF, United Kingdom. It is essential that authors pay attention to the guidelines to avoid unnecessary delays in the evaluation process.

To expedite assessment, three complete copies of each manuscript should be submitted along with an electronic version on disk. The names of authors should not be displayed on figures, tables or footnotes to facilitate blind reviewing.

All books for reviewing should be sent directly to **Martin Guha**, Book Reviews Editor, Information Services & Systems, Institute of Psychiatry, KCL, De Crespigny Park, PO Box 18, London, SE5 8AF.

Manuscripts should be typed on one side of paper, double-spaced (including references), with margins of at least 2.5cm (1 inch). Good quality printouts with a font size of 12 or 10 pt are required. The first page should show the full title of the paper, a short title not exceeding 45 characters (to be used as a running title at the head of each page), the full names and affiliations of authors and the address where the work was carried out. The corresponding author should be identified, giving full postal address, telephone, fax number and email address if available. To expedite blind reviewing, no other pages in the manuscript should identify the authors. All pages should be numbered.

Abstracts . The second page should also show the title, together with a structured abstract of no more than 200 words, using the following headings: Background, Aims, Method, Results, Conclusions, Declaration of interest. The declaration of interest should acknowledge all financial support and any financial relationship that may pose a conflict of interest. Acknowledgement of individuals should be confined to those who contributed to the article's intellectual or technical content.

Keywords. Authors should include up to five key words with their article, selected from the American Psychological Association (APA) list of index descriptors, unless otherwise agreed with the editor.

Text . Follow this order when typing manuscripts: Title, Authors, Affiliations, Abstract, Key Words, Main text, Appendix, References, Figures, Tables. Footnotes should be avoided where possible. Manuscripts should not exceed 6,000 words unless previously agreed with the editor. Language should be in the style of the APA (see *Publication Manual of the American Psychological Association* , Fifth Edition, 2001).

Style and References . Manuscripts should be carefully prepared using the aforementioned *Publication Manual of the American Psychological Association* , and all references listed must be mentioned in the text. Within the text references should be indicated by the author's name and year of publication in parentheses, e.g. (Hodgson, 1992) or (Grey & Mathews 2000), or if there are more than two authors (Wykes *et al* ., 1997). Where several references are quoted consecutively, or within a single year, the order should be alphabetical within the text, e.g. (Craig, 1999; Mawson, 1992; Parry & Watts, 1989; Rachman, 1998). If more than one paper from the same author(s) a year are listed, the date should be followed by (a), (b), etc., e.g. (Marks, 1991a).

The reference list should begin on a separate page, in alphabetical order by author (showing the names of

all authors), in the following standard forms, capitalisation and punctuation:

a) For journal articles (titles of journals should *not* be abbreviated):
Grey, S.J., Price, G. & Mathews, A. (2000). Reduction of anxiety during MR imaging: A controlled trial. *Magnetic Resonance Imaging, 18* , 351–355.

b) For books:
Powell, T.J. & Enright, S.J. (1990) *Anxiety and Stress management* . London: Routledge

c) For chapters within multi-authored books:
Hodgson, R.J. & Rollnick, S. (1989) More fun less stress: How to survive in research. In G.Parry & F. Watts (Eds.), *A Handbook of Skills and Methods in Mental Health Research* (pp. 75–89). London:Lawrence Erlbaum.

Illustrations should *not* be inserted in the text. Three copies of each should be provided separately, numbered on the back with the figure number and the title of the article. All photographs, graphs and diagrams should be referred to as 'Figures' and should be numbered consecutively in the text in Arabic numerals (e.g. Figure 3). The appropriate position of each illustration should be indicated in the text. A list of captions for the figures should be submitted on a separate page and should make interpretation possible without reference to the text. Captions should include keys to symbols. It would help ensure greater accuracy in the reproduction of figures if the values used to generate them were supplied.

Tables should be typed on separate sheets and their approximate position in the text should be indicated. Units should appear in parentheses in the column heading but not in the body of the table. Words and numerals should be repeated on successive lines; 'ditto' or 'do' should *not* be used.

Accepted papers . If the article is accepted, authors are requested to submit their final and revised version of their manuscript on disk. The disk should contain the paper saved in Microsoft Word, rich text format (RTF), or as a text or ASCII (plain) text file. The disk should be clearly labelled with the names of the author(s), title, filenames and software used. Figures should be included on the disk, in Microsoft Excel. A good quality hard copy is also required.

Proofs are supplied for checking and making essential corrections, not for general revision or alteration. Proofs should be corrected and returned within three days of receipt.

