REFUGEE MOTHERS' PERCEPTIONS OF STRESSFUL SITUATIONS

RELATED TO THE WAR IN THE FORMER YUGOSLAVIA

by

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ABSTRACT

This qualitative study explored refugee mothers' experiences of stressful situations related to the war in the former Yugoslavia. The study used an exploratory descriptive design to examine mothers' perceptions of stressful situations and how they changed over time from the pre-impact to the impact, post-impact and recovery phases. The sample was a non-probability convenience sample of refugee mothers from the former Yugoslavia who were living in Halifax, Nova Scotia. Eleven mothers were interviewed using a semi-structured interview guide with open-ended questions. Data were analysed using content analysis. Categories were developed from the data.

The findings showed that the war was stressful and that stressful situations changed over time. The findings showed stressful situations related to stressful inputs, stressful responses and strained relationships. Stressful inputs included: political instability; death, injury and destruction; and disruption, shortages and deprivation. Stressful responses included: displacement, migration, and resettlement; and activities of daily living. Strained personal relationships referred to: marriage relationships; extended family relationships; and parent-child relationships. Each of these situations was discussed in terms of personal and environmental variables. Using Lazarus and Folkman's (1984) stress and coping model, the findings showed the centrality and complexity of cognitive appraisal processes in terms of understanding experiences of stressful situations during the war and its aftermath.

ACKNOWLEDGEMENTS

CHAPTER I

LITERATURE REVIEW

Introduction

Political conflict creates human suffering that is psychological as well as

physical. Although political violence has long been a problem, it is increasingly of

concern to health professionals. Recent political violence literature reflects the growing

interest in research about the effects of political violence on civilian populations.

Political violence has been described as a universally stressful phenomenon

(Antonovsky, 1980; Lazarus & Folkman, 1984). Much of our knowledge about the

psychological effects of political violence comes from studies involving American

soldiers who survived the war in Vietnam (Cunningham, Silove & Storm, 1990; Figley,

Scrignar & Smith, 1988; Simpson, 1993); however these studies represent only

combatants' perspectives of war stress (Simpson, 1993). The war-related experiences of

civilians have only been examined since World War II (Bodman, 1941; Burbury, 1941;

Freud & Burlingham, 1943). Subsequent studies have explored the effects of political

violence on civilian survivors of the Holocaust (Davidson, 1979; Ettinger, 1980), as well

as violence from Northern Ireland (Cairns & Wilson, 1989, 1993; Fields, 1976; Fraser,

1974; Lorenc & Branthwaite, 1986; Lyons, 1979; McWhirter, 1983; Saigh, 1991), the

Middle East (Armenian, 1989; Ayalon, 1983, 1993; Baker, 1990; Bryce, Walker,

Ghorayeb & Kanj, 1989; Garbarino, 1993; Harkness, 1993; Kostelny & Garbarino, 1994;

Levy-Shiff, Hoffman & Rosenthal, 1993; Milgram & Milgram, 1976; Punamaki, 1988;

Punamaki & Suleiman, 1990; Rosenthal & Levy-Shiff, 1993; Ziv & Israeli, 1973; Ziv,

Kruglanski & Shulman, 1974), Cambodia (Kinzie, Sack, Angell, Clarke & Ben, 1989;

Kinzie, Sack, Angell, Manson, & Ben, 1986; Sack, Angell, Kinzie & Rath, 1986), South

Africa (Chikane, 1986; Dawes, 1989; Dawes, Tredoux & Feinstein, 1989; Gibson, 1989;

Skinner & Swartz, 1989; Straker, 1992), and Latin America (Allodi, 1980; Arroyo & Eth,

1985; CODEPU, 1989; Cohn, Holzer, Koch, & Severin, 1980; Lykes, 1994;

Summerfield, 1990).

Findings from these studies suggest a broad range of stressful experiences related

to political violence situations. As problems related to political violence have become

better documented and better understood, concerns have begun to emerge about the

effects of political violence on the health of vulnerable civilians, especially women with

children (Armenian, 1989; Bryce et al., 1989; Freud & Burlingham, 1943; Levy-Shiff, et

al., 1993; Punamaki, 1988; Punamaki & Suleiman, 1990; Rosenthal & Levy-Shiff, 1993).

Descriptive studies have found that mothers and children may be particularly vulnerable

to stress related to major life-threatening events (such as attacks, injury, death and

destruction) and deprivation related to shortages of food and basic services (Armenian,

1989; Bryce et al., 1989; Freud & Burlingham, 1943; Levy-Shiff, et al., 1993; Punamaki,

1988; Punamaki & Suleiman, 1990; Rosenthal & Levy-Shiff, 1993).

Individuals exhibit a range of responses to the stress of political violence

(Armenian, 1989; Davidson, 1979; Punamaki, 1988; Simpson, 1993; Summerfield,

1990). Some research suggests that most people survive political violence without

significant psychopathology (Cairns & Wilson, 1989; Fraser, 1974; Saigh, 1991) while

others suggest that civilians may display moderate to severe psychopathology in response

to political violence (Barudy, 1989; CODEPU, 1989; Davidson & Baum, 1991; Fraser, 1974; Lyons, 1979).

Lazarus and Folkman (1984) suggest that differences in individual experiences may be attributed to personal and environmental factors that vary for each person and each situation. They suggest further that the relationship between personal and environmental factors shape people's perceptions of stressful situations (Lazarus & Folkman, 1984). A situation is perceived as stressful when the person-environment relationship is appraised as taxing or exceeding a person's resources, or endangering his or her well-being. Understanding people's experiences of stressful situations and how they affect their well-being can help health providers to anticipate their needs and provide appropriate interventions.

Understanding people's experiences of stressful situations requires that we understand their perceptions of both major events and routine, everyday situations (Lazarus & Folkman, 1984). A significant limitation of existing studies about the effects of political violence on civilians is their focus on psychiatric outcomes following major life-threatening events. Little is known about the broad range of stressful situations encountered by those who experience political violence and its aftermath.

The purpose of this study is to explore refugee mothers' perceptions of stressful situations in relation to the war in the former Yugoslavia. Rather than focussing on international political violence, this study will focus on stressful situations related to political violence within a region or country, in this case the former Yugoslavia. Studying mothers' experiences of political violence from the pre-impact to the impact, post-impact

and recovery phases can provide a better understanding of the broad range of situations that threaten the well-being of individuals and families from regions fraught with political violence. This is useful in Canada where nurses and other health professionals increasingly encounter immigrants and refugees who have been affected by political violence (Anderson, 1985; Aroian, 1990; MacKinnon, 2000; Rousseau, 1994). It is hoped that these findings will help in the development of interventions to assist families who have experienced war.

<div align="center">Political Violence</div>

All violence includes stressful situations. Violence has been defined as the use of overt or covert force to wrest from individuals that which they are not disposed to give of their own free will (Domenach, 1978). Domenach (1978) describes political violence as the use of force to achieve either a radical change in an authority structure or reaffirmation of an authority figure by overpowering people who are perceived as a threat and wresting from them their physical security, property (such as land), and capacity to self-determine. Political violence has long been recognised as a health concern. Between 1945 and 1975, the International Committee of the Red Cross (ICRC) recorded 119 civil and international wars. Since World War II, over 22 million people have been killed by political turmoil (Meddings, 1998). In recent decades there has been a distinct escalation in the number of civilians affected by civil and regional wars rather than international wars.

Regional wars (including revolutions, civil war, revolts, rebellions, guerrilla warfare, mutiny, terrorism, and insurrection) may be used to challenge authority or to

stifle opposition. That is, regional political violence may be both a means for acquiring power and a way of exerting power (Domenach, 1978). It is characterised by a breakdown of some dimension in legitimate political order. It permeates society causing a general crisis among civilians (Barudy, 1989; Gibson, 1989). Typically, it includes chronic strife; poor definition of the threat; the personal involvement of civilians; and political, social and economic oppression (Fraser, 1974; Gibson, 1989). Generally, all forms of regional war tend to scar societies deeply and to prevent the formation of consensus indefinitely.

Because of the varied nature and broad scope of political violence, almost all sectors of society may be described as victims (Figley et al., 1988). This includes both combatants and civilians. Kelman (1973) has stated that involvement in political violence requires the dehumanisation of both the perpetrators and victims of political violence. Through processes of dehumanization, individuals are deprived of their sense of identity and community; that is, of the very concepts that define them as fully human, as having intrinsic value, and being valued by others (Kelman, 1973). Dehumanisation is a critical element in political violence since it renders individuals impotent and limits their ability to cope with their environments (Barudy, 1989; CODEPU, 1989; Ettinger, 1980; Lykes, 1994).

Stressful Situations According To Phases Of Political Violence

Political violence can vary widely in terms of the types of stressful situations encountered. Political violence has been described in terms of progressive stages or phases that may extend over many years (Davidson, 1979; Fraser, 1974; Keilson, 1980;

van der Veer, 1992). These phases include: (a) the pre-impact phase (or anticipation),

when political violence has not yet occurred and when efforts are made to avoid thinking

of the impending threat, or to prevent, postpone or minimise harm or damage (Davidson,

1979; Fraser, 1974; Gibson, 1989; Lazarus & Folkman, 1984); (b) the impact phase that

begins when the individual is first exposed to political violence and ends when the

violence has ceased or is in a different geographic location from the individual (Fraser,

1974; Gibson, 1989); (c) the post-impact phase that begins with the end of the

individual's exposure to political violence (Fraser, 1974); and (d) the recovery phase that

begins about one year after the individual's last exposure to political violence and

continues indefinitely (Fraser, 1974; Davidson, 1979). Stressful situations tend to change

with the phase of political violence. According to Lazarus and Folkman (1984), stressful

situations differ in each phase because the encounter is appraised differently according to

the changing significance of situational characteristics.

Pre-impact Phase

During the pre-impact phase, warnings signs of impending war include an

increase in discrimination and repression, politically or ethnically-motivated violence,

competition for resources, and poverty (Plunkett & Southall, 1998). Increasing

nationalism may be accompanied by expansionism, cultural or historical perceptions of

superiority, the perceived right to rule, and nationalist movements (Plunkett & Southall,

1998). Communities may be aware of impending danger, but deny the problem by

avoiding or joking about it in the belief that it could not happen to them (Fraser, 1974).

This phase is often characterised by experiences of increasing persecution and may

include social and political changes aimed at keeping an entire population silent (van der

Veer, 1992).

Impact Phase

The second phase usually involves major events and situations characterized by

extreme and unpredictable threat. The impact phase may continue for years so that

children may be born and raised in a state of "normal abnormality" in which

dehumanization and the struggle for survival are a part of everyday life (Lykes, 1994).

Stressful situations may include (a) harm or loss due to attacks, injury, death and

destruction; (b) physical deprivation due to the disruption of services and shortages of

basic supplies; and (c) strained relationships.

Injury, death and destruction. Epidemiological studies show that since 1991, the

number of attacks on civilians and civilian casualties have increased in war zones

(Meddings, 1998). Plunkett and Southall (1998) reported that, over a ten year period,

about two million children were killed in war zones, four million were permanently

disabled, and one million had been orphaned. Red Cross epidemiological data collected

between 1991 and 1998 revealed that 18,831 combatants and non-combatants had

sustained weapons-related injuries (Meddings, 1998). Of the 17,086 who were admitted

for weapons-related injuries, 35% were non-combatants (Meddings, 1998).

Individuals who have been exposed to attacks may experience overwhelming

stress associated with threats that may result in harm or loss such as injury, death, and the

destruction of their lifestyles and personal property (Barudy, 1989). Stress may be related

to stressful situations such as: attacks or combat including street fighting, battles,

massacres, aerial bombardment, shelling, landmines, shootings, and crossfire resulting in

death, mutilation and other war-related injuries (Plunkett & Southall, 1998; Salama,

Laurence, & Nolan, 1999); systematic and widespread rape and sexual abuse of men,

women and children (Plunkett & Southall, 1998; Salama et al., 1999); the violent seizure,

detention, and torture of individuals (Plunkett & Southall, 1998; Salama et al., 1999);

brutality such as forcing individuals to commit or witness atrocities such as the rape,

torture, mutilation, or murder of family and other community members (Plunkett &

Southall, 1998; Salama et al., 1999); and destruction of property (Salama et al., 1999).

Several authors have noticed a variety of responses to war with some people

exhibiting intense psychiatric symptoms while others exhibit no symptoms at all (Fraser,

1974; Summerfield, 2000). Fraser (1974) reported that a review of World War II

psychiatric admission figures, outpatient visits, and drug prescription rates showed no

relation between severity of wartime attack and psychiatric morbidity. The most anxious

and depressed people were those who had witnessed no attacks at all, while some people

who had been exposed to attacks were described as calm and serene (Fraser, 1974).

These findings suggest that attacks alone did not cause war-related stress. Uncertainty

was described as the most important predictor of psychological stress (Fraser, 1974).

Other factors that have been found to influence the perception of psychological

stress include: (a) proximity to attacks; (b) the intensity of the threat; and (c) the

experience of personal loss. Ayalon (1993) conducted interviews with Israeli adults and

children from 10 settlements (sample size unavailable) who had survived terrorist attacks

involving siege and kidnapping between 1974 and 1980. The direct victims of the attacks

reported being overwhelmed, immobilized, panicked, and experiencing physical and mental suffering related to: (i) the arbitrariness of the attacks; (ii) their uncertainty about the duration and seriousness of the situation, and their chances of escaping unscathed; and (iii) face-to-face confrontation with violence and cruelty. Family members, who observed but were not directly subjected to the attacks, experienced helplessness and anxiety about the fate of their loved ones, and the burden of loss and mourning that followed their deaths. Civilians in the area who were not directly subjected to the attacks experienced uncertainty and helplessness that they related to their lack of preparation and forewarning. These studies (Ayalon, 1993; Fraser, 1974) showed that variations in stress responses are related not only to major, life-threatening events such as attacks, but also to factors such as uncertainty, proximity, intensity of threat, and personal loss.

During the impact phase, women and children may constitute groups with the greatest risk because they are often defenceless during attacks (Wardak, 1993). Women are frequently attacked through their sexual identity, with rape and sexual assault being more common among women than men (Allodi, 1994). Children may be especially vulnerable to traumatic stress outcomes because they are dependent on parents or parent substitutes for meeting their growth and development needs (Allodi, 1994).

Disruption of services, shortages and deprivation. Political conflict may jeopardize food security as agriculture and transportation routes are disrupted, and basic food commodities increase in price (Plunkett & Southall, 1998; Salama et al., 1999). International interventions and decreased trade may exacerbate the situation of families trapped in a political system over which they have no control. The disruption of power,

water, transport and communication services may create shortages of safe drinking water, food supplies, medications and other medical supplies, thus predisposing families to illness or death. (Armenian, 1989; Bryce et al., 1989). Wars in countries such as Iraq and Serbia have been associated with a high incidence of severe malnutrition in children under five years of age (Plunkett & Southall, 1998). Families may face difficulty meeting household food needs as the availability of resources decreases. Both women and children are vulnerable to stress related to material or emotional losses and deprivation (Allodi, 1994). Wartime stress may result from chronic situations such as physical deprivation (e.g., hunger and malnutrition, weight loss, starvation, exposure to extreme temperatures, and poverty) (Bryce et al., 1989; Plunkett & Southall, 1998; Salama et al., 1999; van der Veer, 1992).

Strained relationships. Nationalism, ethnic discrimination and hostility may create an atmosphere of distrust, fear, envy, and hatred, especially when social norms are replaced by the need to survive, and the eradication of an ethnic group is seen as a justifiable objective (Plunkett & Southall, 1998). The social environment may be transformed into a generalised situation of insecurity, terror, and disrupted social relations. The protection afforded by family and social networks may be eroded by war as families lose their homes, community support decreases, individuals and populations are forced to flee, individuals are separated from their families, rape victims are ostracised or humiliated, and family members join armies voluntarily, or after being sold or conscripted (Plunkett & Southall, 1998). Individuals may experience stress due to the deterioration of social life, social isolation, and physical separation from friends and

family (van der Veer, 1992). People's daily existence may be characterised by a variety

of intense stress responses including anxiety, fear, depression, uncertainty, and

impotence (Allodi, 1980; Barudy, 1989; CODEPU, 1989; Ettinger, 1980; Lykes, 1994).

Familial support networks may be transformed by physical separation. Family

members may be separated for extended periods (Allodi, 1980) during which they may

live with uncertainty and fear until they are reunited (Cunningham et al., 1990). Captured

family members may be reported as dead or "disappeared" with captors refusing to

acknowledge whether relatives are dead or alive (Allodi, 1980). The normal grieving

process may be arrested as surviving family members endure cycles of hope and despair

while awaiting the return of loved ones (Allodi, 1980). Chilean families, with relatives

who had "disappeared", described stress related to living in a state of social anomie and

disorganization since nothing could be planned, they had no legal status or recourse, and

they felt as though they lived in a state of limbo between life and death (Allodi, 1980).

Post-impact Phase

The post-impact phase frequently includes the experience of forced relocation or

migration through which families become "displaced" within their own countries or

"refugees" within other countries (van der Veer, 1992). Relocated individuals have no

protection under human rights conventions within their own countries. In recent years,

refugees have been deliberately targeted by military groups and ambushes and attacks

have resulted in killings, torture, mutilation, rape, enforced prostitution, and hostage-

taking (Salama et al., 1999).

Displacement and deprivation. Terror, food insecurity, and the destruction of

homes and local infrastructure, may force the massive displacement of civilian

populations both within their countries (as displaced people) and into neighbouring

countries (as refugees) resulting in the progressive impoverishment of women and

children, and separation from familial and social support networks (Armenian, 1989;

Salama et al., 1999; van der Veer, 1992). Estimates of refugee populations and displaced

people are unreliable and vary widely from 12 million (Plunkett & Southall, 1998;

Southall & Carballo, 1996) to 50 million people worldwide (Banatvala & Zwi, 2000).

What is clear, is that millions of people have been forced from their homes in war zones

around the world.

Refugees and displaced people may be forced to live in overcrowded camps and

buildings where they face hardship, danger, and greater risk of mortality and morbidity

related to: lack of access to health services (Plunkett & Southall, 1998; Salama et al.,

1999); uncertain food supplies, hunger, weight loss and malnutrition (Plunkett &

Southall, 1998; Salama et al., 1999); inadequate drinking water and sanitation facilities

(Salama et al., 1999); and epidemics and infectious diseases (such as tuberculosis,

measles, poliomyelitis, gastrointestinal, and sexually transmitted disease) (Plunkett &

Southall, 1998; Salama et al., 1999). Refugee camps have been described as restrictive,

abusive (Plunkett & Southall, 1998), primitive, unhealthy, noisy and dangerous (van der

Veer, 1992). Refugees may be relocated involuntarily from one camp to another without

having the opportunity to choose their next destination (van der Veer, 1992).

As with other phases, during the post-impact phase, refugees feel emotional

turmoil about stressful experiences from the previous phases, especially guilt about

surviving when friends or other family members did not (van der Veer, 1992). In

addition, individuals have reported experiencing the psychological effects of uncertainty,

dependency, forced migration and previous experiences of the war (Salama et al., 1999).

Emotional stress responses described by refugees include grief, depression, loneliness,

self-blame, fear, helplessness, and rage (van der Veer, 1992). Individuals who have

continued exposure to war-related events at home (e.g., receiving bad news) may also

experience the painful after-effects and memories of the events of the previous phases,

and the uncertainty and insecurity of refugee life until family members are reunited or

granted asylum (van der Veer, 1992).

In a cross-sectional survey of 364 internally displaced parents and children, the

majority met DSM-IV criteria for post-traumatic stress disorder (94%), sadness (90.6%)

and anxiety (95.5%) (Goldstein, Wampler & Wise, 1997). Psychiatric symptoms were

most prevalent in participants who had experienced separation from family members,

bereavement, close contact with the war and combat, and extreme deprivation

(Goldstein, Wampler & wise, 1997). These findings are consistent with those from

impact phase studies in which stress outcomes varied according to (a) the individual's

proximity to stressful situations; (b) the intensity of the threat; and (c) the experience of

personal loss.

Recovery Phase

The recovery phase has been associated with economic, cultural and social

deprivation (Ayalon, 1993). During this phase, individuals may face problems of

adaptation to a different culture, and recurrent experiences of racism or xenophobia (van der Veer, 1992). Families may experience imposed cultural change, the loss of traditional values, educational deprivation, inferior living conditions, loss of professional occupations, and increased family conflict (Ayalon, 1993). Individuals may continue to experience: intrusive memories from the previous phases and feelings of loss and grief. New stress. may arise when, as a result of political changes, families are forced to return to their country of origin (van der Veer, 1992). Some individuals and families may find it difficult and painful to choose between giving up the illusion of returning home, and giving up the new life that has been built in exile and returning to a place that has been scarred by war and which may be unsafe (van der Veer, 1992).

Individuals who have lived through war may face difficulty adapting to family life and being reintegrated into society where they may experience frustration, poverty, and inadequate social support (Plunkett & Southall, 1998). The distortion of social norms, attitudes and values has been associated with increased aggression, self-destructiveness, guilt, and an inability to trust anyone or believe in anything (Plunkett & Southall, 1998). Some reports suggested that stress during the recovery phase is associated with a significant risk of attempted suicide and mood disorders (Davidson, Hughes, Blazer & George, 1991). After World War II, Holocaust survivors experienced persistent and disabling psychological symptoms such as fluctuating anxiety and depression (Cunningham et al., 1990; Davidson, 1979). Symptoms were exacerbated during periods of extreme stress such as illness or bereavement, particularly in older survivors (Davidson, 1979).