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Appendix 2

(ii) Ethical approval

a) Letter of ethical approval

North Nottinghamshire Local Research Ethics Committee

1 Standard Court
Park Row
Nottingham
NG1 6GN

Tel: 0115 9123344 ext 49368
Fax: 0115 9123300
E-mail: trish.wheat@rushcliffe-pct.nhs.uk

REC reference number: 04/Q2402/10 Please quote this number on all correspondence

19 January 2005

Ms Nicola Hayes

Dear Ms Hayes

Full title of study: Loss and Separation: The experience of refugees living in exile
REC reference number: 04/Q2402/10
Protocol number: Revised version 2 dated 6 December 2004

Amendment number: 1
Amendment date: 6 December 2004

The above protocol amendment was reviewed by the Sub-Committee of the North Nottinghamshire Local Research Ethics Committee at the meeting held on 10 January 2005.

Ethical opinion

The members of the Committee present gave ethical approval for the amendment on the basis described in the notice of amendment form and supporting documentation.

Approved documents

The documents reviewed and approved at the meeting were:

Notice of Substantial Amendment dated 6 December 2004

Management approval

Before implementing the amendment, you should check with the host organisation whether it affects their approval of the research.

Statement of compliance (from 1 May 2004)

The Committee is constituted in accordance with the Governance Arrangements for

Research Ethics Committees in the UK (2004) and complies fully with national standard operating procedures.

Yours sincerely,

Ms Trish Wheat
Committee Administrator

Enc: Site Specific Assessment form for Derby

Appendix 2

(ii) Ethical approval

b) **Participant letter introducing research**

14th January 2005

Dear .....,

I am carrying out this research as part of my Doctoral training in Clinical Psychology at the University of Leicester. I am working at the Clinical Psychology in Primary Care Service in Nottingham. Part of this involves helping to understand and meet the needs of people seeking asylum and with refugee status. When people are forced to leave their home country because of circumstances of war they can experience a number of losses. In my work I have become aware that there is little information to help clinicians understand what these losses can mean to people.

To help understand what people find important about loss I would like to interview people to learn about these experiences. The research would be used to help clinicians working with people who are seeking asylum and who have received refugee status. Although you may not benefit directly from taking part in this research it could benefit people seeking asylum and with refugee status in the future when they access mental health services.

I have enclosed an information letter on the research. There is a copy in Bosnian and English. Take your time to read this and discuss it with other people if you wish.

If you would like more information about the research please contact me on the phone number or email address below. Then I will contact you to discuss the research in more detail.

Or, if you feel that you have enough information for you to decide to take part, please fill out and return the consent form in the stamped addressed envelope.

I can only interview 6 people therefore I will select the first 6 people who consent to taking part.

If you have any questions you can call: (0115) 9555399 to leave a message and I will call you back. Or email me at: nmh10@le.ac.uk

Thank you for the time you have taken to read this letter.

Yours sincerely,

Ms Nicola Hayes
Trainee Clinical Psychologist

Appendix 2

(ii) Ethical approval

c) Participant information sheet: English version

1. **Study title:** Loss and Separation Experienced by People with Refugee Status

2. You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. It would be helpful if you could decide within the next three weeks whether or not you wish to take part.

Thank you for reading this.

3. **What is the purpose of the study?**
When a person is forced to leave their home country to seek refuge in the UK they often experience a number of losses. Different kinds of losses can be experienced and they can vary from one individual to another. For some people their experience of loss can be influenced by what they experienced in their home country and in the UK. This research is trying to understand the social and emotional impact of the losses experienced by people when they are forced to leave their home country.

4. **Why have I been chosen?**
I am interested to hear the views of people who have been given refugee status and who have come from the same geographical area. Staff from organisations for asylum seekers and refugees have been asked to informally discuss this study with service users. You have been chosen because you have been given refugee status, are currently living in Derby and have expressed an interest in taking part in this study.

Approximately 6-8 other people who have refugee status will take part in this study.

5. **Do I have to take part?**
It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

6. **What will happen to me if I take part?**
If you take part in the study Ms Nicola Hayes, a Trainee Clinical Psychologist, will interview you. This interview will ask you about your understanding of the losses you have experienced when you moved to the UK and your understanding of how you manage these experiences. The interview will be conducted in two parts, each part lasting approximately one hour.

The interview will be recorded onto audiotape. All the information will be anonymous and no names will be used. You will be asked to sign a form consenting to the interview being recorded by tape. Only the researcher will use the tape to analyse the main themes discussed and to write up the report.

7. **Will I be paid for taking part?**
Yes. You will be given a single payment of £20 for taking part in the research. This payment is made to compensate people for their time as experts on their own values, knowledge and experience. You will also be paid travel expenses (at public transport rate) if you have to make a journey especially to take part in this research.

8. **What are the possible disadvantages and risks of taking part?**
It is possible that talking about experiences of loss in the interview may be upsetting. If you are distressed you can opt out of the interview. Information about how to get support will be given.

9. **What if something goes wrong?**

If taking part in this research project harms you, there are no special compensation arrangements. If you are harmed due to someone's negligence, then you may have grounds for a legal action but you may have to pay for it. Regardless of this, if you wish to complain, or have any concerns about any aspect of the way you have been approached or treated during the course of this study, the normal National Health Service complaints mechanisms should be available to you.

10. **Will my taking part in this study be kept confidential?**

All information that is collected during the course of the research will be kept strictly confidential. Any information about you will have your name and address removed so that you cannot be recognised from it.

11. **What will happen to the results of the research study?**

A report will be written when the study is completed which is expected to be by October 2005. A copy of the report will be stored at the University of Leicester, Psychology- Applied Clinical Psychology Department. Publication of the study is also planned and presentation of the findings to local services. You will not be identified in the report. A summary of the results will be available from the researcher.

12. **Who is organising and funding the research?**

The research is being organised by Ms Nicola Hayes a Trainee Clinical Psychologist employed by the Leicestershire Partnership NHS Trust.

13. **Who has reviewed the study?**

The study has been developed from consultations with people with experience of seeking asylum and of working on issues related to seeking asylum. The North Nottinghamshire Local Research Ethics Committee has reviewed this study. A Local Research Ethics Committee (LREC) is a body appointed by the Strategic Health Authority. It consists of a number of members both medical and non-medical who review proposed research within the health district. Their role is to consider the ethical merits of any research, that is to say, a view is taken as to whether the potential advantages of the proposed research, outweigh significant risk to which the participant may be exposed. Research projects are not undertaken unless LREC approval has been gained.

14. **Contact for Further Information**

If you would like to discuss this study further you can contact the principal investigator Ms Nicola Hayes on telephone number 0115 955 5399 and she will call you back.

You will be given a copy of the information sheet and a signed consent form to keep.

Thank you for taking the time to read this information sheet.

Appendix 2

(ii) Ethical Approval

d) Participant information sheet: Bosnian version

Informacija za ucesnike

1. **Naziv studije:** Osjecaj gubitka i razdvojenosti koji su iskusile osobe sa izbjeglickim statusom.

2. Pozivamo Vas da uzmete ucesce u gore navedenoj istrazivackoj studiji. Prije nego sto donesete odluku vazno je da razumijete zasto se ovo istrazivanje sprovodi i sta ono ukljucuje. Molimo Vas da odvojite vrijeme da ovu informaciju procitate i, ako to zelite, prodiskutujete sa drugima. Molimo Vas pitajte ako Vam nesto nije jasno, ili ako zelite dodatna obavjestenja. Bilo bi pozeljno ako biste odluku o ucescu donijeli u naredne tri sedmice.

Havla Vam sto cete ovo procitati.

3. **Sta je svrha ove studije?**
Kada je osoba primorana da napusti svoju zemlju i nastani se u Velikoj Britaniji ona iskusi mnoge gubitke. Oni mogu biti razliciti i razlikovati se od osobe do osobe. Ranija iskustva iz domovine, kao i iskustva iz Velike Britanije, mogu uticati na nacin kako se ovi gubitci dozivljavaju i podnose. Ovo istrazivanje pokusava da pojasni socijalni i emocionalni uticaj gubitka na ljude koji su primorani da napuste svoju zemlju.

4. **Zbog cega sam ja izabran?**
Zanima me da saznam misljenje ljudi kojima je dat status izbjeglica i koji su dosli sa istog geografskog podrucja. Osoblje koje radi sa izbjeglicama i ljudima koji cekaju na azil zamoljeni su da sa njima o tome porazgovaraju. Vi ste izbarani jer ste dobili status izbjeglice, zato sto zivite u Derby i zato sto ste izrazili interes da ucestvujete u ovom istrazivanju.

Oko 6-8 ljudi sa izbjeglickim statusom uzece ucescece u studiji.

5. **Da li ja moram da ucestvujem?**
Od Vas zavisi da li cete ucestvovati. Ako odlucite da ucestvujete zadrzacete ovaj list sa informacijama i bicete zamoljeni da potpisete zvanicni pristanak. Ako pristanete da ucestvujete, i dalje imate pravo da se povucete u bilo kojem trenutku a da za to ne morate da date razlog.