People who have been exposed to war and displacement have been shown to be at greater risk for emotional disorders than control groups who have never experienced war and displacement (Wardak, 1993). The most serious psychological health outcomes have been manifest in women (Allodi, 1994; Mollica, Wyshak & Lavelle, 1987; Wardak, 1993). Women who were mothers and without spouses may be especially at risk for loneliness and isolation (Mollica et al., 1987). Depression and inadequate emotional support have been found to deepen their sense of isolation and loneliness.

Health Outcomes

Numerous studies exist showing the link between political violence and negative health outcomes. Most studies use traditional indicators of mortality and morbidity, but these merely document a relationship between events and health outcomes. The use of outcome indicators alone is insufficient for describing (a) what makes specific situations stressful; (b) how stressful situations related to war affect wellbeing; or (c) how stressful situations change over time. There is still little understanding of the mechanisms by which stressful situations affect psychological wellbeing. Exploring individuals' experiences of stressful situations and the factors that affect psychological wellbeing is crucial for understanding their overall health status.

Of the studies that have examined the psychosocial sequelae of political violence, most have focussed on serious psychopathological outcomes, especially post-traumatic stress disorder. These studies focus primarily on the identification of either short-term psychiatric symptoms in response to catastrophic wartime events (Bryce et al., 1989; Freud & Burlingham, 1943; Skinner & Swartz, 1989; Ziv & Israeli, 1973) or long-term

psychiatric outcomes (Kinzie, et al., 1986; Kinzie, et al., 1989; Sack, et al., 1986). They show that psychiatric outcomes may vary over time with short-term outcomes being quite different from those that are exhibited over the long-term (Davidson, 1979; Fraser, 1974; Kinzie, et al., 1986; Kinzie, et al., 1989; Sack, et al., 1986). However, few studies have examined the course of war-related stress from the prewar phase through the impact, post-impact and recovery phases (Davidson, 1979).

Studies show that people may exhibit a broad range of outcomes related to political violence. Whereas some authors have found that populations survive political violence without serious psychological symptoms (Cairns & Wilson, 1989; Fraser, 1974; Saigh, 1991), others have found moderate to severe psychiatric outcomes (Barudy, 1989; CODEPU, 1989; Davidson & Baum, 1991; Fraser, 1974; Lyons, 1979). Studies consistently show that most survivors of political violence do not suffer psychiatric dysfunction (Simpson, 1993; Summerfield, 2000). People who survive war with little or no psychopathology have probably experienced stressful situations, but their experiences have seldom been explored. Although it is useful to predict serious psychological outcomes, it may be more useful for nurses and other health professionals to understand the broad range of psychosocial outcomes affecting populations who have been affected by political violence.

Psychological outcomes appear to vary according to the uncertainty of the situation, intensity of events, proximity to events, and experiences of personal loss. Some authors have also shown that the link between negative health outcomes and exposure to high levels of threat is not clear (Fraser, 1974; Summerfield, 2000). The literature

suggests that other factors may be related to negative health outcomes, including

personal factors such as beliefs or ideology (Punamaki & Suleiman, 1990; Dawes, 1989),

everyday routines (Levy-Shiff et al., 1993; Rosenthal & Levy-Shiff, 1993), economic

factors (Armenian, 1989; Bryce et al., 1989), and familial and social support (Davidson,

1979; Freud & Burlingham, 1943; Kinzie et al., 1986, 1989). In order to be responsive to

survivors' health needs, health providers need to explore the broad range of factors that

may influence experiences of stress related to political violence.

<div align="center">Fit between Political Violence Studies and Stress-related Models</div>

Political violence studies have primarily used two kinds of models: those which

define war stress in terms of trauma and those which use Lazarus and Folkman's (1984)

model of stress and coping. Both approaches share similarities. They highlight the

significance of situational factors such as the duration and proximity of hostilities, the

socioeconomic context in which they occur, the degree of violence and destruction they

evoke, and the depth of systemic disruption they produce in basic infrastructure

networks. Both paradigms emphasise the intrusion of external harmful factors associated

with injury, however, the specific meanings attached to the various aspects of war vary

within each paradigm. Each model places different meanings on factors such as the

definition of stress, stimuli, and outcomes.

Definitions of Stress

Trauma model. The trauma model views civilian response to war in terms of

cause-effect interactions between events and outcomes. The relationship between stimuli

and outcomes may be described as linear. Of the two frameworks, the trauma model has

the longest tradition in political violence research. According to this framework,

traumatic war stress is defined by (a) the suddenness, intensity and magnitude of a event;

(b) the proximity of the event to affected persons; and (c) subsequent massive physical or

psychological injury (Taylor, 1999). Researchers have used these notions as a basis for

research since the nineteenth century (Simpson, 1993), but the concept of traumatic

stress has become popular as a result of post-Vietnam War interest in Post-traumatic

Stress Disorder (Levy-Shiff et al., 1993). Post-traumatic Stress Disorder (PTSD) is

defined by the American Psychiatric Association (1994) as an anxiety disorder

characterized by the re-experiencing of an extremely traumatic event accompanied by

symptoms of increased arousal and by avoidance of stimuli associated with the trauma.

This disorder presumes the existence of intense, exposure-related fear, helplessness or

horror after experiencing, witnessing, or being confronted with an event involving actual

or threatened death or serious injury to the affected person or others. By far the largest

number of studies on war stress use a trauma approach and focus on pathological

outcomes in response to stimuli that are major and of short duration.

Stress and coping model. Lazarus and Folkman's (1984) theory is based on five

major variables: stress, personal and environmental antecedents, cognitive appraisal,

coping, and short and long term outcomes. As a dynamic, transactional model, the stress

and coping framework emphasizes the interactions between the five major variables as

mutually reciprocal, bidirectional relationships. The relationships between variables may

be recursive with causality operating sequentially or simultaneously in both directions.

For example, stressful situations may influence adaptational outcomes or coping, or they

may arise from negative outcomes or ineffective coping.

Lazarus and Folkman (1984) define psychological stress as the relationship

between a person and his or her environment that is appraised as taxing or exceeding that

person's resources, and endangering his or her well-being. This definition emphasises the

integration of separate person and environment characteristics to form new meanings

through appraisal. Appraisals of stress hinge on the personal meaning and significance of

either inputs, responses, or strained relationships that arise from life events or daily

hassles that tax or exceed personal resources or the resources of a social system. Personal

variables include an individual's commitments and beliefs about personal and existential

control. Environmental variables include formal situation characteristics (event

uncertainty and novelty), temporal factors (temporal uncertainty, duration and

imminence), ambiguity, and developmental factors. Because of differences in personal

and environmental characteristics, appraisals of stress vary between persons, between

environmental situations, and over time. Political violence studies based on the Lazarus

and Folkman model (Levy-Shiff et al., 1993; Punamaki, 1988 ; Punamaki & Suleiman,

1990; Rosenthal et al., 1993) have been characterised by attempts to describe the

influence on appraisal of personal and environmental characteristics.

Stimuli

Trauma model. Trauma refers to massive physical or psychological injury

associated with a sudden blow. The trauma paradigm emphasises physical and

psychological outcomes following isolated, extreme and major life events such as sudden

violence or overwhelming loss (Taylor, 1999). Humans are said to experience

psychological trauma when faced with stimuli extreme enough to cross a trauma barrier (Lindy, 1985).

Stress and coping model. In contrast, Lazarus and Folkman (1984) state that both life events and hassles may arouse stress. Stressful situations include both major events and ordinary transactions of daily living which may create threat or overload. However, the model emphasises that neither hassles nor major events alone predict stress. Rather the appraisal of stress is dependent upon the extent to which situations such as major events or hassles are evaluated as having personal meaning or significance. According to the model, the commitments and beliefs that are engaged in transactions influence how people construe whether or not situations are personally significant or relevant for their wellbeing (Lazarus & Folkman, 1984). According to this approach, individuals may find any situation stressful if they sense that their wellbeing is at stake; that is, if it taxes or exceeds their resources, or endangers their well-being.

Outcomes

Trauma model. Each model engenders different expectations about the outcomes of war. The trauma model emphasises the notion of massive physical and psychological damage. Outcomes or symptoms are defined primarily by their cause. According to the trauma model, severity of outcomes is defined primarily by exposure to stimuli that lie outside the range of usual human experience and that would be markedly distressing to almost anyone (American Psychiatric Association, 1994; Taylor, 1999). The trauma model suggests that if a traumatic event is large enough, the qualities of the person and their context are irrelevant (Levy-Shiff et al., 1993).

Stress and coping model. In contrast, the stress and coping model suggests that stress responses and outcomes (short- and long-term outcomes) are dependent on the individual's personal and environmental context (Lazarus & Folkman, 1984). Meaning or significance is determined by, and varies according to, the individual's predisposing vulnerability and the availability of resources, which are in turn influenced by personal and environmental factors. As stated before, the presence of major life events alone does not guarantee negative outcomes, although their characteristics may increase the probability that harm will occur. The severity of short and long-term outcomes (such as impaired physical or psychological wellbeing, or social functioning) may vary from minimal to extreme according to the personal significance of the situation.

According to the trauma model, proximity to, or an actual encounter with, violence is a necessary antecedent of symptoms (Levy-Shiff et al., 1993). However, from the stress and coping perspective, proximity to damage and destruction is merely one element in the appraisal of threat or danger. The appraisal of proximal violence as threatening is associated with the evaluation of personal or familial relevance, and the adequacy of coping resources.

Both models agree that the duration of war relates to the degree to which development may be impaired, and family or social structures changed. However, the stress and coping model suggests that the cumulative effect of demands over time is not directly related to serious outcomes, and that even brief wars may elicit serious and long-term outcomes (Levy-Shiff et al., 1993). The duration of war may be directly related to the likelihood of exposure to the stressful situation, the accumulation of injuries or

demands, and the dwindling of personal resources for response.

Summary

War-related stressful situations appear to vary over time from the pre-impact to the impact, post-impact and recovery phases. Stressful situations include both life-threatening situations (such as attacks, deprivation, injury and loss) and less life-threatening situations (such as physical and psychological suffering, the reorganization of social and family networks, the loss of homes and homelessness, migration, and the destruction of family, social, cultural and economic infrastructure).

The transactional model of stress and coping has greater utility for describing individuals' perceptions of war-related stress than linear models such as the trauma model (Lazarus & Launier, 1978). The stress and coping model allows for examination of factors influencing a broad range of stressful experiences that may include major events as well as less threatening situations. Few studies have explored the personal and environmental factors that influence experiences of stressful situations related to political violence (Levy-Shiff et al., 1993; Punamaki, 1988 ; Punamaki & Suleiman, 1990; Rosenthal & Levy-Shiff, 1993). None of these studies have explored experiences of stressful situations from the pre-impact to the impact, post-impact and recovery phases.

Research Questions

This study will explore mothers' perceptions of stressful situations related to war by asking them to describe: (a) what types of war-related situations were perceived as stressful ; (b) what made the situations stressful; and (c) perceived changes in stressful situations from the pre-impact to the impact, post-impact and recovery phases.

CHAPTER II

METHOD

Purpose

The purpose of this study was to examine mothers' perceptions of stressful

situations related to war and how these changed over time. Specific aims of this study

were to explore refugee mothers' perceptions of (a) the types of stressful situations

encountered; (b) what made situations stressful; and (c) how stressful situations changed

from the pre-impact to the impact, post-impact and recovery phases.

Sampling

The target population for this study was refugee mothers who had been exposed

to political violence and who resided in the Halifax Regional Municipality, in Nova

Scotia, Canada. Participants were sought amongst refugee families from the former

Yugoslavia for two reasons: a) their experience was relatively recent given that the war

started in 1991; and b) they experienced the same political situation. Translation

involved only two languages, Serbocroatian and English. Between September and

December 1996, 32 families from the former Yugoslavia with children under the age of

18 years were identified by the Metropolitan Immigrant Settlement Association (MISA)

as living in the Halifax Regional Municipality. All mothers (n = 31) with children under

the age of 18 years were contacted by a settlement worker at MISA and invited to

participate in this study.

Sample Size

Eleven mothers agreed to participate in the study. Recruitment was terminated

after three months because the researcher had invited participation from the total population of mothers from the former Yugoslavia. The numbers available for this study were deemed sufficient given that exploratory research is designed to describe, rather than generalize, research findings and the major consideration of this study was to represent the population and to provide a base for further study (Brink, 1989).

Sample Demographic Characteristics

Over half the mothers identified their ethnicity as Bosnian Serb (n = 6; 54.5%), a quarter were Bosnian Croat (n = 3; 27%), and the remaining two mothers were Bosnian Muslim and Croatian. More than half of the sample (n = 8; 63.6%) were married and living with their husbands, while just over a quarter (n = 3) were maritally estranged or divorced. Table 1 describes the sociodemographic characteristics of the mothers.

The demographic data indicated that the sample comprised primarily well-educated mothers. Ten (90.91%) of the mothers had received post-secondary education. Although four mothers were unemployed and looking for work, the other mothers were either attending English classes (n = 4) or employed (n = 3). However, only one of the employed mothers was engaged in work that was similar to her prewar occupation. Among the eight husbands in the study families, five were attending English classes, while the others were unemployed and looking for work. The only husband with paid work was employed as a cleaner rather than in his prewar profession as an engineer (Table 1).

Table 1

Demographic Characteristics of Mothers (n = 11)

Variable	n	%	Mode
Marital Status			Married
Married	8	73	
Estranged	3	27	
Occupation: Prewar			Health Professional
Health Professional	4	34	
Technician/Engineer	3	27	
Teacher	2	18	
Other	2	18	
Occupation : Canada			Unemployed/English Student
Unemployed	4	34	
Employed	3	27	
English Student	4	34	

Most mothers (n = 8) had only one child when the war began. One mother gave birth to a second child while she was a refugee in Serbia. At the beginning of the war, the average age of the children was five years. When the interviews were conducted, the average age of the children was nine years. There was a fairly even gender split among the children, eight girls and six boys. Table 2 describes the sociodemographic characteristics of the children.

Table 2

<u>**Demographic Characteristics of Children (n = 15)**</u>

Variable	<u>n</u>	%	Mode
<u>Children Per Mother: Start Of War</u>	14		1 child
1	8	73	
2	3	27	
<u>Age Of Children: Start Of War</u>	14		5 years
Birth to 2 years	6	42	
3 - 5 years	3	21	
6 - 8 years	3	21	
9 - 15 years	1	7	
> 15 years	1	7	
<u>Age Of Children During Interview</u>	15		9 years
Birth - 2 years	1	6	
3 - 5 years	2	13	
6 - 8 years	5	33	
9 - 15 years	5	33	
> 15 years	2	13	

<u>Recruitment</u>

<u>Sample selection</u>. A nonprobability sampling technique, known as network

sampling, was used. Network sampling may be described as a sampling technique

whereby the investigator approaches participants through someone known to them

(Brink, 1989). Network sampling is consistent with qualitative research methodology and

is required when an area of study, such as the topic of this study, is inadequately

developed (Brink, 1989). As Brink (1989) explains, network sampling is useful when the

participants have direct knowledge of the phenomenon of interest. Kostelny and

Garbarino (1994) add that this technique is useful when individuals may mistrust

researchers or be hesitant about divulging politically-related experiences.

Eligibility criteria. This study focussed on how mothers perceived stressful situations related to political violence. Mothers were eligible for the study if they:

1.   had lived in the former Yugoslavia;

2.   had been exposed to political violence. Exposure may be defined as direct confrontation with political violence (e.g., being injured or seeing an attack) and indirect experiences (e.g., hearing about an attack) with politically-violent incidents. All mothers who lived in the former Yugoslavia between 1991 and 1996 were deemed eligible for this study.

3.   had left the former Yugoslavia during or after the outbreak of war;

4.   were willing to participate (that is, were willing and desired to commit their time to being interviewed by the researcher);

5.   were able to engage in conversation with the investigator and interpreter. That is, mothers spoke English or Serbocroatian and were not affected by a major mental health problem that would prevent them from understanding the interview.

Recruitment procedure. Mothers were recruited with the help of the Metropolitan Immigrant Settlement Association (MISA). The researcher made initial contact with a Settlement Worker at MISA. She was asked to distribute English and Bosnian letters of introduction to eligible mothers (Appendices A, B, C and D). These letters explained the purpose of the research, the interview process, the researcher's and study interpreter's backgrounds, and an invitation for the mother's participation. If interested in participating in the study, mothers were invited to telephone the researcher or interpreter

to answer questions related to the study and to schedule an interview. If a response was not received within two weeks of the first letter being sent out, a reminder letter (Appendices E and F) was mailed out along with a self-addressed, stamped envelope and response letter (Appendices C and D).

Study attrition. Of the thirty-one invitees, eleven mothers agreed to participate, and twenty refused. Three mothers refused because talking about their experience was too painful, and two said that they did not want the study interpreter to translate for them because of her ethnicity. Another two mothers refused because the invitations implied that Bosnians were the only people affected by the war. The researcher was not informed about the reasons for the other mothers' refusals (n = 13).

Data Collection

Data were collected by interviewing mothers who consented to participate in the study. The mothers were interviewed using a semi-structured interview guide with open-ended questions.

Method Selection

For this retrospective exploratory study, a semistructured interview format was chosen. Using semi-structured interviews resulted in a higher response rate than questionnaires since the mothers were willing to talk to someone who displayed an interest in their stories (Brink, 1989).

Using the literature review, the interview guide (Appendix K) was developed to capture the richness and completeness of the mothers' perspectives and avoid biasing their responses. The open-ended semistructured interview guide was flexible and allowed

the investigator the opportunity to obtain a large amount of information and ask probing questions about the mothers' experiences (Brink, 1989). Open-ended questions tend to limit researcher bias and "acquiescent response set" errors (Brink, 1989).

Having an interview guide of common questions facilitated comparison of data. The interview guide (Appendix K) was designed to gather a broad understanding of the mothers' perceptions of war-related situations that affected their families. For each phase, mothers were asked a set of similar questions. Four open-ended questions were designed to address maternal perceptions of stressful situations associated with the war (questions 1, 4, 7, and 10). Four more questions (questions 2, 5, 8, and 11) addressed the mothers' perceptions of family members' stress responses, and another four questions (questions 3, 6, 9, and 12) addressed coping strategies used by mothers to help their children cope. A final question (question 13) provided the opportunity for mothers to address positive situations that arose from their experiences.

During the interviews, the interviewer recorded nonverbal data using field notes. Nonverbal data comprised body language such as hand gestures and facial expressions. These non-verbal data were not analysed, but were used to seek clarification about what the mother meant (e.g., the meaning of a mother's hand gestures) and to cue the researcher about how to proceed with the interview (e.g., to cue the researcher about the next question if it was necessary to pause during the interview while the mother cried).

Validity

The Thesis Advisory Committee reviewed the questions to ensure clarity, representativeness and mutual exclusivity. The committee members possessed expertise

in interview and communication skills, coping theory, child development, content analysis, and families experiences of stress and violence. The questions were also reviewed by the interpreter to ensure that they addressed issues with which the mothers could identify. The interviewer, who had experience interviewing mothers from other types of violent situations, conducted a practise interview with one of the committee members and an interpreter to check question placement, pacing and timing.

Setting

Data were collected between December 1996 and January 1997. The interviews took place in the Halifax Regional Municipality, in Nova Scotia, Canada. The interview locations and times were negotiated according to each mother's convenience. The preferred setting was the mother's home as it was thought to be a more comfortable setting than an unfamiliar environment (Brink, 1989).

Procedure

The researcher visited the mothers at the pre-appointed place and time. The interview protocol involved talking with each mother alone. The interviewer introduced the mothers to the study by reviewing the purpose and procedure of the interview. Each mother was informed that:

1.   this study was being conducted by Debra Barrath, a graduate student at Dalhousie University in the Master's programme of the School of Nursing;

2.   her name, her child's name, and her family name would not be used in any discussion or publication of the research;

3.   the interview would take about two hours. Should the interview not be complete

after two hours, the mother could choose to take a break, complete the interview at another time, or end the interview;

4.   the interview would be tape-recorded and, later, transcribed. The information she provided would be used for this study only;

5.   no benefits were guaranteed to her as a result of taking part in the study; however, the information she provided would probably be useful to health providers and other mothers and children who may have had similar experiences;

6.   the interview could be upsetting. Should she become distressed, she could choose to take a break, move to another question, complete the interview at another time, or end the interview;

7.   any information that she provided would be presented in such a way that the data could not be traced back to her;

8.   she did not have to answer all the questions and could withdraw from the project at any time without penalty;

9.   if she had any questions about this study she could contact Debra Barrath;

10.   she would be given a copy of the consent form (Appendices G and H);

11.   if she wished, a summary of the study results would be mailed to her.

        The mother's written consent was obtained (Appendices G and H) and a

demographic form completed (Appendices I and J). Subsequently, the interviews were

conducted according to the interview guide while allowing mothers to raise and talk

about issues that they considered important. The interviewer was sensitive to possible

misunderstandings by the participants. Further clarification was provided when it

appeared that a participant had misinterpreted a question. When a question yielded no

response, the interviewer went on to ask structured questions or probes that would clarify

the meaning of the question. The average length of each interview was three hours. This

was longer than anticipated but all the interviews were completed with the mothers'

consent. The interviews were recorded via audiotapes and field notes. Once completed,

the interviews were transcribed. Those that required interpreters (n = 3) were transcribed

and re-translated by an independent interpreter who was fluent in Serbocroatian and

English. This interpreter was hired because of his language and typing skills, and because

he lived in another province and did not know the study mothers.