6. **Sta ce mi se dogoditi ako uzmem ucesce?**
Ako budete uzeli ucesce u studiji, istrazivac Nicola Hayes, klinicki psiholog na obuci, ce Vas intervjuisati. Postavice Vam pitanja o tome sta za Vas znace gubitci koje ste iskusili kada ste se preselili u Veliku Britaniju i kako Vi, po Vasem misljenju, uspijevate da podnosite te gubitke. Intervju ce trajati oko jedan sat.

Ragovor ce biti snimljen na traku. Sve informacije bice anonimne a imena se nece pominjati. Bicete zamoljeni da potpisete pristanak da budete snimljeni na traku. Samo ce istrazivac imati pravo da se korisiti trakom kako bi sastavio izvestaj.

7. **Da li cu biti placen za svoje ucesce?**
Da. Vi cete dobiti £20 za svoje ucesce u istrazivackom projektu. Ovaj iznos je novcana naknada za Vase utroseno vrijeme i Vase ucesce kao eksperta u domenu Vaseg licnog iskustva, znanja i licnih stavova. Vama ce takodje biti placeni i putni troskovi (po cjenovniku vozila gradskog saobracaja,) ako ste specijalno zbog istrazivanja morali da putujete.

8. **Koji su moguci rizici i mane ako budem ucestvovao u istrazivanju?**
Moguce je da Vas razgovor o gubitcima uznemiri. Ako Vas razgovor ozalosti, imate pravo da prekinete intervju. Informacije o pomoci bice Vam dostupne.

9. **Sta ako nesto krene naopako?**
Ako Vas ucestvovanje u istrazivanju na nekin nacin osteti, ne postoji poseban program za naknadu. Ako se to desi kao posljedica necije nebrige, mozda biste imali pravo na tuzbu ali o svom trosku. Bez obzira

na to, ako zelite da se zalite, ili Vas brine bilo koji dio ove studije, Sluzba za Zalbe Nacionalne zdrvastvene sluzbe Vam stoji na raspolaganju.

10. **Da li ce moje ucesce u studiji biti anonimo?**
Svi podaci koji se prikupe tokom ovog istrazivanja bice strogo povjerljivi. Sve licne informacije o Vama, kao i Vasi podaci i adresa bice odstranjeni i nece se pojaviti u izvjestaju.

11. **Sta ce se dogoditi sa rezultatima studije?**
Kada se izvjestaj okonca, a ocekuje se da ce to biti u oktobru 2005, bice stampan. Kopija tog isvjestaja bice pohranjena na Univerzitetu u Lesteru na Odsjeku Primjenjene Psiholigije. Nalazi studije kao i pisani izvestaj bice tada dostupni i lokalnim sluzbama. Vase ime se nece pominjati u izvestaju. Istrazivac ce Vam omoguciti uvid u rezultate studije i izvjestaja.

12. **Ko organizuje I finansira ovo istrazivanje?**
Istrazivanje je organizovala Nicola Hayes, klinicki psiholog na obuci, zaposlena u Zdravstvenoj sluzbi grada Lestera.

13. **Ko ce cenzurisati ovo israzivanje?**
Ovaj istrazivacki projekat je potekao i razvio se iz diskusija i konsultacija sa ljudima koji imaju iskustva sa licima koja traze azil, ili onima koji rade na slicnim pitanjima. Lokalni Centar za eticka pitanja je prostudirao ovaj projekat. Lokalna komisija za eticka pitanja (LREC) je tijelo odobreno od strane Strategijske uprave zdravstva. Sastoji se od brojnih medicinskih i nemedicinskih strucnjaka koji odobravaju predlozena istazivanja u okviru svoje djelatnosti. Njihova uloga je da procjene ulogu istrazivanja, drugim rijecima da ocjene da li istrazivanje nadmasuje svojim potencijalnim prednostima moguce rizike kojima ucesnici mogu bit izlozeni. Istrazivanje se ne sprovodi ukoliko nije odobreno od strane ovog tijela.

14. **Kontakt za buduca obavjestenja.**
Ako zelite detaljnije da prodiskutujete ovo istrazivanje, mozete se javiti njenom glavnom izvodjacu, gospodjici Nicola Hayes na telefon 0115 955 5399 i ona ce Vas nakon toga nazvati.

Bice Vam data kopija lista sa infomacijama i potpisana autorizacija koju cete zadrzati.

Hvala Vam na vremenu koje ste odvojili da ovo procitate

Appendix 2

(ii) Ethical Approval

e) Participant consent form

Title of Project: Loss and Separation Experienced by People with Refugee Status

Name of Researcher: Ms Nicola Hayes

Please initial box

1. I confirm that I have read and understand the information sheet dated 30th June 2004 (version 3) for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

3. I agree to my interview being recorded by tape on the understanding that the data will be securely stored and destroyed following project completion

4. I agree to take part in the above study.

Name of Participant	Date	Signature
Name of Researcher	Date	Signature

1 for participant; 1 for researcher

Appendix 3

(iii) Interview topic guides

a) History interview

Aim: Explore the history of circumstances related to the war in former Yugoslavia to provide backdrop for understanding refugee's subjective meanings of loss.