Reliability

Mothers were asked the same interview questions to ensure that data would be

comparable for all participants. To overcome potential sources of error, the interpreters

were trained to follow the interview guide. The investigator conducted all the interviews.

Two transcripts, chosen at random, were reviewed by an independent reviewer to ensure

that the intent of the questions was preserved, that the interview questions remained

unbiased, and that the transcripts accurately represented participants' views.

Translation

To assist with introductions to the families and translation, a study interpreter was

hired. Her reputation as a reliable interpreter and her experience as a health provider

qualified her for the position as interpreter and cultural advisor for this project. Two

mothers selected other interpreters because they did not feel comfortable with the study

interpreter. One mother requested the help of her husband, and the other requested that

her immigrant settlement worker act as her interpreter. Both interpreters were fluent in

English and Serbocroatian, and both had provided translation for these mothers prior to

the study.

Presence Of Interpreters And Husbands During Interviews

When requested (n = 3), the mothers' husbands were present during the interview.

One of these husbands was present throughout the interview as an interpreter. The

husbands of two mothers, who did not require help with translation, sat in on part of the

interviews. When it appeared that a mother was not being given a chance to provide her

own answer (for example, if a mother was interrupted, an interpreter spoke without

consulting the mother, or a mother's answer was shorter than the interpreter's response),

the question was rephrased and the mother was addressed directly by name to ensure that

her response was provided separately. Only the mothers' statements were considered

during data analysis.

Strategies To Ensure That Data Were Complete And Consistent With Interview Guide

Several strategies were employed to ensure that the interviews were conducted in

a manner that was as complete as possible and followed the interview guide as

consistently as possible. Prior to each interview that required an interpreter, the

interpreter was given a copy of the interview guide and provided with an outline of the

interview procedure. The interview procedure and guidelines were described to all

mothers at the beginning of the interviews. The researcher followed the interview guide

(Appendix K). Unanswered questions were repeated and rephrased until the mother had

an opportunity to respond, or refused to respond, to each question. If a mother repeatedly

did not answer a specific question, the interviewer moved on to the next question. When

responses were unclear or appeared to contradict previous responses, the mother was

asked to clarify her answers. At the end of the interview, each mother was asked if she

had anything to add to the interview.

<div align="center">Data Analysis</div>

The audiotaped interviews were transcribed verbatim and content analysis was

conducted using the procedure described by Weber (1990) and Downe-Wamboldt

(1992). This technique identifies the manifest and latent content of interviews and

measures the frequency of words, phrases, and sentences. Latent content refers to the

underlying meaning of the mothers' statements, whereas manifest content refers to the

surface or obvious intent of the mothers' statements. The original intent of the study was

to explore the stressful situations perceived by mothers in great detail: (a) maternal

perceptions of stressful situations; (b) family members' stress responses, particularly

children's stress responses; and (c) the strategies mothers used to facilitate their

children's coping. Given that the large majority of data focussed on stressful situations of

political violence, and only the mothers' perceptions of stressful situations were analysed

for this report. It is intended that further study will address family members' stress

responses and the strategies mothers used to facilitate their children's coping.

<u>Procedure</u>

The interview transcripts were examined and mapped to identify elements or

themes according to codes and categories. This was an inductive process that involved

the following steps: (a) retrieving verbatim text segments; (b) coding and cataloguing

segments; (c) sorting and clustering codes; (d) categorization; and (e) tabulation of results and frequencies (Downe-Wamboldt, 1992; Weber, 1990). The interviews were coded, categorized, and tabulated according to mothers perceptions of stressful situations during the war in the former Yugoslavia.

Retrieving verbatim text segments. All interview transcripts, pages, and lines of text were numbered. Each transcript was reviewed in its entirety to ensure that the content addressed all of the questions. The interviews were read repeatedly and text segments were selected that identified stressful situations for each of the four phases: preimpact, impact, post-impact, and recovery phases. Text segments comprising interviewer or respondent phrases, sentences, and paragraphs were retrieved where they were adequate to capture a key idea and the context. New segments were identified when the major content of the response changed. The coding rules and dictionary are found in Appendices L and M.

Coding and cataloguing segments. Data were analysed for latent and manifest content. A single unit of analysis consisted of a sentence, phrase, or passage that referred to a single situation. The unit of analysis changed when the central theme or content of the response changed. A new unit of analysis was identified only when it clearly represented a change in subject rather than an elaboration or a part of the original subject matter. Each text segment was indexed or tagged with the interview number, phase number, page number, and line number. Code words were assigned to each tagged text segment to identify the kind of stressful situation each described. New code words were created when one or more segments clearly described a new situation. For each phase

tagged text segments were catalogued according to code words, definitions, and tag

numbers.

Sorting and clustering codes. The codes and their definitions were printed onto

index cards and sorted manually. This facilitated identification of patterns in the codes

and clustering of codes into categories and sub-categories.

Categorizing units. The system for categorizing the units was based on the affinity

of the themes that emerged from the data and the literature review. Several major

categories and subcategories emerged for each phase. Each category and subcategory was

clearly defined. All categories were designed to be mutually exclusive and exhaustive of

the data (Weber, 1990). Each unit of data was coded first as part of a major category.

Then each category was re-examined, compared with other categories by linking and

cross-referencing ideas, and if applicable, the category was recoded as a subcategory or a

major category.

Tabulation. The categories were tabulated for each phase according to the

number of respondents who reported each category. Frequency counts were calculated

for each of the categories and subcategories in each phase. For each respondent, each

category was tallied only once in each phase regardless of how often a mother identified

that category. The frequencies were then tabulated and analysed to identify (a) what

family life was like during each phase; and (b) changes over time. Thereafter, the

categories were summarised into a report.

Interrater and Intrarater Reliability

Following the original coding, the researcher recoded four randomly selected

transcripts (32%). Intrarater reliability of k = 0.65 was computed using Cohen's Kappa (Cohen, 1960). Interrater reliability was determined by the researcher and an independent rater. Raters coded four randomly selected transcripts (32%) to measure interrater reliability for each category. An interrater reliability of k = 0.5 was computed using Cohen's Kappa. Given that reliability coefficients of 0.6 to 0.7 are considered acceptable (Polit & Hungler, 1991), the reliability coefficient for interrater reliability is low.

Ethical Considerations

Ethical Approval

Ethical approval for the study was obtained from the Faculty of Graduate Studies at Dalhousie University. Administrative approval was also obtained from the Metropolitan Immigrant Settlement Association (MISA). Mothers' participation in this study was voluntary and their refusal to participate in no way affected the service they received from MISA. Mothers were informed about the study and their consent was obtained in three stages.

During stage one, all participants were informed of the purpose and procedures of this study before giving written consent to participate. A settlement worker initiated contact with all eligible families via a letter of introduction from the researcher in both English and Serbocroatian (Appendices A and B). Mothers who wished to participate in the study had a two-week period to contact the investigator via a response letter (Appendices C and D) and a stamped, self-addressed envelope. Because there were insufficient participants at the end of the specified period, a reminder letter (Appendices E and F) was mailed to mothers, along with a second self-addressed, stamped response

letter. The reminder letter was designed to maximize the response rate.

Stage two centred upon receipt of a positive response or the mother contacting the investigator by telephone. This contact provided the opportunity to answer questions about the study before written consent was obtained. During this introductory telephone call, the investigator clarified the purpose and procedure of the interview. The mothers were given telephone numbers where the researcher could be contacted in case they decided to withdraw from the study. Once verbal consent was obtained, a mutually agreeable time and place was arranged for the interview.

During stage three, the investigator obtained written consent (Appendices G and H) from mothers at the time of the interview and gave each a copy. The mothers were reminded of the information given during the introductory telephone conversation.

Confidentiality

The protection of participants was assured in several ways. Only mothers who showed an interest in the study were recruited. Mothers were given the opportunity to withdraw from the study at any time. All audiotapes and data sheets identified participants by code numbers only. During interviews, mothers' names were not used. Instead mothers were addressed as "Mother". The investigator kept a single copy of the names and telephone numbers of participants in a locked location for the purposes of making contact, identifying received responses, arranging meetings, and mailing the study summary to the mothers. To maintain confidentiality, the mothers' names did not appear on any data document.

Risk and Benefits of the Study

The one identified risk to participants was the possibility of increasing their emotional distress during the interview due to the sensitivity of the subject matter. However, the opportunity to tell their stories may have helped mothers to make sense of, and find meaning in, their experiences. The mothers stated that they appreciated the opportunity to provide information that may benefit other families who have experienced political violence. To provide support, mothers who showed emotional distress as they recalled painful memories were invited to take a break during the interviews, move to another question, complete the interview at another time, or terminate the interview. All the mothers who became emotionally distressed (n = 3) chose to take a break for a few minutes and complete the interview at that time.

CHAPTER III

FINDINGS

This chapter will present interview findings related to stressful situations. Careful examination of the data revealed that each mother reported a variety of stressful situations. These stressful situations fell into three categories: (1) inputs; (2) stressful responses; and (3) strained relationships. The findings will be reported for each of the phases of the political violence process: the pre-impact, impact, post-impact, and recovery phases. Table 3 provides an overview of the stressful situations reported by mothers relative to the four phases of political violence. The elements of this table will be discussed in detail in the following pages.

Stressful Situations of Political Violence

Stressful Inputs

The first category, stressful inputs, focuses on stressful situations or stimuli that were likely to produce a psychological stress response. Mothers reported three kinds of stressful inputs: political instability; injury, death and destruction; and disruption of basic services and shortages. The findings for these categories will be presented in relation to the pre-impact, impact, post-impact, and recovery phases.

Political Instability

Each of the mothers described stressful situations related to political instability (Table 4). Political instability was considered from the perspective of the four phases of political violence.

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Table 3

Stressful Situations Mothers Reported According To Four Phases Of Political Violence (n = 11)

Stressful Situations	Pre-impact	Impact	Post-impact	Recovery
Inputs				
Political Instability	a) Uncertainty b) Ethnic hostility c) Nationalism	a) Mobilization of armed forces	a) Discrimination towards refugees b) Surrounded by war	a) Memories of war b) News from the former Yugoslavia
Death, Injury and Destruction	a) Civilian death and injury in other towns	a) Property loss, death, and injury	a) Property loss b) Worry	a) Devastation
Disruption and Shortages	a) Money, staff and food shortages b) Service disruptions	a) Food, fuel and water shortages b) Service disruptions	a) Deprivation b) Poor living conditions	a) Unemployment b) Fewer social supports c) Beginning again d) Transience
Stressful Responses				
Displacement, Immigration and Resettlement	a) Forced evacuation	a) Planned evacuation b) Physical separation from families	a) Difficult evacuation b) Citizenship	a) Resettlement
Activities of Daily Living	a) Hypervigilance b) Changes in routine	a) Developing new routines b) Escaping harm c) Finding ways to survive	a) Transience b) Intrapsychic turmoil c) Preoccupation with news about family members	

Table 3 (Cont.)

Stressful Situations Mothers Reported According To Four Phases Of Political Violence (n = 11)

Stressful Situations	Pre-impact	Impact	Post-impact	Recovery
Strained Relationships				
Marriage	a) Physical separation	a) Physical separation b) Forced conscription	a) Physical separation b) Being reunited	a) Estrangement
Extended Family Relationships	a) Taking care of elderly parents	a) Physical separation b) Extended family members in army	a) Physical separation b) Extended family members in army	a) Physical separation
Parenting	a) Sacrifices for children's welfare	a) War-related altered behaviour b) Protecting children from anxiety c) Answering children's questions d) Physical separation from children	a) Prolonged damage from war and refugee status	a) Children's altered behaviour b) Missing grandparents c) Children's loneliness d) Children's illness e) Parenting expectations

Table 4

Inputs: Political Instability (n = 11)

Phase	Inputs: Political Instability	n	%
Pre-impact		11	100
	Uncertainty	11	100
	Ethnic hostility	10	91
	Hatred and suspicion	8	73
	Stereotypes and labels	6	55
	Threatening language	4	36
	Nationalism	8	73
		11	100
Impact			
	Mobilization of armed forces	11	100
	Occupation and siege	11	100
	Attacks on communities	11	100
	Personal experience of attacks	10	91
Post-impact		10	91
	Discrimination towards refugees	9	82
	Surrounded by war	7	64
Recovery		10	91
	Memories of war	9	82
	News from the former Yugoslavia	5	46

<u>Pre-impact Phase</u>

All the mothers reported political instability situations during the pre-impact phase. These included: uncertainty (n = 11); ethnic hostility (n = 10); and the development of nationalism (n = 8). Each of these situations had a common dimension in that it threatened the mothers' sense of security and identity. However, the situations also differed in terms of their relative proximity to the individual. Uncertainty and ethnic hostility were proximal phenomena, whereas nationalism was a distal phenomenon.

<u>Uncertainty</u>

Prior to the onset of war in their neighbourhoods, all the mothers (n = 11)

received news via television, radio, friends, extended family members, neighbours, and

colleagues about the development of nationalism, ethnic discrimination, war in regions

of the former Yugoslavia, and the evacuation of large numbers of families from their

cities and towns. The political and economic changes alerted all the study mothers to the

existence of a threat, but left them uncertain as to the extent to which their families

would be affected. Ten (90.9%) of these mothers refused to leave their homes despite

warnings from friends and extended family members. Nine of these mothers (81.8%)

refused to believe that the war would drastically change their lives and were convinced

that the political problems would be resolved by politicians before they reached them.

These mothers felt detached from the political problems believing that nationalism and

the war in northern Croatia were remote. As hostilities increased, seven of the mothers

who initially denied that war would affect their neighbourhoods rationalized that a

Bosnian war would be short-lived because everyone enjoyed a good quality of life and a

cosmopolitan society in which most families were ethnically mixed. They could not be

convinced that their compatriots would start a war when their living conditions had been

so positive, people had been free, and everybody had enjoyed the same rights prior to the

elections. They thought that any conflict would be "short-lived" because people were too

intelligent to be caught up by the propaganda or to want war. One of the mothers said:

> no one could believe that it was going be such a devastation when looking back.
>
> Everyone thought, maybe some small incident, that it would be like a game. No

one thought that would lead to this. So many killings and I believe that no one in the beginning could tell that... by looking at everyday life before the incidents. Not to mention the same schooling fro·m different international backgrounds, teachers, professors, no matter from which side they came from ... everyone was allowed to study wherever they wanted and to work. They could become anything they wanted to and to work in any part of Yugoslavia and to study. There were [sic] no need for something like this to· happen.

Five of the mothers, even though they had become aware of social and political changes as large numbers of families evacuated their towns, were immobilized by the suddenness of the changes and conflicting information about the need to evacuate and evacuation-related dangers. For example, one mother was told to evacuate immediately by one set of friends, while other friends told her that evacuation was unnecessary because the war would only last a few hours. Familiar coping strategies used previously to problem-solve (e.g., seeking information, flight) were thwarted by uncertainty about the reliability of information, and doubts about the safety provided by convoys and evacuation routes.

I was insecure. I didn't have anybody to say, "This group is my group and they are going to protect me." I felt very unsafe and I didn't believe anybody, especially people who were speaking on the radio or television.

Five of these mothers reported that they were convinced of the seriousness of the situation only when they received news reports and specific signs of approaching danger such as the sounds of explosions in suburban areas of their cities and towns. These

mothers only became alarmed when they heard shooting in their towns and grenades started falling in their neighbourhoods. Even then they believed that the conflict would not last long. While the presence of troops was necessary for three mothers to believe that war had begun, for another, the troops merely signalled the imminence of war. Three mothers were only convinced of the threat to their families when they saw people killed and injured near their homes (i.e., when they felt personally threatened). One of these mothers said:

> Days before you heard shooting and grenading, but when something
>
> happens to you, then you're completely sure that it is a danger, and it's
>
> something serious that you can be killed, or that somebody, or family or
>
> friends. Then you realize that it's really something serious.

Ethnic Hostility

Ten mothers (90.9%) reported experiencing ethnic hostility. This included hatred and suspicion (n = 8), stereotypes and labelling (n = 6), and threatening language (n = 4).

Hatred and suspicion. In Sarajevo, eight mothers (72.7%) noticed that people grew suspicious of both acquaintances and strangers after someone was shot at a public gathering. Three of these mothers reported that radio and television broadcasts exaggerated this and other incidents. For example, media reports that warned citizens to be cautious increased people's fear and resulted in fewer people being seen on Sarajevo's usually crowded streets. The reports incited the growing hatred and suspicion by referring to historical nationalist conflicts and atrocities that were committed during World War II. Three of the mothers were alarmed by the rapid escalation of hatred and

animosity in their country. One of the mothers described the level of distrust as "unbelievable" and "tremendous" as friends socialized less and "some people just closed their houses" signifying their fear and the perceived need to protect themselves from others. Another one of the mothers was surprised that some of her friends were so afraid that they were moving to ethnically similar neighbourhoods to protect their families. In her words: "many people change place . . . if this place only Muslim place, and this place only Croatian place, and if I Serbian, I go to place Serbian."

Stereotypes and labels. Six mothers (54.5%) were apprehensive about the emergence of nationalist ideologies and propaganda that stereotyped people according to their ethnic and religious backgrounds. Four of these mothers reported feeling unsafe amidst the tension and became suspicious about pointed questions from neighbours. One of the mothers felt forced to keep her identity secret when people tried to identify her ethnic identity by guessing the origins of her name:

> For instance [my daughter's] teacher met me in a supermarket. She said,
> "You know, we were thinking about who you really were . .. By your
> name we cannot tell.". . .they sensed by my husband's name, he was
> Muslim. By my name they couldn't decide whether I was a Serb or a
> Croatian. I said, "We are Yugoslavs".

Threatening language. Four mothers (36.4%) felt hurt and afraid that former friends deliberately tried to offend them by using labels that referred to Serb atrocities committed during the Second World War. The mothers described increased tension related to disparaging remarks and insults made by people who had previously been

friends, neighbours and acquaintances. One mother with a Serb background was shocked

by the animosity of a neighbour who told her that: "all Serbian people should be killed".

Nationalism

Eight mothers (72.7%) reported political changes including the secession of

former Yugoslavian republics, televised elections, political meetings, political

demonstrations, and parliamentary proceedings. Six of these mothers could not

understand the development of nationalism in the former Yugoslavia or why a nationalist

government had been elected. Four of these mothers reported that after the election of

nationalist parties in Croatia and Bosnia, governments increased their control over

people's lives and withdrew human rights or preferred specific groups according to their

political affiliation, and their supposed religious and ethnic status. For example, one of

the mothers described how some of her colleagues and neighbours felt forced to choose a

national and religious identity so that they could keep their jobs:

> Once the national party came into force, they started creating lives they
>
> would like to have for us, and we knew that it was wrong. Everybody
>
> forcing religion. Everybody forcing nationalism. Everybody insisting that
>
> you're a Serb or a Muslim or a Croatian . .. Other people went along with
>
> all this nationalism. We saw that some people had to shift from one way
>
> of thinking to another way of thinking. Sometimes they were forced to if
>
> they had to keep their positions.

Three of these mothers reported being surprised that nationalism had developed

in Bosnia-Herzegovina where there were many mixed marriages and where people with

various ethnic backgrounds had been living together successfully for a long time. Two

mothers viewed nationalism and discrimination as "primitive" and "medieval", and

could not believe that "rational, modern people" who had received a "cosmopolitan

education" would take nationalism seriously. For two other mothers, the rise of

nationalism was sufficient to suggest approaching chaos. Even though she was warned

about the turmoil ahead, one mother was surprised by the changes she saw:

> We were even told by my father. . . "with the national parties it's going to
>
> be chaos in the country." But we really didn't believe at that time that it
>
> was going to be like that . . . . We thought it should have been overcome
>
> in our country many years before. This national identity . . . . we couldn't
>
> believe it was happening . . . . We thought it primitive, and then suddenly .
>
> . . . it had a lot of effect on other people and other people liked it very
>
> much. Other people went along with all this nationalism.

<div align="center">Impact Phase</div>

Mobilization of Armed Forces

The mothers identified three kinds of threatening situations during the impact

phase in relation to the mobilization of armed forces: the occupation and siege of

communities by armed forces (n = 11); attacks on communities (n = 11); and, personal

experience of attacks (n = 10). Some situations (such as living in towns that were

besieged) were more frightening than others (e.g., blackouts, aircraft-related noise).

Occupation and siege. The occupation and siege of urban areas by armed forces

was reported by all mothers as stressful. During these events, local paramilitaries and the

national army engaged in aggressive battles in the suburbs and the city, and blocked transportation routes. Nine of these families were directly affected by captured airports and blockades which were erected to block the transportation of goods and people, including seven mothers who were prevented from visiting their elderly parents to provide care. Three of these mothers also reported stress related to troop movements such as invasion and occupation by armed forces, and the retreat of the national army.

Attacks on communities. All mothers reported indirectly witnessing attacks via news from friends, radio and television. Ten of these mothers (90.9%) reported direct attacks on their cities and towns by military and paramilitary forces. Typically these attacks involved shelling, grenades, sniper attacks, and setting fire to buildings and vehicles. Mothers reported the damage and destruction of buildings and community infrastructure such as government buildings, harbours, airports (n = 5), homes (n = 5), and towns (n = 4). Five of these mothers described themselves and their children as terrified and unable to sleep at night because of the noise of aircraft breaking the sound barrier. One of the mothers described her family's fear as the impetus for her evacuation from Sarajevo:

> A few planes, they did awful flights .... They just went through the air
> wall. They just penetrated some barrier..... people thought at the time, they
> are bombarding. . . . I was at home alone.... with the child. And I just went
> down, no shoes, nothing on. Just holding my baby. I said, "No more.
> That's my final decision. I am going anywhere just to go from this awful
> town".