Interview context: Interviewees experience and role in events relating to war in former Yugoslavia.

Examples of questions for the interview:

- What were the reasons for the war in Bosnia & Herzegovina between 1992-1995?
  - Revival of pre-communist ethnic tensions following fall of communism
  - Creation of greater nationalistic states e.g. greater Serbia
- Who was affected by the war and how?
  - Bosnian muslims, Bosnian Croats
- What were the costs to civilians?
- What processes enabled/used the persecution of certain civilians?
  - Marginalisation e.g. propaganda
  - exploitation of people
  - abuse/pursuit of power
  - military tactics
- How did western & international institutions influence the war?
  - International arms embargo
  - Peace keeping efforts
- What were the circumstances that led people to seek exile e.g. in Britain?
  - Who, why, where, when, how
- In what way are the social policies in Britain relevant to the experience of the people displaced here?
- What has happened since the war ended that would be important to refugees?
  - International Criminal Tribunal
  - In former Yugoslavia
  - Dayton Peace accords
- Are there other issues relevant to the aims of this interview?

Appendix 3

(iii) Interview topic guides

b) Participant topic guide: initial interview

Prerequisites:
- Research topic & relevance
- Interview process
- Confidentiality
- Results & dissemination
- Information & questions
- Consent

Participants' details:
- Age
- Gender
- Home town
- Employment status
- Arrival to UK

Introduction for participants:
"I am interested in what you think is important about the losses you have experienced as a result of having to leave your home country because of the war. I would like to explore what loss means to you through the different stages of seeking refuge: before you fled home; your journey of flight; arrival in the UK; and resettlement period."

Topic points for semi-structured interview:
(These topics will be used to guide the initial interviews and will be developed from emerging theory in subsequent interviews. The topic guide will be developed and prepared before interviews. Examples of questions are given below topic points)

- The individual's home life- in country of origin
- Circumstances leading to seeking exile
- Duration of the problems leading to exile
- How do these problems influence individuals' view of home life?
- The impact of these experiences on life here, in the UK?
- The individual's life in the UK
- How UK experiences influence view of home life
- How individual's current future compares with future in home country

Themes to follow up in participants' interviews:
- How does the individual define loss(es) in relation to seeking refuge?
- When do issues of loss come to the fore, in what circumstances?
- What are the consequences of these felt losses?
- How do these experiences develop, what course do they run?
- How do these losses influence their lives?
- How does the individual manage experience of loss?
- How does/Do they believe that -circumstances of forced exile relate to experienced loss?
- Does their experience(s) in exile (UK/receiving country) influence loss?

Examples of Questions for Participants
- "What was your life like in your home country before you came here? e.g. where lived, what/who important in life.
- "Describe what happened to lead you to leave your country "
- "Had you experienced these problems for a while?"

- "How was life different before?"
- "You have described what life was like in your home country. Do those experiences influence how you feel or think about your home country?"
- "Are there ways in which these experiences influence your life here?
- "Describe what your life is like here, in the UK"
- "Thinking about what you have told me about your experiences, are there aspects of your life here that influence how you view home life?
- "Have there been any changes in how you view what you had compared to what you have now?"
- "Thinking about the future you have now, how does it compare the future you might have had before in your home country?"
- "What would life have been like if you'd stayed in your home country?"
- Are there aspects of the war that influence experience of loss?
  e.g origin in society/breakdown of society, international regulation, lack of socio-political cohesion
- In what ways do the effects of war on home country influence loss?
  e.g political security buffer losses, expanding remit of international protectorate, loss of social provision/vocation/SES/increasing social inequalities
- What were the effects of war on society/community?
  e.g. social atomisation, ethnic tensions/divisions, self-determination
- How are experiences in UK relevant to loss?
  e.g. growing management/differentiation & identity- socio-political developments

General Prompts:

- Pick up on multiple realities & multiple view points within them
- Can you tell me more about that?
- Do you want to tell me more about that?
- How did you feel about that? What was that like for you?
- Can you give me an example?
- How is that important for you?
- Paraphrasing- Does this mean, am I right in thinking, are you saying.