Personal experience of attacks. Ten mothers (90.9%) reported attacks that directly affected their families; in each case the families survived without physical injury. Four mothers had children who saw or heard attacks take place. One of these mothers stated that people tried to predict when attacks would occur and used the "breaks" to leave the bomb shelters to perform necessary chores. However, the breaks may have given some mothers a false sense of security as one of the study mothers learned when she took advantage of a break to change her baby's diaper. Her apartment was destroyed when it received a direct hit by a grenade while the terrified mother shielded her baby with her body.

Post-impact Phase

Ten mothers (90.9%) reported experiencing threatening situations during the post-impact phase. These included discrimination toward refugees (n = 9) and being surrounded by the war (n = 7).

Discrimination Towards Refugees

Nine mothers (81.8%) reported great stress regarding the discrimination and resentment shown toward refugees by citizens of the host countries. Seven of these mothers reported feeling humiliation and shame when they were labelled, insulted and treated with suspicion because of their status as refugees. Five of these mothers (45.5%) reported feeling unsafe because of the level of tension, suspicion, resentment and hostility from both their compatriots and the citizens of the host countries. These mothers believed that they were unable to find work (n = 4), lost jobs (n = 2), were forced to change their language (n = 2), and were unable to acquire citizenship in other countries

(n = 2) because of their ethnicity. They felt the need to conceal their ethnic status in those regions where their ethnic groups were in the minority. Three of these mothers had children who became withdrawn and sad after being ostracised as refugees. The mothers felt helpless because they could not protect their children. The children of one family were not allowed to attend school because of their ethnic status.

Surrounded by War

No matter where the families were in the former Yugoslavia, they felt surrounded by war because each of the republics was at war with the others. Seven families (63.6%) who fled the war in their home towns felt threatened by the ongoing war in their host countries. Three of these couples felt that having mixed marriages meant that they could not live together peacefully and safely. One family had settled temporarily in a border town when their child's school was bombed. Their child was physically uninjured but the parents felt fear and guilt about being unable to protect her from exposure to the war.

Recovery Phase

Ten mothers reported experiencing memories of the war and receiving bad news from the former Yugoslavia. These situations created anxiety for the mothers.

Memories of War

Nine mothers (81.8%) said that they wanted to forget the past because it was painful to remember the war and their experiences as refugees. Two of these mothers found that they had become more cautious about crowds and potential threats to their families. In Canada, they find Quebec nationalism particularly threatening to their families. Two other mothers were angry about the postwar hatred of other refugees from

the former Yugoslavia but also reported continuing difficulty trusting anybody from their

home country. One of these mothers said that her experiences during the war made it

difficult for her to trust anybody or to believe in anything. Another mother was afraid that

if she thought about her feelings, she would be unable to care for her family.

News from the Former Yugoslavia

Five mothers (45.5%) continued to be troubled by the drastic changes that had

taken place in the former Yugoslavia since 1991. Two of these mothers felt ashamed of

their ethnicity and found it difficult to listen to news reports about their home country

because it tended to be negative. They perceived a bias against Serbs that was reflected

by stereotypes prevalent in the popular media, especially television. Two other mothers

found it difficult to keep informed about news from their home country.

Death, Injury and Destruction

Stressful input situations included the injury, death and destruction (Table 5).

During the pre-impact phase, one mother reported the death and injury of civilians who

lived in neighbouring regions. During the impact phase they reported local injuries and

fatalities as well as the loss of homes and property (n = 11). Because of the ongoing war

and uncertainty about attacks spreading to their areas, refugee mothers (n = 5) continued

to worry about the physical safety of their children and extended family members during

the post-impact phase. Mothers reported feeling devastated about their multiple losses,

especially the loss of their homes and personal property, during the post-impact (n = 8)

and recovery phases (n = 7).

Table 5

Inputs: Death, Injury and Destruction (n = 11)

Phase	Inputs: Death, Injury And Destruction	n	%
Pre-impact		1	9
	Civilian death and injury in other towns	1	9
Impact		11	100
	Property loss, death, and injury	11	100
	Property loss and damage	11	100
	Death	7	64
	Personal injury	6	55
Post-Impact		8	73
	Property loss	8	73
	Worry	5	46
Recovery		7	64
	Devastation	7	64

Pre-impact Phase

Civilian Death And Injury In Other Towns

One mother was living in a neighbouring republic when she received news that war had begun in her parents' city and that her mother had been killed. On that day about ninety deaths, wide-scale injuries, and illnesses resulted from attacks and fires in the city.

Impact Phase

Property Loss, Death, And Injury

Property Loss and Damage

All eleven mothers endured material losses such as the loss of their homes and personal belongings when they left their homes to escape the war, or to share resources with extended family members. Of seven mothers who reported direct attacks on their

homes, the homes of five mothers were completely destroyed during grenade attacks, and

two mothers had homes that were only partly damaged by attacks.

Death

Seven mothers (63.6%) reported the death of neighbours and strangers. Five of

these mothers also reported the death of close extended family members during the war

as a result of attacks (n = 3), and pre-existing illnesses for which they were unable to

access medical services (n = 3). Two of these mothers were horrified by the massacre of

groups of people in Sarajevo. Another mother saw children killed in Sarajevo while they

played outdoors, and adults being killed while rescuing victims of prior attacks. She

expressed how normal it became to hear of friends and extended family members dying

in the war when she stated: "you can always expect to hear that someone close had died".

Personal Injury

Six mothers (54.5%) directly witnessed attacks that resulted in the injury of

neighbours and strangers. One of these mothers was injured by a shell while searching

for food and wood.

Post-impact Phase

Property Loss

Eight mothers (72.7%) told of expecting to return to their homes weeks or months

later when the war was over. However, while they were away, their homes were either

destroyed (n = 5) or taken over by refugees (n = 3) from other parts of the former

Yugoslavia. Three of these mothers reported missing their homes and felt sad when they

thought about being forced to leave homes that were later taken over by strangers.

<u>Worry</u>

Five mothers (45.5%) worried about extended family members who were still

trapped by the war. Four of these mothers were saddened by the news that close extended

family members had died. Even as refugees, families faced the threat of attack. One

refugee child was terrified after seeing the death and injury of some children when her

school was bombed.

<u>Recovery Phase</u>

<u>Devastation</u>

Seven of the mothers (63.6%) talked about the devastating impact of losing

everything and had difficulty facing the prospect of building their lives again. They said

that they had been changed by the war and felt ashamed, depressed, and anxious when

they thought about it and all they had lost. The mothers reported feeling "desolate" about

losing their homes, personal effects, family members, careers, country, language, and

confidence.

<u>Disruption of Basic Services and Shortages</u>

All the mothers reported stress related to the disruption of basic services and

shortages of basic supplies (Table 6). During the pre-impact phase, five mothers (45.5%)

reported money, staff and food shortages, and three reported service disruptions (27.3%).

Nine mothers (81.8%) reported severe food, fuel and water shortages (n = 9) and service

disruptions (n = 4) during the impact phase. Mothers experienced severe deprivation (n =

11) and difficult living conditions (n = 9) during the post-impact phase. Deprivation was

associated with other stressful situations such as financial difficulty and unemployment.

(n = 10), inadequate material support (n = 8), winter-related insufficiency (n = 7), and

shame (n = 5). Difficult living conditions included living with others (n = 8) and living in

refugee camps (n = 6). During the recovery phase mothers experienced stress related to

unemployment (n = 11), fewer social supports (n = 11), beginning over again (n = 10),

and transience (n = 5).

Table 6

Inputs: Disruption Of Basic Services And Shortages (n = 11)

Phase	Inputs: Disruption Of Basic Services And Shortages	n	%
Pre-impact		6	55
	Money, staff and food shortages	5	46
	Service disruptions	3	27
Impact		9	82
	Food, fuel and water shortages	9	82
	Food	9	82
	Fuel and water	8	73
	Service disruptions	4	36
Post-impact		11	100
	Deprivation	11	100
	Financial difficulty and unemployment	10	91
	Inadequate support	8	73
	Winter-related insufficiency	7	64
	Shame	5	46
	Poor living conditions	9	82
	Living with others	8	73
	Living in refugee camps	6	55
Recovery			
	Unemployment	11	100
	Fewer Social Supports	11	100
	Beginning Over Again	10	91
	Transience	5	46

<u>Pre-impact Phase</u>

<u>Money, Staff and Food Shortages</u>

Five mothers (45.5%) reported economic problems such as money shortages,

lower income, devalued currency, and unemployment. In addition staff shortages were

occurring in places of work as a result of workers escaping in anticipation of the war (n =

3; 27.3%).Two of these mothers (18.2%) described food shortages related to blockades.

<u>Service Disruptions</u>

Three mothers (27.3%) reported the disruption of basic services such as water

shortages, power outages, and disrupted television, radio, telephone and transportation

services. During the pre-impact phase, the disruption of services was sporadic and

unpredictable. The disconnection of services, particularly the darkness caused by power

outages, was perceived as frightening by two mothers who described it as increasing the

tension and uncertainty about what might happen.

<u>Impact Phase</u>

<u>Food, Fuel and Water Shortages</u>

Disrupted transportation services meant that necessary supplies (e.g., fuel,

candles, matches, diapers) could not be delivered to communities. Nine mothers (81.8%)

who lived through part or all of the war with their children reported that the scarcity and

exorbitant cost of food and basic supplies, the devalued Bosnian currency, and the

demand for Deutsche Marks meant that there were also money shortages. Eight of these

mothers described having insufficient money to afford fuel and food. To fend off

starvation, the husbands of two of these mothers risked injury and death while foraging

for food and fuel. During this time one husband lost half his prewar body weight because of the hours of back-breaking work spent chopping and carrying wood.

Food. Nine mothers (81.8%) reported food shortages. Six of these mothers (54.5%) experienced hunger, malnutrition, and weight loss. The mothers' inability to provide for their children's physical needs (such as food) was described as the most difficult feature of the war-time experience. Three of these mothers went without food to make sure their children were fed. As a result the parents suffered hunger, weight loss and weakness. Sometimes anxiety about the war itself interfered with the ability of mothers to breastfeed their children and placed additional pressure on mothers to suppress their emotions. One mother reported problems breastfeeding her baby because of the erratic flow of breast-milk that she related to her anxiety and mental exhaustion related to constant vigilance. The famine that was caused by the war also lead to death and related illnesses and infection. The mothers reported that people's desperation for food and their fear of starvation outweighed the threat of being killed by an attack. They described the desperation of neighbours who ate floorboards and shoes, and deliberately placed themselves in the line of fire in the hope that they would be killed and would not have to suffer from starvation any longer. One of the mothers felt most helpless at the sight of children who had lost their will to live.

Fuel and water shortages. Eight mothers (72.7%) reported fuel shortages. War-time deprivation was exacerbated during the winter when families (n = 4) suffered discomfort and hardship from the lack of fuel and heat. Three of these mothers (27.3%) reported water shortages. One of these mothers was forced to wash her baby's diapers in

the ocean where she was vulnerable to attack. It also meant that the diapers, washed in salt water, were rough and not adequately cleaned. Consequently, her child developed diaper rash and chronic urinary tract infections. This mother also reported that the family was rationed to a glass of clean water per day. This meant that she could not spare the water needed to water her houseplants or nurture cut flowers. The death of her plants symbolised the death that surrounded this mother and her helplessness to sustain beauty or life in her home.

Service Disruptions

Four mothers (36.4%) reported changes in their daily routines because of the interruption, shortage or complete disruption of basic services including power, water, television, transportation, radio and telephone services. Initially the interruption of services was unpredictable and annoying (e.g., the interruption of children's cartoons with political news bulletins and propaganda), but as the war progressed, the delivery of basic services ceased as the community infrastructure was destroyed. Particularly distressing for the mothers was the lack of power, water, heat, and telecommunications. The absence of power meant that one family with an electric stove and heating system had no access to heat and was unable to prepare or eat cooked food during the three years that they lived through the war.

<div align="center">Post-impact Phase</div>

Deprivation

Although the families suffered less from attacks in the post-impact phase, they continued to suffer deprivation. All the mothers said that they had insufficient money to

fully meet their children's basic needs (such as food, shelter, warmth, and hygienic surroundings), or their need for personal comforts (n = 3). While most mothers (n = 7) went without personal comforts (such as cigarettes and alcohol), some also went without food (n = 3) so that they could afford to provide for their children. Three other mothers stated that the food shortages lead to malnutrition and weight loss in their families.

Financial difficulty and unemployment. Ten of the mothers (90.9%) described financial difficulties related to a shortage of money, unemployment (n = 9), and the devalued currency (n = 2). Eight mothers were frustrated by fruitless job searches. Two mothers found work but were underpaid and found it necessary to work extra hours to earn enough to survive. One mother lost her job because of her ethnic status.

Inadequate support. Although they were grateful for receiving assistance, eight mothers (72.7%) were disappointed with the level of financial, material and emotional support they received from the host countries and international humanitarian agencies in Serbia and Slovenia. They felt that the citizens of the host countries did not understand that they had lost everything and needed support. Six of these mothers believed that they were made to feel unwelcome because they were seen as burdensome to the citizens of those countries. They felt that they had been rejected as outsiders by their own people. Three of these mothers described having to pay for food and visas so they could live in refugee camps, while two other mothers reported that the food obtained as humanitarian aid was unpalatable and unhealthy. Two of the mothers described community dissatisfaction because of the perception that some refugees were receiving more than others. One of these mothers suggested that some Muslim families were being

compensated by some Serb families for their suffering at the hands of Serb forces in

Bosnia.

Winter-related insufficiency. Seven families (63.6%) felt the shortage of food,

clothing and electricity most keenly during the winter given that their summer cottages

were without fireplaces, and they had brought only summer clothing in the mistaken

belief that they would be refugees for only a short while (weeks or months). Four of these

mothers reported being depressed because they could think of no way to get employment

to pay for fuel and food to supplement the humanitarian aid they received.

Shame. The mothers' deprivation was exacerbated by having no choice about

being refugees and by being dependent on the charity of others. Five mothers (45.5%)

felt that one of the worst aspects of the refugee experience was the "shame",

"humiliation" and "degradation" that accompanied them wherever they went as refugees.

Four of these mothers felt that they were a burden to those with whom they lived. They

were particularly distressed by the humiliation their children had to endure because of

their poverty, ethnicity, language, and refugee status. At times, one of the mothers

regretted her decision to leave her home to seek asylum in another country.

Poor Living Conditions

Living with others. Eight mothers (72.7%) reported varying levels of difficulty in

living with extended family members and the strangers (host families) who housed them

as refugees. Six of these mothers had difficulty adapting their daily routines to

accommodate their host families. Problems that the mothers (n = 5) considered minor

included quarrels about privacy, chores and parenting styles that exerted a bad influence

on the study children with regard to their diet, treats, and night-time routines. Problems

that mothers considered serious included having limited freedom in the host families'

homes (n = 4), being trapped in a room by dangerous dogs (n = 1), maltreatment of a

refugee child (n = 1), and important messages being deliberately withheld from the

mother (n = 1). Four of these mothers endured difficult living conditions and were unable

to leave these homes for several months because they lacked the money to afford their

own apartments.

Living in refugee camps. Six mothers (54.5%) described a decrease in their

standard of living because shortages of money meant needing to live in crowded refugee

camps (such as military barracks and hotels) for long periods of time (two to four years).

Four of these mothers described stressful situations related to crowding: inadequate

cooking and bathroom facilities (n = 2), and privacy and personality conflicts (n = 2).

Three of the mothers described the difference in quality between camps that were served

by aid workers and those that were not serviced. The camps that were not serviced by

humanitarian agencies were characterized by hardship such as hunger, illness, filth,

boredom, and a lack of medical and social services that affected three of the mothers and

their children. These mothers felt despair and helplessness about the deprivation and

suffering in the camps.

Recovery Phase

Unemployment

Unemployment was a problem for all of the mothers. One mother said that her

low income meant that she could not afford her child's school and clothing expenses.

Moreover, she had difficulty paying for their high telephone bills and could no longer

afford to telephone her parents in Serbia. She felt helpless and desperate after several

failed attempts to find employment in her field. She believed that she was being blocked

by people who were protecting their professional fields from outsiders.

Fewer Social Supports

All eleven mothers reported missing their home country. Eight of these mothers

felt lonely because they did not know anybody in Canada. Three of the mothers were

hesitant to communicate with Canadians since those they had met did not appear to be

interested in refugees, had misunderstood their unhappiness, and appeared to doubt the

veracity of their stories about their home country and the war. At the time of the

interview they regretted their decision to leave Yugoslavia where they had friends and

extended family. Two mothers expressed the need for psychological support because they

were so unhappy that they could not give their children hope.

Beginning Over Again

Ten mothers (90.9%) felt overwhelmed by the prospect of having to begin life

over again. Five of these mothers (45.5%) said that their difficulty speaking English

made it difficult to find work, to speak with Canadians, or to help their children with

English homework.

Transience

Five mothers (45.5%) described transience as a stressful situation. They felt that

they had experienced too much instability since the war had begun and they had moved

too much. Despite problems finding work, two mothers did not want to move to another

part of Canada in search of work. Both mothers said that relocating with their children would be particularly difficult.

Stressful Responses

The second category of stressful situations referred to stressful responses. Stressful responses were defined as situations that were produced by a response to another stressful situation. Mothers reported two kinds of situations that were associated with stressful responses: displacement, immigration, and resettlement; and activities of daily living.

Displacement, Immigration, and Resettlement

Displacement refers to the physical relocation of a person from one place to another. Efforts to seek safety from the war included displacement from war zones and experiences of immigration and resettlement (Table 7). Typically this meant becoming a refugee by leaving one's home and country and seeking refuge in another. All the families sought refuge in Croatia (n = 3), or countries neighbouring Bosnia and Croatia (n = 10), before emigrating to Canada. On average, families spent two and a half years as refugees and relocated four times before emigrating to Canada (Table 8). During this time, their lives were unsettled and uncertain as they relocated in search of safety and improved living conditions (e.g., their own apartments and paid employment).

During the pre-impact phase, one mother reported stress related to having little choice about evacuation. During the impact phase, mothers reported stress in relation to deciding to evacuate (n = 10), fear that evacuation would be blocked (n = 9), and physical separation from family members (n = 8). Stress during the post-impact phase

was related to the difficult nature of the evacuation journey (n = 8), immigration

procedures (n = 8), and being refused refugee status by other countries (n = 2). During

the recovery phase mothers faced resettlement and acculturation stress in Canada. Stress

during this phase was related to resettlement hassles (n = 5), disillusionment (n = 5), and

culture shock (n = 4) (Table 7).

Table 7

Stressful Responses: Displacement, Immigration, and Resettlement (n = 11)

Phase	Stressful Responses: Displacement, Immigration, and Resettlement	n	%
Pre-impact		1	9
	Forced evacuation	1	9
Impact		10	100
	Planned evacuation	10	100
	Deciding to evacuate	10	100
	Fear of blocked evacuation	9	82
	Physical separation from families	8	73
Post-impact		11	100
	Difficult evacuation	8	73
	Discomfort	8	73
	Feeling unsafe	5	46
	Citizenship	9	82
	Emigration process	8	73
	Refugee status refused	2	18
Recovery			
	Resettlement	5	46
	Settling in Canada	5	46
	Disillusionment	5	46
	Culture shock	4	36

Table 8

Time In Asylum, Times Relocated, And Types Of Accommodation Families Endured

Through Evacuation (n = 11)

Variable	N	%
Time In Asylum	11	100
12-23 months	3	27
24-36	6	55
>36	2	18
Number Of Times Relocated	11	100
3	3	27
4	5	36
5	2	18
6	1	9
Accommodation As Refugees	11	100
Own apartment	7	64
Extended family	7	64
Camp	6	55
Strangers	2	18
Earned Income As Refugees	11	100
Yes	8	73
No	3	27

Pre-impact Phase

Forced Evacuation

Only one of the families fled the war before their town was attacked. This mother

described her family's panicked evacuation in an unplanned convoy after they heard that

an army had surrounded the town on three sides. The community was informed by radio

that they had only half an hour before the convoy would leave. Being unprepared

increased the anxiety of the mother. As a result of her own anxiety other stressful

situations arose such as forcing the children to leave their favourite toys behind, forcing

her mother-in-law to leave with them, feeling unsafe with the convoy, and fears that car

problems would prevent them from completing the journey.

Impact Phase

Planned Evacuation

The remaining ten mothers (90.9%) chose to evacuate because they were worried

about their children's safety and the uncertainty of their future. Common stressful

situations around the mothers' experiences of evacuation included: deciding to evacuate

(n = 11), and fears that their evacuation would be blocked (n = 9). Six of these mothers

were alerted to the need for evacuation by the evacuation of others and by warnings from

concerned friends, extended family members and neighbours. Some families (n = 5) were

also motivated by fear that the men and boys in their family would be forcefully

conscripted to fight in the war against people they knew.

Deciding to evacuate. Ten mothers (90.9%) described stress related to making the

decision to evacuate. Nine of these mothers described the preparations to flee as stressful

because of the defiance of spouses (n = 6; 54.5%), extended family members (n = 4;

36.4%), and sons (n = 2; 18.2%) who refused to flee; needing to negotiate passage during

an airlift (n = 2); and the lack of money to afford protection during their escape (n = 1).

The decision to flee was not straightforward. Some mothers (n = 7) were

undecided about escaping without their spouses and debated living through the war with

them rather than taking the risk of losing them. It was difficult for some couples (n = 2)

to make the decision because of the risk of being physically separated at checkpoints and

the fear that family members would not be seen again. Some people refused to flee the

war. Six of the mothers had husbands who refused to flee because they wanted to help

others to survive (n = 3) or to fight in the war (n = 3). Four mothers reported having

elderly parents who were determined to live in their homes throughout the war. Two

mothers had children who refused to leave their parents in the war zone while they were

evacuated to safer areas. The children did not want to be alone and chose to stay with

their parents.

Fear of blocked evacuation. Nine mothers (81.8%) were afraid that their

evacuation would be blocked. Initially both men and women were allowed to flee but

within days of the war beginning, some men (n = 4) were prevented from leaving in

airlifts and convoys because the evacuation of pregnant women and women with children

was prioritized. Four of the mothers described anxiety related to their husbands', sons',

and fathers' evacuation being blocked at the beginning of the war. Three husbands who

wanted to leave at the beginning of the war were not allowed to leave their cities until

later. After the war began, all (three husbands, three mothers, and two families) who had

refused to leave at the beginning of the war, were distressed about their flight being

blocked because they were surrounded by war. Two families lived in their communities

through the worst part of the war (1992 to 1993) until they were able to leave safely. One

of these families delayed their flight while the mother raised the money needed to pay

those who could facilitate their flight (i.e., bands of paramilitary soldiers).

Physical Separation From Families

Eight families (72.7%) endured being physically separated after the war began.

Seven of these families were only reunited three years later. Four of the husbands were physically separated from their families by war for two to three years, while two others were separated from their families for only one to three months. Two mothers were physically separated from their children. One mother who sent her children to her parents in another republic shortly after the war began, was separated from her young children for three years while another mother was only separated from her children for two months.

Post-impact Phase

Difficult Evacuation

Eight mothers (72.7%) described their evacuation from the war as dangerous, difficult and uncomfortable because of crowded vehicles (cars, buses and aeroplanes) and the threat of being attacked, turned back, or detained at checkpoints.

Discomfort. Eight mothers (72.7%) described their evacuation from Bosnia as difficult and uncomfortable. Four of these mothers described their evacuation in convoys as hurried and forced signifying their lack of control while four other mothers described the difficulty of escaping by walking long distances for days while carrying their small children. Two of the mothers who travelled in convoys complained of additional discomfort related to danger, heat, crowding and being unable to stop to use bathroom facilities. One of the mothers was uncomfortable travelling on a noisy military aeroplane with no seats, injured soldiers, and mothers who were weak from having just delivered babies.

Feeling unsafe. Five mothers (45.5%) described their evacuation from Bosnia as

dangerous. Three of these mothers were airlifted and were afraid of the military

aeroplane being attacked. Two of the mothers (18.2%) who fled by car in

a convoy were afraid of their flight being blocked should their ethnic identities be

discovered while passing through checkpoints. One of the mothers was afraid because

she was reminded of the transportation of Jewish people during World War II. She felt

particularly uncomfortable being transported together with soldiers whom she considered

enemies.

Citizenship

Nine mothers described stress related to applying for refugee status. Of these, six

mothers experienced stress related to emigration to Canada and two described stress

related to being accepted as a refugee in the former Yugoslavia.

Emigration process. Eight mothers (72.7%) described stress related to the

emigration process. Six mothers (54.5%) stated that their decision to emigrate to Canada

was influenced by uncertainty and fear about the future of their children. Three mothers

(27.3%) who applied to emigrate to other countries were disappointed with the duration

of the refugee application process and began losing hope of being accepted as refugees in

Canada because of the rejection of their applications by other countries. One mother

initially disagreed with her husband about leaving their country and losing contact with

her extended family, but eventually agreed to emigrate to protect her children from

hatred and war.

Refugee status refused. Two mothers reported anxiety about being refused

refugee status. One of these mothers talked about her husband being forced to escape the

war and conscription in Bosnia and being refused refugee status in Croatia. He was

forced to go to Serbia where he faced humiliation and danger because of his Muslim

background. Another mother was allowed to live in Slovenia but was refused refugee

status for a year. During this time she was refused the benefits of having refugee status

such as financial and material support and permission to work.

Recovery Phase

Resettlement

Settling in Canada. Five mothers (45.5%) said that they were exhausted after they

arrived in Canada. The trip was particularly difficult for three of these mothers who had

children who were ill. Two of the mothers had hoped that they would be settled into

apartments immediately after arrival so they could begin to rebuild their lives but were

disappointed that they lived in a hotel and had to wait for weeks before they received an

apartment.

Disillusionment. Five mothers (45.5%) reported being disillusioned after arriving

in Canada because they had been misinformed by the Canadian embassy about what they

could expect of life in Canada. This was exemplified by their disappointment about

needing to obtain new educational qualifications and requalify before they could enter

the Canadian labour force. They were worried about the length of time needed to

requalify, and the uncertainty of finding work after requalifying. The lack of employment

opportunities in Canada was an unpleasant surprise that increased their uncertainty about

their future.

Culture shock. Four of the mothers (36.4%) reported being aware of being

different culturally and had difficulty adapting to Canadian customs or manners. They

felt distant from everything that was familiar in life.

Activities of Daily Living

All mothers reported stress related to the changes in their routines and daily

activities (Table 9). During the pre-impact phase five mothers reported increased interest

in news reports in their households and three mothers reported changes in their daily

routines to accommodate social changes that were affecting them at work and school.

During the impact phase, mothers experienced stress related to the necessity of

developing new routines that would enable them to survive (n = 10), and being

preoccupied with finding ways to survive (n = 6). Stressful situations related to escaping

harm included being constantly vigilant (n = 9), needing to stay indoors (n = 6), seeking

safety in bomb shelters that afforded little protection (n = 6), and difficulty sleeping at

night (n = 5). All the mothers (n = 11) described stress related to their efforts to

reestablish a familiar daily routine as they struggled to rebuild their lives during the post-

impact phase. During the post-impact phase, mothers daily routines were affected by

intrapsychic turmoil (n = 9) and their preoccupation with seeking information about

family members in the war (n = 8). Intrapsychic turmoil was related to despair about

their future (n = 9), horror about their past (n = 4), and helplessness in the face of their

families' immediate plight and the needs of other refugees (n = 4).

Table 9

<u>Stressful Responses: Activities Of Daily Living (n = 11)</u>

Phase	Stressful Responses: Activities Of Daily Living	n	%
Pre-impact		5	46
	Hypervigilance	5	46
	Changes in routine	3	27
Impact		11	100
	Developing new routines	10	91
	Escaping harm		
	Constant vigilance	9	82
	Staying indoors	6	55
	Bomb shelters	6	55
	Sleeplessness	5	46
	Preoccupied with finding ways to survive	6	55
Post-impact		11	100
	Transience	11	100
	Intrapsychic turmoil	9	82
	Despair	9	82
	Memories of war	4	36
	Helplessness	4	36
	Preoccupation with news about family members	8	73

<u>Pre-impact Phase</u>

<u>Hypervigilance</u>

The elections, political meetings and parliamentary proceedings on television were followed closely by five mothers (45.5%) who reported paying close attention to television news. The husband of one mother was described as being preoccupied with the radio and its information about the threat of war. His wife reported that he even slept with his radio.

Changes in routine

Daily routines were also changed as parents (n = 3) took on additional shift-work

to compensate for staff shortages. Teacher and student shortages also meant that school

was cancelled for children of one family.

<div align="center">Impact Phase</div>

Developing New Routines

Changes in families' daily routines generated stress in ten families (90.9%) who

needed to change their daily routines to accommodate the disruption of basic services

and to flee danger. Adults risked danger to visit dependent elderly extended family

members (n = 4), and seek food, fuel and information about extended family members (n

= 2). Two men became preoccupied with finding ways to survive (n = 2).

Escaping Harm

Mothers reported that some efforts to find safety were stressful. These included

constant vigilance (n = 9), seeking safety in bomb-shelters, basements and cellars (n = 6),

staying indoors (n = 6), and losing sleep because of the threat of attack (n = 5).

Constant Vigilance. Nine mothers (81.8%) talked about the strain of being "on

edge all the time". They described being constantly aware that they and family members

were never completely safe. Some of these mothers (n = 5) described needing to be

constantly vigilant about possible sources of danger and potential routes of escape when

they left their apartments or bomb shelters. They referred to staying indoors during

attacks and rushing to find food or visit friends and extended family members when there

was a brief respite from sniper attacks. Two of these mothers reported that having

inadequate support to provide childcare in their absence prevented them from going outdoors on errands (such as searching for food or washing diapers).

Staying Indoors. Six mothers (54.5%) kept their children indoors to protect them from danger. They struggled to find activities that would occupy children who were bored from being housebound all the time (n = 6). One of these mothers said that one of the most difficult aspects of staying safe during the war was trying to explain to her child that she could not go outdoors when she was too young to understand the danger:

We were not allowing her, ... our child to get further than a couple of

metres in front of the building because it wasn't secure any time. And it

was really hard to keep the child, a three year old child, how can you keep

her from not going outside? She didn't know anything about it. And she

did not, that's a good thing. Because at that age she didn't know what it

is.... Oh yeah, that was the hardest part. How to find a way. How to

explain. Well, there was no point explaining there is a war. You can't

explain to a three year old child that there is a war going on and, it doesn't

work. But you have to. But what can you do in basement, like...there were

no toys. There were no toys. We had to find something to occupy the

child. And on the other side, you have a child that wants to go outside.

And, you know, how to, you have to find something to keep her occupied.

She wants to she said, screaming and yelling.

Bomb Shelters. Six mothers (54.5%) described fear and discomfort associated with seeking shelter in basements, cellars and other bomb-shelters. Mothers described

the shelters as crowded (n = 5), dark (n = 4), cold, damp and uncomfortable (n = 3),

noisy (n = 3), and unsafe (n = 3). Furthermore, the shelters lacked cooking or bathroom

facilities (n = 3) which meant that mothers were unable to feed or clean their children, or

change their diapers. Three of these mothers said that they would never forget the panic

that followed the sound of the siren as people rushed to the bomb-shelters for safety. In

the rush, disabled or dependent elderly people were sometimes forgotten and apartments

left unlocked. Two of the mothers said that their children's intense fear about being in

the shelters convinced them to flee to a republic where they could live safely. Two other

mothers described their shelters as unsafe with one mother talking about their shelter

being destroyed while she and her child hid in their apartment. Another mother reported

that their shelter was so unsafe that residents of their apartment building elected to live in

the corridors of the apartment building instead.

Sleeplessness

Five mothers (45.5%) described having difficulty sleeping through the war

because night-time noises made them afraid about the threat of fires and shelling. One of

these mothers reported experiencing fear and sleepless nights for years because people's

homes were being attacked while they slept at night:

in our neighbourhood, on some people or groups, they took, like, dynamite

in front of the houses. They hit rocks on the roof or something, and some

houses around ours, and somebody fired some houses. Everything was so

close to us and you couldn't know, you didn't know what will be this

night because usually it's happened at night time, nobody can see who do

these things. Every night in one car or something. It was very hard because

you can't know. You don't know how to accept, what to expect tonight or

something. You must always be prepared and think. Don't sleep so good

maybe. Three years. My city is terrified, you know, shooting, bombing or

something.

Preoccupied With Finding Ways To Survive

For those families who lived through most of the war (n = 6; 54.5%), much time

was spent thinking about how to survive. Two mothers described their husbands as

depressed and anxious about the lack of solutions available to them. Another mother

described her husband's sense of profound helplessness as he thought for hours about

ways in which the family could survive:

it's hard, when you occupy with your own personal problems, what to do,

because time thinking, making plans, because it's not going to be good.

You see the situation getting worse and worse. You have to do something,

but there's not much.

Post-impact Phase

Transience

Transience was common (n = 11). Typically families moved four times over as

many years to find safety, work and improved living conditions (Table 8). Four mothers

(36.4%) reported a struggle to maintain a daily routine that was related to continually

relocating. One mother believed that the lack of routine prevented her child from

attaining developmental milestones such as toilet training and becoming familiar with

household objects.

Intrapsychic Turmoil

Nine mothers described being preoccupied by emotional turmoil. This included feelings of despair about the future and war-related events as well as helplessness about the suffering of other refugees.

Despair. During the months when they first became refugees, nine mothers (81.8%) described a recognizable phase of eight months to a year that was characterized by feelings of numbness and despair. Two mothers said that they felt despair about their future.

> I know that over these four years I've passed different feelings . . . . from
>
> depression, then the worst feeling for me was when you really don't feel
>
> anything. When you don't care. When you don't care for anything. . . . for
>
> me its really terrible when you don't feel anything. When you are not
>
> happy, you are not sad, just empty without any feeling for most things.

Memories of war. Four mothers (36.4%) described emotional turmoil and being preoccupied with memories of the horrific atrocities committed in their communities. They felt that the war did not end when they became refugees because of the horrific memories of the atrocities, hatred and threats committed by their compatriots. Three of these mothers reported decreased morale in the refugee community evinced by tension, loss and sadness about the war. Two of these mothers felt unable to love Sarajevo any longer and needed to become mentally detached from it. One of these mothers described being preoccupied by her memories of Sarajevo for a year:

I really was homesick at the time. In the first year, homesick. .. I was

homesick because I couldn't believe that I won't see my home ever again

and my hometown. I do not believe the things that I see with my own eyes.

Sarajevo is still in my mind a red city. Still bloodshed.... I could not

believe that .... such awful things happened. I could not believe that my

first neighbour mentioned . . . . if my father is there he will kill him. What

neighbours did to neighbours, and friends to friends, unbelievable. It was

a long time . . . . I was thinking about it, when I went to bed at night I

just went back to my memories. It was very hard at the beginning.

Helplessness. Four mothers (36.4%) reported being overwhelmed by feelings of

sadness and hopelessness about their own situations, as well as helplessness about the

suffering and desperation of others. Two mothers talked about feeling despair about their

own future. For one of these mothers, the desperation was overwhelming: "I was really

preoccupied with .....existential things. How to find a job first....I was emotional at the

time.....My mother used to say even if you show me a finger I'd start crying." Another

mother felt guilt about having enough when others around her were suffering.

Preoccupation With News About Family Members

Because communication systems had been destroyed in the war zones, eight

mothers (72.7%) went for months without hearing from spouses and extended family

members. Hearing only conflicting and negative news reports, and the mothers'

awareness that life was dangerous and difficult for those trapped by the war, exacerbated

their separation. Four mothers watched television constantly for news about the war, their

husbands and extended family members because they were afraid of missing important information. One mother lost 45 kilograms which she ascribed to the anxiety about not hearing about her husband.

Strained Relationships

The third category of stressful situations referred to strained relationships. The mothers reported three kinds of situations that were associated with strained relationships: marriage; extended family relationships; and parent-child relationships. Each of these will be described in terms of the phases of political violence.

Marriage

Ten mothers were in mixed marriages at the beginning of the war. An eleventh mother, who was estranged from her husband, refused to say if she was separated or divorced. Neither did she comment on whether she and her husband became estranged before or during the war. All the mothers who were married at the beginning of the war reported stress related to their marriages and physical separation from their spouses during each phase of the war (Table 10). During the pre-impact phase four mothers in ethnically mixed marriages worried that they would be forced to separate from their husbands. During the impact phase, mothers reported physical separation from their husbands (n = 9) and fears of forced conscription (n = 5). During the post-impact phase, seven mothers reported that physical separation from their spouses was stressful. Interestingly, being reunited was stressful for three mothers as the families learned to live together again.

Table 10

Strained Relationships: Marriage (n = 11)

Phase	Strained Relationships: Marriage	n	%
Pre-impact		4	36
	Physical separation	4	36
Impact		10	91
	Physical separation	9	81
	Forced conscription	5	46
Post-impact		7	64
	Physical separation	7	64
	Being alone	7	64
	Communication barriers	6	55
	Living together	2	18
	Estrangement	1	9
	Being reunited	3	27

Pre-impact Phase

Physical Separation

Four mothers (36.4%) reported being undecided about evacuating because they had different ethnic backgrounds from their husbands and they were not sure whether they would be allowed to live together in any of the republics or if they would be blocked if they tried to evacuate.

Impact Phase

Physical Separation

Nine mothers (81.8%) were physically separated from their husbands during the impact phase. Of these, seven mothers were later reunited as refugees. Five of these mothers had husbands who refused to evacuate and three had husbands who were

prevented from escaping the war. Three husbands chose to stay in the war so they could

help others to survive. One husband was separated from his family for 27 days after

being violently arrested and detained. One mother became permanently estranged from

her husband when he rejected her because of her ethnic status and chose to fight in the

war. Another mother was physically separated from her husband for three years after she

voluntarily returned to the war zone to take care of her father.

Forced Conscription

Five mothers (45.5%) worried that their husbands and teenage sons would be

forced to join a national or paramilitary army. They were afraid that they would be forced

to fight against and kill extended family and friends, or be killed themselves.

Post-impact Phase

Physical Separation

Being alone. Even when they were living with extended family members, some

mothers (n = 7) felt burdened by having to cope on their own to make sure that they and

their children were able to survive. Six mothers felt lonely and missed the husbands from

whom they were physically separated by the war. Two of these mothers were voluntarily

separated from their husbands when the latter chose to return to war zones to help

extended family members. One of the mothers, who was visited by her husband during

her first two months as a refugee, wanted to return home with him so the family could

live together, but stayed in the refugee camp at his insistence.

Communication barriers. Six mothers (54.5%) felt that physical separation from

their husbands was exacerbated by communication barriers and their fear that their

husbands would be injured, killed, or forced to fight in the war. Barriers to

communication included destroyed telephone networks (n = 6), receiving outdated letters

(n = 2), and having messages deliberately withheld (n = 1).

Living together. Two of the mothers (18.2%), who were in Croatia when it was at

war with Bosnia, were not allowed to live with their husbands. The couples had to

choose between returning to Bosnia and the threat of war, living in Croatia without their

husbands, or going to Serbia where they could live together as a family and their

husbands risked either conscription (n = 1) or discrimination and humiliation (n = 1).

Estrangement. One mother, who was rejected by her husband when he chose to

fight in the war, felt pressured by extended family and friends to forget him. After he left

the war and emigrated to Hungary as a refugee, she sacrificed a hard-won secure job to

join him in an attempt to rebuild her marriage, and to give her daughter a chance to have

a relationship with him. She left him after he threatened to kill them because of their

ethnicity. She regretted that she and her husband had not resolved their marriage dispute

before she emigrated to Canada.

Being Reunited

Three mothers (27.3%) reported having difficulty adapting to the changes in their

husbands and that they needed to become reacquainted and to develop new roles and

relationships with each other. In addition, the mothers and their husbands needed to

adapt to new roles. It was difficult for their children to adapt to their fathers' return. Each

of the mothers reported that their children were unable to recognize their fathers when

they met them after being physically separated for over three years. In each case, the

children were jealous of their fathers.

Extended Family Relationships

Relationships with extended family members involved two kinds of stressful situations: physical separation from extended family members; taking care of elderly parents; and the involvement of extended family members in the war (Table 11). During the pre-impact phase, stress related to relationships with extended family members (especially the parents of the mothers and husbands) involved physical separation due to blockades that prevented mothers (n = 6) from visiting with extended family members and difficulty taking care of their elderly parents. Separation from extended family members during the impact (n = 5), post-impact (n = 9) and recovery phases (n = 8) was characterised by maternal fear that physical separation would be permanent and that their nuclear and extended families would not see each other again. The mothers stated that the involvement of their siblings as combatants in the war created emotional turmoil during the impact phase (n = 2) and post-impact phase (n = 5).

Pre-impact Phase

Taking Care Of Elderly Parents

Six mothers (54.5%) reported needing to take care of their parents. Once the blockades were erected, five of these mothers were prevented from visiting them. Another mother was taking care of an extended family member in Bosnia when war broke out in her home town in Croatia. Worried that fumes from the explosions would affect her father's health, she left the safety of her in-laws' home in Bosnia to care for him during the war in Croatia.

Table 11

Strained Relationships: Extended Family Relationships (n = 11)

Phase	Strained Relationships: Extended Family Relationships	n	%
Pre-impact		6	55
	Taking care of elderly parents	6	55
Impact		5	46
	Physical separation	4	36
	Extended family members in army	3	27
Post-impact		10	91
	Physical separation	9	82
	Helplessness	8	73
	Leaving extended family	4	36
	Extended family members in army	5	46
Recovery		8	73
	Physical separation	8	73

Impact Phase

Physical Separation

Four mothers (36.4%) experienced a sense of profound helplessness about being unable to help, or to find information about, their elderly parents who lived in cities that were being bombarded. During this time three of their elder mothers were killed and the parents of another disappeared. The mothers risked extreme danger by re-entering the war zones to care for extended family members.

Extended Family Members In Army

Three mothers (27.3%) had extended family members who were fighting against their own republics. Having an extended family member in an army was a direct threat to

two of these mothers' families. They had ambiguous feelings as they simultaneously feared for their brothers' safety and felt shame about their involvement in the war. One mother suspected that her brother's involvement in the war was the reason for her husband's subsequent arrest and imprisonment by Bosnian police. Two of these mothers felt disloyal about doubting Serb nationalism because of the involvement of family members in the war. One of these mothers exemplified the sense of turmoil created by the apparent betrayal of her family and ethnic group that was engendered by her relatives' attacks on the city where her parents lived. She felt that her brother and brother-in-law were betraying her family by attacking their republic. She also questioned whether her doubts about Serb nationalism were a betrayal of her ethnic group:

It bothered me really very much, because I knew that they were on the other side, that they were shooting on Sarajevo, they were grenading it, and my parents were there. I felt it as an attack on my whole family, really. Still I felt this guilt, "Why am I a Serb at this moment?" And whenever I felt this thing I would always remember my father who was totally on the part of this national feeling, and I would always think of him and say, "Well he really comes from Serbia. Maybe I'm doing wrong when I'm thinking like that. Maybe I should not think like that." And it was always guilt that I'm doing something wrong to my father and his family, that I'm doing something wrong to my husband's family. Something was always there bothering me . . . all the emotional turmoil . . . . trying to understand what was going on.