Ending:

- Is there anything else that you think is important that I haven't asked about?
- Did you find the interview ok?
- Can I come back to you later to ask you to look at the interview transcripts and ask you more questions? Contact details/preferences
- Impressions- rapport, engagement, data ring true, compare to others, sense of safe/controlled answers

Appendix 3

(iii) Interview topic guides

c) Participant interview topic guide: example of follow-up interview

Introduction for participants:
I am interested in your experiences as a woman, wife, mother. Roles & responsibilities before, during and after war. Who did what, changes in this. How respond to difficult situations, what needed to manage (internal/external resources), how changed you.

Topic points for semi-structured interview:

- Gender roles before war
    - Roles, responsibilities, priorities- as woman, wife, mother
- What were the different ways that men and women experienced the war
    - Adopting new roles
    - Who did what
    - What made it hard/ helped,
    - What needed to achieve this
- What are current responsibilities & roles
    - What make it difficult/helped,
    - What resources draw on- internal/external

General Prompts

- What was that like for you, how changed you
- Link back e.g. you said … tell me more about that
- What was that like for you at the time
- What is that like for you now, do you see it differently
- Influences in current context
- How did you manage that (resources/strengths)

Appendix 4

(iv) Methodological credibility and reliability

a) Grounded theory example of open and focused coding

Focused coding	Nerma Interview 1: 40- 58	Open coding
	N *You had freedom, that was another thing.*	
Different family members at different life stages/ Hard to leave friends & family/ Had secure life/ Had mixed friendships before war/ People weren't aware of religion, ethnicity	C /Yeah, yeah you know my father he said like, 'Look', he said, 'My time has past but you just started to live a life' /and you know it was very, it was very difficult, you know. I had to leave all my friends, I had to leave you know family and /erm but yeah we had a nice life, like you could sleep at night, you don't even, you know you shouldn't even lock your door, nobody locked your door you know./ But when it started erm when I went to school erm it was like secondary school, when I went to school I had lots of friends, they were Croats, Serbs,/ you know it didn't matter, /nobody knew them, you know who I was, you know was he Serb or was he Croat or him or her.	Father acknowledges time of life/ Hard to leave friends family/ Had a nice life, didn't have to lock doors at night/ Had Serb, Croat school friends/ It didn't matter/ nobody knew who I was, who was Serb, Croat
	N *That wasn't an issue at all?*	
Shared religious celebrations with people of different religious persuasions/ Friend internalised concerns about religious differences	C No, no nobody ask you before./ It's like Eid, you know it was Eid, my friends would come to my house/ and if it was like a Christmas I would go, or Easter, I would go to their house, /it really didn't matter, you know/ but just politics you know and erm it was very hard you know especially, when erm, when all those things, like put many, many terrible things and erm like especially erm, 'What is your religion?', to put like in someone's, someone else's head, /like after erm maybe that was in 94 just maybe before I left and erm I was on my way to shop and after, actually he was my friend you know, and he told me some terrible things./ when erm, when all those things, like put many, many terrible things and erm like especially erm, 'What is your religion?', to put like in someone's, someone else's head, /like after erm maybe that was in 94 just maybe before I left and erm I was on my way to shop and after, actually he was my friend you know, and he told me some terrible things.	Nobody asked you before/ Friends came over for Eid/ Went to friends house for Christmas, Easter/ It didn't matter/ Very hard when put terrible ideas about religion in people's heads/ On way to shop friend started saying terrible things/ Terrible things like what is your religion in other people's heads/ He was my friend and he told me some terrible things
Note: these themes correspond with: Dinka 1, Nerma 1, Almira		