<u>Post-impact phase</u>

<u>Physical Separation</u>

<u>Helplessness</u>. Eight mothers (72.7%) reported feeling profound helplessness about being unable to help or communicate with extended family members who were trapped by war. Five of these mothers worried about the safety of their extended family members and were afraid that they would never see their loved ones again. Four of these mothers described being very lonely because they missed their extended family members.

<u>Leaving extended family</u>. Four mothers (36.4%) described a tearful farewell and deep sadness as they left extended family members (grandparents, parents and siblings) so they could depart for Canada. The mothers were afraid that their family members would not be allowed to emigrate to Canada and that they would not see each other again. One of these mothers worried that she was ruining all their lives, especially that of her daughter by taking her away from everything she knew and loved.

<u>Extended Family Members In Army</u>

Four mothers (36.4%) reported feeling shame, anger and concern about extended family members who were fighting in the war. Three mothers felt that their loyalties needed to be divided because they could not support the war.

<u>Recovery Phase</u>

<u>Physical Separation</u>

Eight mothers (72.7%) said that they and their children missed their extended family and friends. The mothers were worried about their extended family members being alone in the former Yugoslavia. Two of these mothers were also worried about

their parents who were missing their grandchildren. One of these mothers knew that her parents worried about them, and especially about the change in their grandchild when they saw her sadness in photographs. The mother was frustrated that there were no apparent solutions to her parents and daughter missing each other. She felt helpless about being unable to afford to help either her daughter or her parents by visiting or moving to Serbia, or bringing her parents to Canada. Because letters were inadequate for communicating in person, she felt that she had no choice but to incur high telephone bills by calling her parents so that they could all talk to each other.

Parent-child Relationships

All mothers reported stressful situations related to parent-child relationships (Table 12). During the pre-impact phase two mothers were forced to make personal sacrifices to take care of their children. All the mothers reported worrying about their children's physical and psychological needs during the impact phase. Two mothers also reported stress related to being physically separated from their children. The post-impact phase was characterised by the mothers' (n = 8) worry about their children being psychologically damaged by their experiences during the war and as refugees. During the recovery phase, mothers were worried about their children's: altered behaviour related to experiences during the war and as refugees (n = 11); sadness related to missing grandparents (n = 9); loneliness related to being unable to make friends with Canadian children at school (n = 7); and illness (n = 3). Mothers (n = 5) also found it difficult to parent their children according to Canadian expectations.

Table 12

<u>**Strained Relationships: Parenting Children (n = 11)**</u>

<u>**Phases**</u>	<u>**Strained Relationships: Parenting Children**</u>	**n**	**%**
Pre-impact		2	18
	Sacrifices for children's welfare	2	18
Impact		11	100
	War-related altered behaviour	11	100
	Protecting children from anxiety	9	82
	Answering children's questions	7	64
	Physical separation from children	2	18
Post-impact		8	73
	Prolonged damage from war and refugee status	8	73
Recovery		11	100
	Children's altered behaviour	11	100
	Missing grandparents	9	82
	Children's loneliness	7	64
	Children's illness	3	27
	Parenting expectations	5	46

<u>Pre-impact Phase</u>

<u>Sacrifices for Children's Welfare</u>

Two mothers reported being worried about the welfare of their children during the pre-impact phase. One couple (n = 1) who did shift work in the same factory decided that each parent would care for the child while the other parent was at work. They chose not to have a babysitter because they did not know who they could trust. The other mother also reported needing to care for and hospitalize a child who developed typhoid as a result of eating spoiled food.

Impact Phase

War-related Altered Behaviour

During the war, all mothers reported that their primary goals were to protect their children from any physical or psychological effects of the war. Despite their attempts, all 11 mothers reported that their children exhibited altered behaviour. Nine of these mothers (81.8%) reported that their children's behaviour changed after they were directly exposed to attacks, bomb shelters, and the sounds of bombs, aircraft, and screaming. Their children changed by becoming withdrawn, startled, tearful and anxious; having nightmares; and hiding under furniture for days. Two mothers had children who were frightened by the war-related altered behaviour of their neighbours. Two young children shocked their mothers (n = 2) by repeating nationalist songs and propaganda they had heard on the radio and television. One of these mothers decided to evacuate when she realized that her children would be affected by nationalism if they continued to live in her town after the war.

Protecting Children from Anxiety

Nine mothers (81.8%) reported hardship related to caring for their children's physical and emotional needs. Four of these mothers described self-imposed (internal) pressure to protect their children from their anxiety by concealing their emotions. Sometimes their efforts were thwarted by the intensity of the mothers' responses to the threat (e.g., children seeing the mother overwhelmed by anxiety and cowering in a corner in fear). Three of these mothers reported a sense of failure and guilt about being unable protect their children from their anxiety. During the half hour that they had to prepare for

evacuation, one mother panicked and forced her children to leave behind their toys. The children's intense grief over the loss of their favourite toys motivated their father to risk danger by returning to their home to retrieve them.

Three mothers were anxious about their children's responses when they were forced to disclose bad news to their children about their father's absence. One of these mothers had to tell her child that her father had been arrested and detained indefinitely. Another mother preferred to tell her children that their father had died rather than admit that he had rejected them to fight in the army.

In three cases information was withheld from the mothers to protect their children from maternal anxiety. One case was exemplified when an uncle did not tell his niece about her mother being killed in the war in case her anxiety distressed her baby in some way. In each case the mothers were aware that important information was being withheld.

Answering Children's Questions

Seven mothers (63.6%) reported that their children were aware of and asked questions about the war, ethnic stereotypes, and the death and injury of other children. Five mothers found it difficult to provide their children with age-appropriate explanations that would not frighten them. Three of these mothers interpreted their children's frightened responses and questions as a sign that they had failed to completely protect them from the war and experienced worry and guilt about their children's awareness of the war.

<u>Physical Separation from Children</u>

Two mothers (18.2%) were so worried about being unable to guarantee their children's safety that they sent them away to another republic while the mothers stayed in Sarajevo for part or all of the war. One mother sent her teenage children to a family friend and joined them there two months later. The second mother sent her children away to her parents after three days of war and was unable to join them for three and a half years. She found it difficult being away from her children and missed them. When she had the opportunity to call them, she would sometimes refuse to talk with them directly over the telephone because it saddened them and made them cry so much that they were unable to talk and took days to recover. Not only did she long to be with her children, but she also felt sad about being unable to comfort them when they missed her.

<div align="center">Post-Impact Phase</div>

<u>Prolonged Damage From War And Refugee Status</u>

Eight mothers (72.7%) were worried when their children displayed anxiety and sadness about being labelled and disparaged as refugees and came home with questions about their ethnic status. Concern about the children's future motivated five of these mothers to emigrate to Canada where their children would have a positive future safe from the threat of ethnic discrimination and war. Five of these mothers reported difficulty with their children asking questions which challenged them to provide age-appropriate explanations that would not frighten the children. For three of these mothers, questions about weapons and ethnic labelling implied that they had failed to protect their children from awareness of discrimination and the horrors of war and death.

Recovery Phase

Children's Altered Behaviour

All the mothers reported being worried about their children's altered behaviour including crying, refusing to talk or eat, separation anxiety, startle responses, aggression, and fear of noise and aeroplanes. Eight of these mothers said that their children's behaviour changed further after they arrived in Canada. They worried that their children's altered behaviour was not normal and questioned whether or not their children were responding to the war, the refugee experience, or leaving their grandparents and friends and immigrating to Canada. Three of these mothers reported that their children refused to sleep and eat. Two mothers found that they had mistakenly thought that their children did not have problems because their children behaved differently at home than they did at school. One mother reported that her child was withdrawn, refused to learn English or anything new, and isolated herself by refusing to play with other children. One mother found that her child had begun to have "difficulty reading and playing normally".

Four mothers (36.4%) said that they were worried that their children remembered the war but were refusing to talk about it and hiding their feelings to protect their mothers. The mothers felt helpless and did not know how to answer their children and wanted to protect their children from knowing too much. One mother sometimes found it difficult to attend to her child or even think about him and worried that he was suffering because of her silence. She described herself as alternating between feeling angry about the war and feeling nothing, and found it difficult to have patience with her child. One of these mothers said that it was particularly difficult to think about how hard it had been to

provide for her child during the war.

Missing Grandparents

Being away from their grandparents was a significant change for the children of nine mothers (81.8%). Seven of these mothers reported that their children were lonely and sad about missing their grandparents. Six of these mothers reported that their children were "emotionally sick", without hope, and absorbed with their thoughts. Four of the mothers noticed that their children denied being in Canada and asserted this through defiance and independence. Three of these mothers were troubled by their children's constant questions about why they were in Canada and when they were returning to Yugoslavia. Two of the children developed insomnia, nightmares, and decreased appetite. One of the mothers worried about the loneliness of her child who needed and missed her grandparents so much that she slept with their photograph. Another mother wanted to protect her children from their despair but felt helpless to give them hope.

Children's Loneliness

Seven mothers (63.6%) reported that their children were suffering from loneliness in Canada because they had difficulty learning English and communicating with Canadian children. Their children were ignored and had difficulty making new friends. Two of these mothers found that the cultural differences were another obstacle to their children making friends. They specifically referred to Canadian children being more aggressive and developmentally precocious than their own children. One of the children tried to prove that she was acceptable by working extra hard at school, but this back-fired

by isolating her further.

Children's Illness

Three mothers (27.3%) were worried about chronic illnesses that their children

had developed during the war and as refugees including urinary and respiratory tract

infections and bronchitis.

Parenting Expectations

Five mothers (45.5%) found it difficult to parent their children in Canada. Two of

these mothers found it difficult to adapt to Canadian parenting practices such as knowing

acceptable ways to limit their children's undesirable behaviour. Parents found it difficult

to control themselves because physically punishing children had been an acceptable form

of discipline in their home country. Two of these mothers also found it difficult to teach

their children about being streetwise in Canada. These mothers felt their children were

"too friendly" and had difficulty learning to be cautious with strangers. They talked about

a struggle to avoid being overprotective while encouraging their children's

independence. One of these mothers had a child who was afraid and had nightmares after

being taught stranger awareness and her mother was worried about how to teach her

child to be cautious without frightening her. One mother felt compelled to compensate

for the absence of her child's father and felt helpless because she could not afford to give

her child everything she wanted.

Summary

The findings of this study show that all families experienced stressful situations

related to the war in the former Yugoslavia. The mothers described stressful situations

that were related to three categories: stressful inputs, stressful responses, and strained relationships. The findings also show that the nature of the stressful situations varied for each phase. The most frequently reported stressful situation during the pre-impact phase was uncertainty (n = 11). The most frequently reported stressful situations of the impact phase were mobilization of armed forces (n = 11); property loss, death and injury (n = 11); and children's altered behaviour (n = 11). For the post-impact phases, all mothers (n = 11) reported stressful situations related to physical deprivation and transience. The stressful situations reported by all mothers (n = 11) during the recovery phase were fewer social supports, unemployment, and their children's altered behaviour.

CHAPTER IV

DISCUSSION

This study explored maternal perceptions of stressful situations before, during

and after the war in the former Yugoslavia. This chapter discusses the research first in

terms of the sample, interview guide and procedure. The findings are discussed next in

terms of Lazarus and Folkman's (1984) model and findings from other studies about

people's experiences of war. The implications of the findings for nursing practice and

recommendations for future research and policy are explored next. The final section

reviews the strengths and limitations of this study and concludes with a summary.

Sample, Interview Guide And Procedure

Demographic Profile

Eleven mothers participated in this study. Four other mothers did not participate

because they objected to the use of the word "Bosnian" in the recruitment letters and to

the study interpreter's Serb background. Their refusal clearly illustrates some of the

political and ethnic tensions within the Yugoslav community. A sampling limitation was

population availability. As few refugees choose to settle in Eastern Canada, and most of

those who arrive here prefer to resettle in parts of the country that present better

employment opportunities, potential recruits were limited in numbers.

The mothers were recruited from an immigrant settlement agency which helps

newcomers adapt to life in Halifax. It should be noted that in being preselected as

refugees by Citizenship and Immigration Canada according to their criteria, the mothers

may not have represented the mainstream population of the former Yugoslavia. This is

because Canada selects refugees based on their capacity to become successful,

productive citizens in Canada (Currie, 1999). Refugee status is assigned after

consideration of the following factors: ability to speak English or French; age; level of

education; work experience; skills; and "personal suitability" including adaptability,

motivation, initiative, resourcefulness and other similar qualities (Currie, 1999). Some

applicants may have been ineligible for refugee status in Canada because of their age,

level of education, occupational background, ethnicity, and military or paramilitary

involvement in the war (Currie, 1999).

Representativeness of the Sample

Clearly, the mothers in this study represent a biased sample of women from the

former Yugoslavia. Specifically, these mothers differed from the populations of other

studies in terms of their education levels, ethnic distribution, and exposure to war events.

Education. The mothers were highly educated with all but one having received

post-secondary education. This differs from the populations of other studies which

showed that displaced Bosnians in the former Yugoslavia tended to have lower levels of

education (Mollica, McInnes, Sarajlic, Lavelle, Sarajlic & Massagli, 1999). Indeed,

epidemiological data about displaced Bosnians show that one third of the population

have not completed elementary school (Mollica, et al., 1999). The mothers in the Halifax

study were considerably better educated. However, the higher education of the sample in

this study may reflect the stringency of selection criteria stipulated by Canadian

immigration policy.

Being well educated may have provided the mothers with an advantage in relation

to their less educated compatriots. Higher levels of education may have provided a protective influence given the evidence that mothers with low levels of education are more vulnerable to war stress than those with higher education (Bryce et al., 1989). Specifically, Bryce and associates (1989) found that mothers with lower education levels experienced significantly more stressful situations, had a greater variety of stressful experiences, and suffered more as a result of those experiences. The Bryce team (1989) found that education moderated mothers' appraisals of threat, harm or loss.

Having more education may have helped with both primary and secondary appraisal. Primary appraisal may have been supported by the information and cognitive skills required to evaluate what was at stake and secondary appraisal may have been supported by a greater repertoire of coping resources. Better educated individuals may have had a greater repertoire of coping options. Conversely, it is possible that being better educated increased perceptions of stress during the pre-impact phase. The mothers may have been more knowledgeable about the personal and national relevance of political instability and war.

Ethnic distribution. While this sample is similar to others reported in the literature in that the three dominant ethnic groups are represented (Serbs, Croats and Muslim) it appears that the ethnic distribution varied in comparison to that of other studies. The mothers in this study identified their ethnicity as Bosnian Serb (n = 6), Bosnian Croat (n = 3), Bosnian Muslim (n = 1), and Croatian (n = 1). This distribution differed from a sample of Bosnian refugees in a Croatian camp (n = 534) where two-thirds (60%) of the sample were Bosnian Muslims (Mollica et al., 1999), and the

distribution of refugees in the Federal Republic of Yugoslavia (n = 566,000) in which

80% were Serbs from Croatia and Bosnia-Herzegovina (International Federation of Red

Cross and Red Crescent Societies, 1996). It appears that the ethnic distribution of

refugees varied according to the geographic location chosen for each study. Nine of the

families in this study were selected by the Canadian Embassy in Serbia. Many Muslim

and Croatian refugees may not have been willing, or had the resources, to go to Belgrade

which may have been considered unsafe or "enemy territory".

Exposure to war-related events. A third feature of demographic difference among

study samples is the degree of exposure to war-related events. While the families in this

study suffered from the same kinds of war-related situations as those reported in other

studies (Mollica et al., 1999), only two families in this study had members who were

physically injured (9%) or captured (9%) as a result of attacks during the war. In contrast,

a sample of Croatian refugees (n = 534) showed that 28% of families had members who

had received injuries, and 20% had at least one member who had been a prisoner of war

(Mollica et al., 1999). However, this observation may merely reflect different sample

sizes in the two studies.

Interview Guide and Procedure

Two instruments were used in this study: a demographic form and an interview

guide. These instruments possessed several positive features. They facilitated

comparisons of data. The interview guide was flexible enough to allow the investigator

to pose probing questions in order to gain the most information from the participants

when other questions elicited an insufficient response. The participants were interested in

the interview format because it gave them the opportunity to tell their story. Two mothers

appreciated the opportunity to select their own interpreters. One mother chose to have

her husband accompany her throughout the interview. Although he sometimes provided

his own answers, repeating the question and directing it to the mother was sufficient to

garner her response which sometimes varied or provided additional information to that of

the husband. Only one mother refused to answer questions on the demographic form

(marital status). However, the information was later provided by the mother without

prompting during the course of the interview.

Stressful Situations

Mothers identified stressful situations that were consistent with Lazarus and

Folkman's model (1984) and broadly classified in three categories: inputs, stressful

responses and strained relationships (p. 307). Stressful inputs may be defined as stressful

situations or events that were likely to produce a psychological stress response (Lazarus

& Folkman, 1984, p. 309). Three kinds of stressful inputs were described by the mothers:

political instability; death, injury, and destruction of property; and disruption of basic

services, shortages and deprivation. Mothers also described stressful responses. These

may be defined as stressful situations that were produced by responses to a demand,

harm, or threat; that is, the response to a stressful situation was a new source of stress.

Two kinds of stressful responses were described: displacement, immigration, and

resettlement; and activities of daily living. Finally, mothers described stressful situations

that related to strained relationships. Strained relationships referred to stressful situations

that arose out of familial commitments. In this study, strained relationships included:

marriage; extended family relationships; and parent-child relationships.

<div align="center">Stressful Inputs</div>

Mothers described three kinds of stressful inputs. These were (1) political

instability; (2) death, injury, and destruction of property; and (3) shortages and disruption

of basic services. Lazarus and Folkman's (1984) theory is based on the premise that

events or situations alone do not predict stress (p. 309). The authors suggest that the

extent to which situations are perceived as stressful varies according to the interaction

between the personal meaning of events and environmental factors (Lazarus & Folkman,

1984, p. 326). That is, events are not stressful in themselves, but they may be appraised

as stressful if they are perceived to have personal relevance.

Recall that, according to the model, the cognitive appraisal process comprises

two components: primary appraisal and secondary appraisal. Primary appraisal involves

assessing the meaning of an encounter in terms of its relevance for the person. This is a

process that involves evaluating what is at stake in an encounter. Secondary appraisal is a

process that involves evaluation of coping options and resources. Consistent with Lazarus

and Folkman's (1984) model, the study mothers' perceptions of stressful inputs appear to

have varied according to the interaction between specific environmental factors and

personal factors (p. 326). Personal factors affecting the appraisal of inputs as stressful

included personal values or commitments, and personal beliefs about control. Only those

inputs that had personal relevance were described as stressful. Environmental factors

affecting the appraisal of inputs as stressful included formal situation characteristics

(namely event uncertainty, novelty and predictability), temporal factors (namely temporal

uncertainty, imminence and duration), situational ambiguity, and timing during the life cycle. Description of the relevant personal and environmental factors will provide the context for discussion of the findings.

Political Instability

Findings from this study reflect the Lazarus and Folkman (1984) model. As the model predicts, mothers reported that inputs had personal relevance and changed over time from the pre-impact to the impact, post-impact and recovery phases (Lazarus & Folkman, 1984, p. 147). Specifically, the mothers (n = 11) described the pre-impact phase as politically unstable in terms of: uncertainty (n = 11); ethnic hostility (n = 10); and the rise of nationalism (n = 8). This changed during the impact phase when stress due to political instability referred to the mobilization of armed forces (n = 11) and attacks (n = 11). Political instability during the post-impact phase was characterized by discrimination towards refugees (n = 9) and being surrounded by war (n = 7). During the recovery phase, political instability included memories of the war (n = 9) and news from the former Yugoslavia (n = 5).

All eleven mothers described political instability as a stressful situation. These findings support Lazarus and Folkman's (1984) assertion that extreme conditions such as war tend to be universally stressful (p. 19). Recall that the appraisal of situations as stressful refers to the relationship between personal and environmental variables (Lazarus & Folkman, 1984). That is, personal and environmental variables contributed to the appraisal of political instability as a stressful situation. Lazarus and Folkman (1984) state that the appraisal of a situation as stressful refers to encounters which endanger a

person's well-being, or tax or exceed their resources. This suggests that the mothers' appraisals of political instability as stressful were dependent on: the extent to which political instability threatened physical or psychological harm; and whether or not the mothers perceived that they had the resources to prevent harm or loss to family members.

Personal Variables

According to Lazarus and Folkman (1984), situations are stressful to the extent that they have personal significance or meaning (p. 272). The authors elaborate by stating that the personal meaning of distal concepts, such as those involving changing sociopolitical structures, depends on their correspondence to the proximal social experiences of the individual (Lazarus & Folkman, 1984, p. 231). According to the model, distal threats may be associated with either greater or lesser stress depending on proximal experiences such as individuals' beliefs, commitments, perceptions, and experiences (thoughts, feelings and actions). Personal beliefs and values related to the mothers' ideas about personal and political identity and control over social changes which affected their communities and their lives. Personal commitments included their families, careers, homes, and communities.

Beliefs. The mothers' reports suggest that rising nationalism, ethnic discrimination and ethnic hostility created stress by affecting their beliefs about their personal identities and ethnic harmony within their society. This corresponds to Lazarus and Folkman's (1984) suggestion that sociopolitical change creates stress by: producing the loss of what seems predictable and familiar; making new social demands on people; producing new threats; and creating a sense of isolation (p. 259). This was corroborated

by the mothers' reports.

Sociopolitical changes created stress as community members behaved in ways that were neither predictable nor familiar. Prior to the elections and parliamentary crises, the mothers had perceived the multiethnic people of the former Yugoslavia as one nation with a shared social identity. At the personal level, people of different ethnic backgrounds lived together, were educated together, and intermarried. Although they were aware of their ethnic backgrounds, the families identified themselves as Yugoslavians. Following the election of nationalist governments, five mothers experienced disbelief about the popularity of nationalist propaganda and ideology. They reported stress because their compatriots' behaviour reflected beliefs that were unpredictable and unfamiliar. Similarly, during the post-impact phase, the mothers experienced stress because of the unfamiliar and unpredictable discriminatory behaviour of former Yugoslavians in the host countries. As former compatriots who had lost everything and were now seeking refuge and assistance, the mothers had believed that they would find acceptance and support among the citizens of the former Yugoslavia, especially among their friends and extended family members. Finding ethnic discrimination and hostility instead contradicted the mothers' beliefs and expectations about the values and behaviour of people in the former Yugoslavia. The conflict between their beliefs about acceptance and support as former Yugoslavians and the unpredictable behaviour of the citizens of the host countries, contributed to the appraisal of discrimination as a stressful situation.

Sociopolitical changes created new demands that affected the mothers' personal

experiences. As the mothers' beliefs about their identities as Yugoslavians were questioned, they became aware of the personal significance of broader social changes. Being required to define themselves in terms of ethnic and religious allegiances created stress because the sociopolitical changes that emphasized conflicting nationalist identities contradicted their beliefs about a shared, non-religious Yugoslavian identity. That is, nationalism created new sociopolitical identities which threatened the mothers' personal beliefs about their identities. Lazarus and Folkman (1984) state that mismatches between social and individual identities can create stress when social demands or expectations create conflict. Nationalism was appraised as a stressful situation because it created new demands as mothers and their families were expected to declare ethno-religious identities that contradicted their personal beliefs about their identity as Yugoslavians.

The mothers also reported that nationalism gave rise to new threats such as ethnic discrimination and hostility which threatened the safety of family members. Ten mothers described ethnic hostility as a threat. Ethnic hostility situations may have been perceived as more stressful than nationalism because they were proximal experiences that had the potential to result in the psychological or physical injury or death of family members. That is, ethnic hostility represented a threat to the personal wellbeing of family members. The mothers described being worried and angry when their personal and ethnic identities were questioned by their neighbours. Some mothers described being afraid that disclosing their ethnic backgrounds would have negative repercussions for the wellbeing of their families. The anxiety created by this situation suggests that being required to

declare a nationalist identity had more personal significance and was more stressful than political events such as the election of nationalist governments. This lends support to the theoretical notion that distal variables, such as nationalism, are stressful to the extent that they influence personal experiences (Lazarus & Folkman, 1984, p. 231).

Ethnic hostility also led to social isolation as community members "closed their houses" and decreased their contact with neighbours because of ethnic hostility in their neighbourhoods. The mothers reported being alarmed by neighbours' social isolation and said that it was stressful because it increased the tension in their neighbourhoods and contradicted their beliefs about how people related to each other.

Commitments. Lazarus and Folkman's (1984) definition of stress includes person-environment relationships that are appraised as endangering wellbeing (p. 19). This corresponds to the mothers' reports of impact phase stress related to the threat of physical injury or death that could result from: the occupation and siege of their towns by armed forces; and attacks on their communities and families. They saw armed forces and attacks as having personal significance because they endangered or threatened the wellbeing of people towards whom they were committed, including themselves, family members, friends, neighbours, and other community members.

Lazarus and Folkman (1984) state that commitments influence the appraisal of a situation as stressful through their relationship to vulnerability (p. 58). Vulnerability refers to the potential for an encounter to be harmful or threatening when that which is valued is put in jeopardy (p. 51). According to this definition, the mothers experienced vulnerability when their commitments were jeopardized by armed forces and attacks.

Lazarus and Folkman (1984) also state that vulnerability is directly related to the depth of commitment: the greater the strength of a commitment (p. 58), the more vulnerable the mothers were to psychological stress when that commitment was threatened. This suggests that situations that threatened deeply-held commitments (e.g., to family members) were associated with greater vulnerability to stress. The sense of vulnerability that was experienced during the impact phase continued into the post-impact phase as families sought access to safe escape routes, towns, and refugee camps. Being surrounded by war during the post-impact phase was threatening in part because of the depth of the mothers' commitment to the physical safety and togetherness of family members.

Personal commitments combined with environmental variables, such as ambiguity, to create the appraisal that being surrounded by war was threatening. Lazarus and Folkman (1984) state that ambiguity can intensify appraisals of threat in the presence of cues that signal that commitments are in jeopardy (p. 106). This corresponds to the mothers' reports of being worried about threats in the republics of the former Yugoslavia related to attacks, forced conscription, forced physical separation because of their mixed marriages, or ethnic discrimination against their spouses. They felt that they were not completely safe in either Bosnia, Croatia or Serbia. This was exemplified by the story of one mother who escaped Bosnia with her children because of the threat of war-related attacks. Although she and her children were allowed to stay as refugees in Croatia, her husband was forbidden refuge because of his ethnicity. That is, he could not stay with them and they were forced to be physically separated. He was forced to return to Bosnia

where he faced the threat of forced conscription. Later the mother and her children felt

threatened by war-related attacks when Croatia declared war against Bosnia. The family

needed to find a republic where they could all live together safely until the war was over,

but because they were surrounded by republics that were at war, they could not be

completely safe anywhere.

Environmental Variables

Lazarus and Folkman (1984) assert that environmental variables contribute to the

appraisal of stress (p. 81). Environmental variables pertaining to political instability

included formal factors (i.e., event uncertainty, novelty, and predictability), ambiguity,

and temporal factors (i.e., temporal uncertainty, imminence and duration). Recall that

environmental variables are only appraised as stressful when they are perceived by an

individual to be personally significant (Lazarus & Folkman, 1984, p. 116). The most

frequently reported stressful situation during the pre-impact phase was uncertainty

related to warnings to escape and difficulty anticipating events. Lazarus and Folkman

(1984) state that uncertainty refers to the absence of clear or sufficient information to

evaluate the personal significance of situational factors in terms of short and long term

outcomes (p. 83). Uncertainty was described by the study mothers in terms of: event

uncertainty (i.e., what would happen); temporal uncertainty (i.e., when it would happen);

or duration uncertainty (i.e., how long it would last).

Event uncertainty. Like Lazarus and Folkman (1984) who use the term "event

uncertainty" to describe the probability of an event's occurrence (p. 115), the mothers in

this study described stress related to uncertainty about: the likelihood of war; whether

political instability would have personal significance; and available coping options.

The mothers felt stress because they had insufficient credible information about the personal significance of social and political changes. Novel situations can be stressful if they create uncertainty to the extent that a person is not clear about the significance of an event (Lazarus & Folkman, 1984, p. 83). That is, new situations often create uncertainty because individuals lack prior experience and, therefore, clarity about the personal meaning of the situation. This notion suggests that some mothers may have been unclear about the meaning of nationalist propaganda or why nationalist governments had been elected. The reports of six study mothers, who could not understand why their compatriots supported nationalism, when they had all lived successfully with ethnically-diverse people, lend support to this argument. Information about the significance of political instability was also limited by the level of distrust among neighbours, relatives and friends. The mothers' comments underscored the significance of stress related to the lack of information available to help them appraise the relevance of the situation in terms of their wellbeing.

Lazarus and Folkman (1984) suggest that situations with high levels of event uncertainty are associated with a lack of faith in information or predictions about a situation (p. 90). This postulate corresponds with the findings of this study. Ten families who received warnings to escape did not heed them because they were not convinced that social changes would lead to war or that it would affect their commitments. Nine of these mothers said that they could not believe that their sophisticated, multicultural society would be torn apart by ethnic hatred. They believed that if any conflict occurred, it would

be minimal because the international community and their politicians would intervene before their country engaged in war. Five mothers, who stated that they and other family members paid close attention to news reports as sociopolitical changes intensified, distrusted the media as being unreliable sources of information about political instability.

Lazarus and Folkman (1984) state that uncertainty can lead to prolonged processes of appraisal and reappraisal resulting in worrying or rumination, thus immobilizing anticipatory coping (p. 91). In the absence of adequate reliable information most families were unable to decide on a course of action before the war began in their neighbourhoods. They delayed leaving because of inadequate clear information about the outcome of events and available coping options. Only one family left their home before their town was attacked. Even then, they only left after military forces had surrounded their town. The remaining mothers left after the war had begun (n = 9) or ended in their neighbourhoods (n = 1). This is consistent with Lazarus and Folkman's (1984) statement that being unable to decide on a course of action when outcomes are unclear can interfere with cognitive appraisal processes and hinder anticipatory coping (p. 92).

Temporal uncertainty. Five mothers stated that they were aware that significant change lay ahead but were unsure about when it would occur. Uncertainty about when a stressful event will occur is referred to as "temporal uncertainty" (Lazarus & Folkman, 1984, p. 101). Lazarus and Folkman (1984) argue that being uncertain about when an aversive event will occur is stressful only when a threatening cue indicates that the event is imminent (p. 103). That is, the mothers experienced temporal uncertainty to the extent that they believed that a major event was imminent.

Imminence. The mothers described a range of views about the imminence of war. Although far-reaching political changes had taken place, some mothers thought that war was impossible, while others expected that war would be averted or delayed by the intervention of local or foreign politicians. Five mothers only realized that war was imminent when they noticed the presence of military troops and barricades in their neighbourhoods. Still they remained unconvinced that war was upon them until they saw shooting and explosions in their neighbourhoods. Two mothers had believed for months prior to the first attacks that war was inevitable, but they delayed evacuating because they were afraid of losing their jobs and homes. These mothers recognized that significant change was imminent through cues such as increasing nationalism, economic adversity, ethnic discrimination and hatred, and the evacuation of large numbers of people. They reported feeling anxious about the major changes they anticipated and the loss of their livelihoods.

Lazarus and Folkman (1984) state that the more imminent an event, the more intense the appraisal especially if there are cues signalling harm or danger (p. 92). This corresponds to reports by some mothers (n = 5) who only became alarmed when they saw troops or heard explosions. They responded by making desperate efforts to ensure that they or their children could escape safely via airlifts and convoys. For example, one mother who was allowed only half an hour to prepare to leave, told of behaving in uncharacteristic ways by hiding, crying, and then rushing to pack as much as possible in the remaining time. This corresponds with Lazarus and Folkman's (1984) assertion that when an event is imminent, a person may manifest very high levels of psychological

stress (p. 93). Aware of the pressure to prevent catastrophic losses, the individual may

decide that there is too little time to plan the most appropriate response (Lazarus &

Folkman, 1984, p. 93). This generates conflicting thoughts, feelings and behaviours

which, in turn, create feelings of helplessness and confusion. The greater the personal

meaning of the stressful situation, the more heightened these effects may be (Lazarus &

Folkman, 1984, p. 93). For the mothers in this study, the imminence of war implied

threats to the physical security of their families, and the threatened loss of their homes,

jobs and communities. That is, the personal significance of events was great. Still, their

levels of stress were moderated by the expectation that the political upheaval would be

short-lived and that they would soon return to their homes and their familiar routines.

Duration. The model suggests that the longer the pre-impact phase, the more

opportunity there is for the appraisal process to become increasingly complex (Lazarus &

Folkman, 1984, p. 98). A long pre-impact phase may be associated with either increased

or decreased stress depending on the person's involvement with the situation. Chronic

anticipatory stress can wear a person down physically and psychologically leading to

exhaustion (Lazarus & Folkman, 1984, p. 98). Increased stress may be experienced if the

individual "incubates" the threat and becomes more pessimistic as their emotional

involvement with the situation increases (Lazarus & Folkman, 1984, p. 94). For example,

two mothers described the prewar phase as an anxious time during which they monitored

the political situation and were afraid of its outcomes. Alternatively, longer anticipation

time may create habituation; that is a decreased stress response that occurs with

repetition of a stimulus without anything of note happening leads to the interpretation

that the stimulus is insignificant (Lazarus & Folkman, 1984, p. 100). In chronic persistent

situations, longer anticipation time may be associated with less stress as a person is

provided with the opportunity to reappraise the situation and respond with efforts to

reduce or master possible threats through such efforts as avoidance or distancing

(Lazarus & Folkman, 1984, p. 100). Five mothers experienced little stress about political

instability and were not anxious until they saw troops or attacks in their neighbourhoods.

Until then, they described being less involved with the political situation, and avoided or

distanced themselves from situations that signalled the imminence of the war. While

some mothers avoided the situation by paying no attention to news about political events,

others distanced themselves from the possibility of war in the belief that the political

conflict had little personal significance.

Novelty. Nationalism was stressful because it created new, unfamiliar

sociopolitical situations and new social demands that threatened the mothers' beliefs

about their social identities as Yugoslavians. Lazarus and Folkman (1984) argue that

novelty is an environmental variable that can contribute to the appraisal of situations as

stressful (p. 115). If a situation is completely novel and has never before been associated

with harm, it will not be appraised as a threat (Lazarus & Folkman, 1984, p. 83). Having

lived in a socialist country, the mothers may not have experienced either elections or

political instability such as that created by nationalist proponents. They may have had no

experience of elections or nationalism as harmful situations. This may explain why some

mothers (n = 3) did not describe nationalism as a stressful situation. For these mothers,

elections and nationalism may have been completely novel. However, Lazarus and

Folkman (1984) assert that complete novelty is rare and that individuals usually have

some basis for inferring meaning from situations that they have not encountered before

(p. 84). This is supported by the report of one mother who was advised by her father that

nationalist trends would lead to "chaos in the country". Her father had not experienced

civil war but inferred that "chaos" would occur because of his experiences during World

War II and the history of ethnic conflict in the region. This is supported by Lazarus and

Folkman's (1984) assertion that novel situations require that meaning be inferred from

previous situations that bear some resemblance to it (p. 84). The mother's father had

inferred from his knowledge of the region's history that nationalist propaganda could

polarize the population and lead to strife.

Ambiguity. As refugees, the mothers were surrounded by war between Serb,

Croat and Muslim forces from each of the former Yugoslav republics. Seven mothers

reported stress related to being surrounded by war. Being surrounded by war was

stressful because the mothers lacked information about safe escape routes, and safe

refugee-receiving areas where all family members could live together. The mothers

lacked sufficient information with which to appraise their situation. They did not know

what would happen if they escaped. They also did not know what demands they would

meet, and what could be done to manage those demands. Lazarus and Folkman (1984)

describe this as an ambiguous situation (p. 103). The authors state that the greater the

ambiguity of a situation, the more personal factors shape its meaning (p. 116).

Predictability. Environmental variables included the unpredictable behaviour of

their former compatriots. Finding discrimination contradicted the mothers' expectations

about being accepted and supported by their former compatriots. Mothers (n = 7)

reported stress related to ostracism and difficult living situations. The mothers could not

predict whether they would find acceptance or discrimination. Five families who were

given shelter were mistreated by their host families. For example, one mother reported

that she and her child spent each day trapped in a room by the host family's vicious dogs.

Two other mothers received no shelter from host families and lived in crowded,

neglected refugee camps where they faced starvation. These mothers were only able to

leave when they had procured employment that would help them to afford their own

homes. Some families who had been accepted and supported by friends and extended

family members faced discrimination elsewhere. For example, one mother reported that

her children were not allowed to attend school. Other mothers reported being refused

work because of their ethnicity and language. Still others described their children being

rejected, insulted and humiliated because of their ethnicity and language. The

discrimination that was shown towards the mothers and their families was stressful in

part because it was unpredictable and contradicted their expectations of support from

their former compatriots.

Resources

Resource deficits contributed to the mothers' vulnerability. Vulnerability refers to

the relationship between a person's commitments, resource deficits, and the availability

of coping resources for warding off threats to those commitments (Lazarus & Folkman,

1984, p. 51). The blockades that were associated with the siege of towns by armed forces

created shortages of material resources and the disruption of basic services.

Consequently, families had limited access to resources such as food, money, and fuel that were necessary for their physical survival. Lazarus and Folkman (1984) state that resource deficits that threaten personal commitments contribute to vulnerability and the appraisal of psychological stress (p. 51). The siege of towns by armed forces created resource deficits and stress by threatening that which mattered to mothers, namely the survival of family members. That is, by limiting access to material resources for the families' survival, the siege contributed to the mothers' vulnerability.

Deficient coping resources for warding off the threat of discrimination added to the experience of stress by increasing the mothers' vulnerability. Recall that Lazarus and Folkman (1984) state that it is not only commitments and resource deficits that contribute to vulnerability, but also their relationship to resources for warding off threats to those commitments (p. 51). That is, having limited coping resources can contribute to vulnerability. The siege of towns by armed forces restricted access to coping resources that would have helped the mothers to ward off threats to their commitments. For example, the siege of their towns meant that the families had restricted access to coping resources such as escape routes that would have taken them away from armed forces, attacks, and deprivation related to depleted material resources. The model suggests that restricting the families' access to coping resources such as escape routes may have increased the mothers' vulnerability to psychological stress. This is confirmed by reports by all mothers that they experienced psychological stress about the blockades surrounding their towns that restricted the flow of food, supplies and people. The mothers also described being vulnerable during the post-impact phase because they had

lost everything when they left their homes in search of safety in neighbouring republics and were dependent on the generosity of the citizens of the host countries. The mothers described having restricted access to coping resources that would help them to ward off threats such as discrimination. For example, the mothers and their husbands had difficulty acquiring citizenship or employment that would help them to overcome their refugee status, poverty, and dependence on the charity of citizens in the host countries.

Death, Injury and Destruction

During the war, the mothers (n = 11) experienced numerous losses (socially, ideologically, materially, and professionally) resulting in feelings of complete devastation. During the pre-impact phase, one mother reported the death and injury of civilians in neighbouring regions. During the impact phase, mothers (n = 11) reported injuries, fatalities, and damage or loss of homes and property. As refugees during the post-impact phase, some mothers (n = 5) continued to worry about their physical safety while others began to grieve the loss of their homes and communities (n = 8). During the recovery phase, mothers (n = 7) reported feeling devastated about having lost everything. Lazarus and Folkman's (1984) definition of harm-loss appraisals refers to stress related to damage, injury, self or social esteem, or the loss of something or someone that is loved (p. 32). Some authors have found that the personal significance or meaning of war-related loss may be a stronger predictor of stress than exposure to war-related events (Bryce et al., 1989). This corresponds to Lazarus and Folkman's (1984) assertion that major events alone do not arouse stress (p. 309). Rather, events are stressful to the extent that they have personal meaning. Personal meaning is appraised according the

relationship between personal and environmental variables.

Personal Variables

The personal variables which influenced harm-loss appraisals included the mothers' commitments and beliefs. These variables and environmental variables contributed to the appraisal of stress.

Commitments. Lazarus and Folkman (1984) state that the greater the depth of a person's commitment, the greater their vulnerability to stress (p. 58). This suggests that the greater the depth of the mothers' commitment to persons or things, the greater the stress that was aroused by the loss of those commitments. This was confirmed by the mothers' reports that damage or destruction to buildings, such as their homes, were stressful. However, they reported stronger emotional responses to the death of people. Whether referring to the death of strangers or extended family members, the loss of people had more personal significance to the mothers than the loss of buildings.

The loss of proximal relationships was associated with greater stress than distal losses. Not surprisingly, the death of friends and close extended family members was a stressful situation. Five mothers reported emotional suffering after the death of friends and close extended family members, such as their mothers. This corresponds with Lazarus and Folkman's (1984) statement that the most damaging events are those in which central and extensive commitments are lost (p. 32). This suggests greater stress is associated with the loss of people who represent strong commitments and proximal personal relationships. That is, the death of friends or extended family members, with whom the mothers had proximal personal relationships and stronger commitments,

would have been more stressful than the death of strangers. This was confirmed by the mothers descriptions of grief following the loss of friends and family members. For example, one mother reported being devastated by the death of her mother. The mothers did not describe grief in relation to the death of strangers. The loss of friends and extended family members was associated with a stronger emotional response than that which followed the death of strangers.

Beliefs. All the mothers in this study reported stress that was related to the death of people. The relationships that were lost varied in proximity from the death of strangers to the death of their mothers. Seven mothers reported the death of strangers and neighbours. Two mothers reported being horrified by the death of people with whom they did not have proximal personal relationships (such as strangers). They could not understand the "meaningless" deaths of so many innocent people. They stated that the massacres were stressful because they were unable to make sense of it. Lazarus and Folkman (1984) state that the appraisal of personal meaning is defined in part by beliefs (p. 272). This suggests that the massacres were appraised as stressful because they could not be explained in terms of the mothers' beliefs. Most people believe that the world is optimally benign, predictable, and meaningful (Janoff-Bulman & Frieze, 1983). In seeking to understand what the massacres meant, the mothers were evaluating how the deaths related to their beliefs about the world. In the absence of a satisfactory explanation about the meaning of the massacres, the mothers experienced internal conflict which they appraised as stressful.

Environmental Variables

Environmental variables affected the appraisal of loss due to death, injury and

destruction. These included variables described by Lazarus and Folkman (1984) as

timing over the life cycle and duration.