Appendix 4

(iv) Methodological credibility and reliability

b) Grounded theory example of computer data indexing system

2	enduring effects of war	Relationships aren't as they were	But his marriage broken up, not just this, it was marriage different religion. /Until the war it was okay but after that, or during, many, many separated. Some of them left together but many, many separated...Divided yes, yes it's awful	FC: many mixed marriages broke up
2	Enduring effects of war	Relationships aren't as they were	People get angry with each other without any reason, it is post-war syndrome/ because after war now it is difficult to live, to earn for living because you don't work, many of the people don't work...Yes because you haven't got money, you don't make money	FC: difficulty earning a living causes people to get angry
1	Enduring effects of war	Relationships aren't as they were	Yeah you've got to be very careful what you say, who you say what to now because there's not many Bosnians here and for one small thing they will stop talking to you and so if you lose a friend everyday, if you're not careful you're gonna stay alone and there will be no Bosnian friends in a few months. Yeah, not, I wouldn't call them friendships I would call them like socialising, being polite to each other that's all...you know those people, when I say people I mean Bosnian people in (current city) they have fallen out over silly things maybe five or six years ago and they're still not speaking to each other so that's why I'm saying you've got to be very careful what you are saying, it's not about what you do, it's about what you say.I mean I am saying that even the smallest things, silly things, get on people's nerves and they just say, 'well I'm not speaking to you anymore'. . Going back to life before the war in Bosnia there would be people and I would maybe sitting with you drinking coffee and we would fall out but we're neighbours, we live in the same street, I will shout at you and you will shout at me and then tomorrow we will be drinking coffee again [laughed]. You know I would say to myself, 'well it was a silly thing to say, I'm gonna invite them for a coffee tomorrow' but here it's different now.. I understand that the war's hard a lot of affect on people's mental state and so that's why I am saying that even the smallest things can get on people's nerves now.before the war those small silly things didn't matter. You had your neighbours, your friends, your family around you, even if I say something to you that you don't like well it didn't really matter we are friends but that's not the thing today with people here and the other thing is it's like in UK in (current city) there are Bosnian's from all over Bosnia, different cities and it seems to me that every city in Bosnia has different mentality.I don't know, some people are, there's people who all they care about is money, there's people who all they care about is, well me personally all I care about is for my children to have a roof over their head, food, clothes, I'm not a person who's hungry for money, you've got to have money, my priority is my children and their well-being.	MEMO: relationships aren't as they were; need to be treated with care to avoid isolation; less resilient; many mixed marriages broken; contributed to by mental strain secondary to unemployment, lack of money and struggling to get by, mistrust resulting from how people tried to save themselves in war, inability to forget the atrocities, thinking it could've been you. Although some relationships okay and haven't internalised concerns about religious difference; includes intimate relationships (Dinka's children), family and friends. FC: relationships are less resilient and need managing with care

2	Enduring effects of war	Relationships aren't as they were	Yes but one example, very, very traumatic for me. I have a sister, just one sister and we love each other enormously, we lived together all our lives, our husbands get on well, we helped during the war, each other, /and when she had to move out from her house err because it was a flat not house, she must move from her flat that she lived in for thirty years, she got a small flat, they lived like that, some of them got smaller flat and after that, from that smaller [flat], we had to go on the road and at that time, we took some house things and moved them into our house and the garage, some of her things, in one room in my house and we locked it and gave it to our friend /but during these four years many people came and go out [of the house] and they took everything, they also took her things. /She thinks we did it. She thought we took, stole.Ahh, I wanted to tell you about that, to mention those are things that happen when some countries are at war. Everything's happening. And so many links, relationships are broken up./ Similar to mine there are other cases./ Can you imagine it, I couldn't imagine it./ You can see how someone would think that someone's life is important but not material things. It's awful./ I needed, my husband and me, a year to recover , just from that, her saying that. /We don't have contact, I can't, I want but how? My sister makes me a thief!/	MEMO: 'strain on relationships' changed to 'relationships aren't as they were' (encompasses more dimensions & in-vivo code). Last change to enduring effects as it encompasses the causes e.g. poor labour and economy FC: sister accused me of being a thief, traumatic to lose her relationship
2	Enduring effects of war	Relationships aren't as they were	This man, he was the best hand of the brother of my husband. When the war finished and (name of brother-in-law best man) and he meet, they met together and it was as if nothing happened between them but in that time, when (best man' name) went to see sister to (former republic of Yugoslavia) err he took the table and the chairs from our house, never returned back but it was a very expensive...Just don't believe anybody. Don't believe anybody...Relationships between cousins are down much more now because everyone just was fighting for own life and his family. /People just feel in another way than before...Yes, I have relationships but in many cases it isn't as it was	Nerma also talked about 'mistrust' in first interview FC: inability to believe people because of how they tried to save themselves and family in war
3	Enduring effects of war	Relationships aren't as they were	People hate each other. /It's very hard, maybe in 50 years or maybe more, maybe people will start to maybe trust each other, like Muslim to Serbs /but there is a lot of hate in Bosnia. And like my husband said, 'It don't matter what if you go to Bosnia in a few years time your name will say everything, our daughters name will say everything'./ It is peace now /but because of all those killings, beatings, rapes everything, you just can't live to your next door neighbour./ If he's a Serb of course he's gonna him, he'll hate you. It's very difficult./	FC: people continue to hate each other, maybe people will trust in distant future, because of atrocities can't live next to Serb neighbour
4	Enduring effects of war	Relationships aren't as they were	Oh yes, some of them yeah. My colleague once, she saw me after the war in 1998 I was there and she said, 'Oh look (her name)' I say, 'oh hello (friend's name), and I just give her my hand, she was about like to kiss me because I remember her during the war she didn't even ring me one day, not one day, once, during the 16 months that we stayed and we were just like a 100 yards. Of course, some of them [relationships broke down], some of them not.	FC: remembered that friend didn't contact me during the war, some friendships remained

Appendix 5

(v) **Research Proposal**

a) Presentation at Division of Clinical Psychology Conference

How do we understand refugees' experiences of loss?

Aims:

- Issues relating to refugees and mental health
- Link to an approach towards an understanding of loss experienced by refugee people

Framing mental health

- "Mental health": reaction to disorder model and institutionalisation; reflecting psychological well-being & resilience (Barter, 1983; Biegal & Levenson, 1972)
- Social context of distress: individual distress embedded in wider situational circumstances. Focus on relationship between individual and social factors

Migration & mental health

- Forced exile important distinction
  pre- and post-flight circumstances
- Diversity of refugee people:
  nationality, religion, ethnicity, socioeconomic status etc

Factors related to adapting to new cultural context:

Group level	Individual level
Country of origin: Political, social & economic	Age, education, migration motivation, expectations
Receiving country: Attitudes: national & local, social support	Phase, attitudes, coping strategies & resources, social support

(Adapted from Berry 1997)

Difficulties experienced by refugees

- Pre-flight phase
- Journey of flight
- Asylum seeking phase
- Resettlement or repatriation

Current clinical & research focus

- Emphasis on war-related experiences & focus on symptomatology
  e.g. PTSD prevalence, experiences predictive of PTSD
- Limited our understanding of distress not easily captured in psychiatric nosologies

Limitations of current approaches

- Focus on effects of war through uncritical use of western approaches *obscures causes of distress*
- Locates effects of war within individual, illness to recover from. Contrasts with individuals' view that suffering from social, economic and political injustices.
- Own assumptions of need may contrast with factors salient to refugees.

Assumptions

- Specialism- 'paraprofessionals' unable to meet specialist needs. Nonprofessional therapy has been shown to be at least equally effective (Christensen & Jacobsen, 1994)
  value of personal & social resources?
- Universalism- psychiatric symptoms universally distributed and uniformly manifested

Distress out of context

- Reasons for seeking exile and experiences in exile located within a meaningful sociopolitical context
- Symptom focus overlooks social and political circumstances in country of origin and receiving country
- Locating distress within a context normalises a person's experience

Factors overlooked

- Personal & social resources of survivor
- Causes of distress in receiving & home country
- Subjective meanings of distress
- Indigenous variations in experience and expression of, and coping with, distress

Social policy & mental health

- Constrictive policies limit refugees' ability to cope (Watters, 2001)
  dispersal programme, employment restrictions, deportation
- Ability to initiate and develop coping strategies is hindered or prevented by these restrictions (De Jongh, 1994)

Committee on Migration, Refugees and Demography

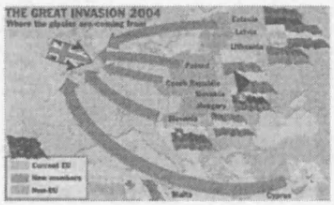
- Concerns over the weakening of protection to refugees by the 1951 UN Convention because of changes in migration policies in Europe
- Links sensationalising of asylum issues by public officials and media for political gain to discrimination and racism assembly.coe.int/Documents/AdoptedText/ta01/EREC1525.htm

Media influences

- Concerns over the construction of refugees through negative media representations has resulted in forums aimed at challenging inaccurate reporting

  for example, RAM project www.ramproject.org.uk

Media headlines



Struggling schools 'swamped with asylum seekers'

...swamped with asylum seeker children...not surprisingly, pupils at the schools...that help educate the would-be refugees are more than three times as likely to fail their GCSEs

Asylum seekers overwhelming family doctors

Private health plan for asylum seekers

Loss of refugee people

- Common to refugee experience
- Limited understanding of meaning of loss
- Losses are complex and multiple

  Homeland, family, friends, socio-economic status, culture, places of worship, lifestyle, familiarity, future etc

Current research

- Attachment & analytical theories appropriate to generalise uncritically?
- Research needs to be designed to listen to the stories and meanings of war survivors war, that does not impose a pre-defined alien order.
- Correlational studies provide little meaning of loss. Need scope to explore individuals meanings of experience and to learn from them

Present Research

- Qualitative approach capture richness & complexity of multidimensional phenomena
- Explore loss in context of experiences in home & receiving country.
- How links with ties with home culture as frames of understanding & coping
- Understanding life in exile requires understanding of experiences related to exile-current & before flight

Aims & approaches

- Social action through theoretical contribution
- Personal narratives of loss in context of social and political circumstances in home country and country of exile
- Critical reflexivity: examine assumptions & values (personal & professional) and how interact with research