Timing over the life cycle. The timing of extended family members' deaths

rendered these harm-loss situations stressful. Lazarus and Folkman's (1984) model

suggests that the timing of normal developmental events may be more stressful if they

occur in relation to other stressful events (p. 116). That is, the deaths of extended family

members may have been more stressful because they occurred within the context of the

war. The authors (Lazarus & Folkman, 1984, p. 116) state that stress may be intensified

if developmental events occur unexpectedly or deprive a person of the opportunity for

anticipatory coping. This suggests that unexpected deaths may be more stressful than

those which are expected and permit anticipatory coping. Four mothers lost parents

because of attacks. None of these mothers expected their family members to die. The

mothers' stories confirm that war-related deaths were stressful because they were

unexpected and deprived them of the opportunity for anticipatory grieving. For example,

one mother reported being devastated by her mother's death. She did not know that there

was war in her home town until her mother was killed in an air-raid. Her mother's death

was stressful in part because she had not anticipated the loss.

Duration. As the duration of the war increased, some mothers indicated that so

many people were dying during attacks that receiving news about the death of civilians

had become "normal". This suggests that some mothers had become emotionally

habituated to receiving news that people had died. Lazarus and Folkman (1984) state that

habituation is an evaluative cognitive process associated with chronic, persistent stressful

situations (p. 100). Habituation may be associated with lower levels of stress if its

damaging effects are mediated by coping or reappraisal processes (p. 116). According to

Lazarus and Folkman (1984), chronic persistent stressful situations may be associated

with lower levels of stress if a person has had the opportunity to learn to cope with its

demands by reordering commitments, or by avoidance or distancing (p. 100).

Disruption of Basic Services, Shortages and Deprivation

All the mothers described stress related to the disruption of basic services and

shortages of basic supplies. During the pre-impact phase, five mothers reported shortages

of basic supplies and three reported service disruptions. During the impact phase,

mothers reported severe shortages (n = 9) and service disruptions (n = 4). During the

post-impact phase, the mothers experienced deprivation (n = 11) and difficult living

conditions (n = 9). During the recovery phase mothers experienced stress related to

unemployment (n = 11), fewer social supports (n = 11), beginning over again (n = 10),

and transience (n = 5). Some mothers stated that physical deprivation was the most

stressful experience associated with the war. As with other stressful situations, the

appraisal of disruptions, shortages and deprivation as stressful was influenced by

personal and environmental factors, and the availability of resources. Specifically, the

appraisal of the situation as stressful was influenced by personal commitments, the

duration of the situations, and resource deficits.

<u>Personal Variables</u>

As stated previously, the appraisal of situations as stressful involves the appraisal that they have personal significance. The mothers described personal variables influencing stress related to the disruption of basic services, shortages and deprivation in terms of commitments. There was no indication that their personal beliefs influenced the appraisal of stress in relation to the disruption of basic services, shortages and deprivation.

<u>Commitments</u>. The mothers were aware that they needed food, fuel and basic utilities to ensure the physical survival of those towards whom they were committed. The mothers appraised the disruption of basic services, shortages and deprivation as personally significant. These situations were stressful because they created resource deficits that had the potential to threaten or harm deeply held commitments such as the physical health and survival of family members. This confirms Lazarus and Folkman's (1984) statement that the appraisal of situations as stressful involves the awareness that one may not have adequate resources to prevent harm or loss to commitments (p. 51).

<u>Environmental Variables</u>

The appraisal of stress includes the evaluation of environmental characteristics. Specifically, stress related to the disruption of basic services, shortages and deprivation was influenced by the duration of these situations. No other environmental variables appear to have been influential in the appraisal of these situations as stressful.

<u>Duration.</u> The war created severe resource deficits much as other studies have found (Armenian, 1989; Bryce et al., 1989; Rosenthal & Levy-Shiff, 1993). Rosenthal

and Levy-Shiff (1993) argue that the greater the duration of war, the more likely people are to experience severe resource deficits. Lazarus and Folkman (1984) also suggest that chronic, persistent stressful situations such as war may be associated with high levels of stress because of the depletion of resources over time (p. 238). As resources become depleted, individuals may perceive greater stress due to the increased potential for threat or harm. Bryce and associates (1989) found that the greater the duration of war, the fewer the resources on which individuals can draw. Each of these notions correspond to the findings of this study. For all study mothers, stress related to the disruption of basic services and shortages of water, money, food, and fuel was more intense during the impact and post impact phases than during the other phases. Because their resources were depleted, more mothers reported deprivation during the post-impact phase than during the impact phase. Further all eleven mothers described deprivation as being most pervasive during the post-impact phase.

Resources

Resource deficits were created by environmental constraints including barricades that led to shortages in the supply of goods and services, and the exorbitant cost of basic food supplies. The mothers were vulnerable to stress because environmental constraints prevented them from meeting the needs of those to whom they were most committed. Vulnerability refers to the relationship between a person's commitments and resource deficits (Lazarus & Folkman, 1984, p. 51). Vulnerability to stress was shaped by the relationship between the mothers' commitments and resource deficits. Deprivation was most threatening for five families who lived in the war zones throughout the war. The

stress related to impact-phase deprivation was considered more severe than that of the post-impact phase. That is, some neighbours died from starvation that was viewed as so stressful that other neighbours chose to die from gunfire instead. In contrast, no deaths were described in relation to post-impact phase deprivation. The study findings confirm results from other studies that threats related to physical deprivation may be equally or more significant to war-affected populations than harm or loss due to life-threatening attacks (Bryce et al., 1989).

The mothers were also vulnerable because they lacked access to adequate coping resources for preventing harm or loss to family members who were valued and towards whom they were committed. Lazarus and Folkman (1984) state that vulnerability may result from restricted access to coping resources for warding off threats to commitments (p. 51). The mothers' reports suggest that they were vulnerable to stress because they had limited access to coping resources for meeting their families' basic needs and preventing harm or loss. For example, families who lacked electricity, were unable to cook food or generate heat for warmth during the winter. Some families were forced to grow their own food or to forage for food in the woods, but these sources were inadequate in the winter and large amounts of cash were required to procure even the most basic supplies. Lazarus and Folkman (1984) have suggested that the availability of monetary resources is directly proportional to the availability of other coping resources (p. 164). This includes material, medical and professional resources. Since a deficit of coping resources contributes to vulnerability (Lazarus & Folkman, 1984, p. 51), it follows that persons are more vulnerable if they lack monetary resources that would help them to ward off the threat of

harm or loss associated with deprivation.

Bryce and associates (1989) found that some people may be especially vulnerable to stress as a result of resource deficits. In particular, refugee mothers with monetary resource deficits tend to suffer disproportionately from the effects of war (Bryce et al., 1989). They are more likely than relatively affluent mothers to experience negative events and to rate the impact of those events as negative (Bryce et al., 1989). This suggests a circular and incremental process in which negative events give rise to resource deficits. The resource deficits themselves increase people's vulnerability to other negative events. The findings of the Bryce study (1989) correspond to reports by mothers in this study. As noted previously, the mothers stated that the loss of everything during the war gave rise to resource deficits which forced them to be dependent on the generosity of others during the post-impact phase. However, living with host families increased their vulnerability to stress as it was associated with difficult living situations which did not exist when families were able to afford their own apartments.

Appraisals of stress during the post-impact and recovery phases have also been associated with inadequate social support (Baker, 1990; Bryce et al., 1989). Bryce and associates (1989) found that levels of satisfaction with social support tend to decrease as the number of relocations of refugee mothers increases. This evidence confirms this study's findings that showed that when mothers moved away from established social support networks, they were more likely to experience stress. Evacuation and emigration disrupted social networks by separating mothers from familiar sources of social support such as extended family members and friends.

Summary of Stressful Inputs

The mothers described stressful situations as inputs related to: political instability; death, injury and destruction; and the disruption of basic services, shortages, and deprivation. Lazarus and Folkman (1984) state that the appraisal of situations as stressful involves a relationship between personal and environmental variables and the availability of resources. Political instability situations were appraised as stressful because of the influence of personal variables such as beliefs and commitments, as well as environmental variables such as formal situational characteristics (event uncertainty, novelty and predictability), temporal variables (temporal uncertainty, imminence and duration), and ambiguity. Limited access to resources contributed to the appraisal of stress related to political instability situations. Death, injury and destruction situations were appraised as stressful because of the relationship between personal commitments and beliefs, and environmental variables such as timing over the life cycle and duration. These situations were particularly stressful because of the loss of valued resources or commitments. The disruption of basic services, shortages, and deprivation were described as stressful situations because of the relationship between personal commitments, the duration of stressful situations, and resource deficits.

Stress related to these situations was experienced by all mothers. However, the appraisal of stress varied according to the specific characteristics of each situation and person. The findings of this study show that stressful situations related to political violence include both major, acute events such as attacks, as well as chronic, persistent situations such as physical deprivation. The findings suggest that clinical assessment and

research involving survivors of political violence should include a broad range of experiences.

Stressful Responses

The mothers reported stressful situations that arose from their coping responses to other stressful situations. Lazarus, Averill and Opton (1974) state that coping responses and strategies may be associated with negative outcomes and stress if they are appraised as representing high stakes or severe threat. That is, coping responses tend to have negative outcomes if they are in response to situations in which a person's commitments or beliefs are jeopardized. For example, families experienced stress following evacuation, a response to the extreme threat of war. Although family members who became displaced achieved their goal of creating distance between themselves and physical attacks, relocation was stressful because it was associated with new sources of stress such as separation from support networks.

During each phase, families experienced stressful situations related to displacement and the disruption of daily routines. Some women and children were evacuated at the beginning of the war while others stayed in their homes in the war zones. Those who stayed in the war zones experienced stress related to disrupted routines. After leaving the war zones, the mothers faced new stressful situations such as intrapsychic turmoil, the search for information about absent family members, and instability related to transience. Eventually all mothers decided that emigrating to Canada was the option that best supported their need to rebuild their lives. The decision to emigrate created new demands related to processes of migration and resettlement.

Displacement, Immigration and Resettlement

All mothers reported stressful situations related to displacement, immigration and resettlement. Displacement refers to physical relocation of a person from one place to another. Displacement may be voluntary, coerced, or forced (Salama et al., 1999). Displacement-related situations were associated with stress during all four phases. During the pre-impact phase, mothers experienced stress related to warnings to evacuate. Most mothers (n = 10) refused to heed the warnings and their families did not evacuate to safer regions until after the war began. One family evacuated because they were forced to leave in a hurry. During the impact phase, the remaining families were forced to decide whether or not they wanted to evacuate. Mothers reported stress related to the decision to evacuate (n = 10), fear that evacuation would be blocked (n = 9), and physical separation from family members (n = 8). Some couples (n = 7) delayed leaving because they were afraid of being physically separated from their spouses. Eventually, all the mothers left the war zones. Stress during the post-impact phase was related to the difficult nature of the evacuation journey (n = 8), emigration procedures (n = 8), and being refused refugee status by other countries (n = 2). During the recovery phase mothers faced resettlement and acculturation stress in Canada. Stress during this phase was related to resettlement hassles (n = 11), culture shock (n = 11), and disillusionment (n = 5). The appraisal of stress related to these situations was influenced by personal and environmental factors and coping resources.

Personal Variables

Displacement and emigration were appraised as stressful situations because they

were evaluated as having personal significance. The appraisal of these situations as stressful was influenced by personal variables that included commitments and beliefs.

Commitments. The appraisal of displacement as a stressful situation was influenced by the relationship between threats and commitments. All the mothers suggested that their primary commitment was the physical and psychological wellbeing of family members, especially their children. Some mothers who stayed through all or part of the war also described being committed to family members staying together and to helping extended family members and others to survive the war.

The mothers reported that threats to their commitments influenced their decision to evacuate or stay in their communities. Threats that influenced the decision of those who chose to stay in the war zone included the threat of family members being physically separated, injured, or blocked at checkpoints. Threats that influenced the decision of those who evacuated included the threat of injury or death due to attacks or physical deprivation, as well as the threat of forced conscription of husbands. Some mothers chose to stay in the war zones, some mothers chose to evacuate, some mothers were forced to stay, and still others were forced to leave. Eventually all the mothers left the war zone. Lazarus and Folkman (1984) theorized that the depth of a person's commitment can steer a person toward a course of action that can reduce threat and help sustain coping efforts in the face of obstacles (p. 61). Clearly, evacuation and emigration were coping efforts intended to reduce the threats of damage and deprivation. All the mothers reported that their deep commitment to the wellbeing and safety of their family members (namely husbands and/or children) steered them towards evacuation.

Lazarus and Folkman (1984) state that the depth to which a commitment is held determines the amount of effort a person is willing to invest to ward off threats to those commitments (p. 61). The strength of the mothers' commitment to family members impelled them towards a course of action that would reduce the immediate threat to the physical and psychological wellbeing of their children. The mothers' decision to leave their homes and communities rather than risk harm to their family members suggests that their commitment to their family members was strong. The decision of some mothers to forfeit other commitments such as homes and personal property suggests that the depth of the mothers' commitment to their children outweighed their other commitments.

Situations such as staying in the war zone and displacement were additionally stressful because they created new demands. Lazarus and Folkman (1984) state that new sources of stress emerge when coping strategies are in conflict with a person's other goals, commitments, or beliefs (p. 189). That is, new sources of stress may be experienced when coping strategies, intended to manage stress associated with one commitment, conflict with a person's other commitments or beliefs. Evacuation created new demands such as physical separation from spouses and extended family members who stayed in the war zone, losing everything including homes and personal property, and the threat of an uncertain future as refugees. Delaying evacuation or being undecided about evacuating was associated with the threat of being unable to evacuate later because of siege conditions. Staying in the war zones was also associated with new demands such as physical separation from absent spouses or children, the threat of injury or death from attacks, the threat of forced conscription of husbands, and physical deprivation related to

resource deficits.

Stressful situations related to displacement from the war zones were similar to those involving emigration to Canada. The mothers felt compelled to leave the former Yugoslavia because they were worried about the potential threat of future war and ethnic hostility and how it would affect their children's future. They were motivated by their commitment to providing their children with a safe, successful future. The decision to emigrate was stressful because it created new demands such as physical separation from other commitments, namely extended family members.

Beliefs. Six mothers reported stress related to having no choice about the decision to evacuate or stay in the war zone. That is, the mothers perceived that they had little or no personal control over the decision to evacuate. These mothers reported situations such as blocked evacuation (n = 5) and being forced to leave their homes (n = 1). These situations were stressful because of their relation to the mothers' beliefs about having personal control over their environment, behaviour or situation. Perceiving that one has limited control over one's environment can be stressful. Lazarus and Folkman (1984) refer to decisional control as the personal belief that one has a range of choices, or a number of options available that can affect the aversiveness of an event; having few options is associated with the appraisal of stress (p. 171).

Environmental Variables

Displacement, immigration and resettlement were appraised as stressful because of the influence of environmental variables. These variables included ambiguity, imminence, and duration.

Ambiguity. Lazarus and Folkman (1984) state that an ambiguous situation is one in which a person has insufficient clear information about the likelihood of an event's occurrence (event uncertainty), when it will happen (temporal uncertainty), how long it will last (duration), or what other demands are likely to be encountered (p. 103). Ambiguity may be associated with uncertainty if a person does not know what to do because of insufficient clear information. Nine mothers reported stressful situations in which ambiguity was related to uncertainty; that is, they did not know how to respond to warnings to leave their communities. They experienced high levels of stress because they lacked sufficient clear information for appraising what was at stake for their wellbeing, and what could be done about the situation.

Some mothers reported high levels of stress levels during the pre-impact and impact phases because they lacked clarity about the likelihood of war, when war would start, and how it would affect their wellbeing. They also reported stress related to whether or not they should leave their communities, when they would return, and whether or not they would be safer if they left. The mothers described stress related to a lack of clear information about what was at stake, their coping options, and new demands that would be encountered along the way. Lazarus and Folkman (1984) state that ambiguity can intensify threat in the presence of cues that signal potential harm (p. 106). For example, difficulty knowing what was at stake, and how staying or leaving would affect their wellbeing, was associated with intensified stress because of the awareness that both leaving and staying in their communities could be associated with harm. The mothers did not know if their families would be separated at the checkpoints

or if they would reach safety if they left their communities. They worried that they would

be forcefully separated or harmed. The decision to evacuate was also stressful because it

meant forsaking commitments such as family members, homes and communities without

knowing when they would return or what they would face along the way. Similarly, if

they stayed in their communities they faced threats such as injury, physical deprivation,

or forced conscription of men. The mothers experienced high levels of stress because

they lacked clear information about what was at stake if they stayed in their communities

or evacuated. Lazarus and Folkman (1984) state that the appraisal of threat may be

heightened by the awareness that something that matters is at stake (p. 315). This

suggests that the mothers' high levels of stress were related to the realization that deep

commitments were jeopardized by the ambiguity of situations related to evacuation. Nine

mothers reported stress in making the decision to stay or evacuate because they did not

know which option was most likely to result in harm or loss.

Lazarus and Folkman (1984) state that ambiguity may be associated with the

process of comparing outcomes and may result in stress (p. 92). Conflicting thoughts,

feelings and behaviours can create feelings of helplessness and eventually confusion as

the individual compares first one option and then the other. Because they lacked clear

information, some mothers were undecided about leaving and delayed evacuation until it

was too late and they were trapped. Five mothers delayed leaving the war zones because

they were undecided about leaving. Lazarus and Folkman's (1984) statement that high

levels of stress can immobilize anticipatory coping processes (p. 115) is borne out by the

stories of these five mothers who did not leave the war zones and were later trapped.

Eventually all the mothers left the war zones. Situational ambiguity, related to not knowing what would happen to family members if they became refugees, contributed to their experience of evacuation as stressful because it influenced their decision to evacuate.

Imminence. One mother reported heightened levels of stress related to the forced evacuation of her family from their home and community. Being told that she had only half an hour to prepare to leave signalled the imminence of political violence and loss of their home as threats to their wellbeing. She reported high levels of anxiety in response to the imminent evacuation of her family. Lazarus and Folkman (1984) state that imminence can make a situation more stressful if the person decides that there is not enough time to evaluate what is at stake and what coping strategies are available or most appropriate (p. 93). They state that the more imminent an event, the greater the potential for stress if there are cues signalling harm or danger (Lazarus & Folkman, 1984, p. 92). This was confirmed by the mothers' reports of stress related to the imminent threat of being trapped by the siege if they did not escape via the airlifts out of Sarajevo. They were aware that their opportunities to escape the war were limited and would end with the last airlift. For example, two mothers reported being anxious that their children would not be airlifted to safe zones and risked crossfire to reach the airport for the last flight out of Sarajevo. The mothers' evacuation was stressful because of the imminent threat of attack. For example, three mothers described hearing explosions around them as they flew through war zones aboard military aircraft. Little opportunity for managing the situation may have intensified the threat (Lazarus & Folkman, 1984, p. 115).

Duration. Duration was also a feature of the emigration process for three mothers

who did not know how long it would take for refugee receiving countries to process their

applications. Some mothers (n = 2) experienced emigration processes at least twice; first,

in applying for citizenship within their host countries and, later, in applying to refugee-

receiving countries such as Canada. All the mothers experienced immigration to Canada.

While awaiting acceptance of their applications, they experienced stress related to worry

about their applications being accepted. Some mothers also experienced disappointment

when applications to other countries were refused. Involvement with a chronic situation

(such as pessimism) may be associated with high levels of stress and even emotional

exhaustion as was evinced by one mother who described it as the "last straw" after

everything they had been through (Lazarus & Folkman, 1984, p. 94).

Duration was described by the study mothers as a key feature of recovery phase

stress and was associated with: the length of time between arrival in Canada and

settlement in their own apartments; the length of time needed to requalify in their

professions; the length of time required for acculturation. During this time the mothers

reported stress related to a lack of job security, financial security, and unfamiliar cultural

values. These findings correspond with the findings of Williams and Westermeyer (1983)

who found that new immigrants experienced high levels of stress related to failed

expectations, such as expecting to immediately adapt to their new lives or adapting

without problems. Williams and Westermeyer (1983) found that refugee families may be

more vulnerable to stress during resettlement than during war, and that stress was worst

during the first year after immigration.

Activities of Daily Living

In this study all mothers reported stress related to chronic, repetitive disruptions in common, routine situations. Lazarus and Folkman (1984) describe such situations as hassles (p. 311). Hassles tend to arise from routine everyday situations (Antonovsky, 1980; Cairns & Wilson, 1989; Lazarus & Folkman, 1984; Rosenthal & Levy-Shiff, 1993). Lazarus and Folkman (1984) state that major events such as war also create stressful situations because they tend to compound the difficulties associated with everyday life by disrupting social relationships and the habits and patterns of daily living (p. 312). The mothers in this study confirmed that the war was stressful in part because it led to changes in their daily routines and lifestyles.

During the pre-impact phase mothers (n = 5) reported preoccupation with news reports and changes in their daily routines to accommodate social changes that were affecting them at work and school (n = 3). During the impact phase, mothers experienced stress related to developing new routines for survival (n = 10), and being preoccupied with finding ways to survive (n = 6). Stressful situations were also related to efforts to avoid or escape harm. These included being constantly vigilant (n = 9), staying indoors (n = 6), seeking safety in bomb shelters (n = 6), and difficulty sleeping at night (n = 5). During the post-impact phase, mothers' daily routines were affected by intrapsychic turmoil (n = 9) and the search for information about family members in the war (n = 8). The appraisal of these situations as stressful involved the interaction of personal and environmental variables.

Personal Variables

Personal variables contributed to the appraisal of activities of daily living as stressful situations. Personal variables included the mothers' commitments and beliefs.

Commitments. Lazarus and Folkman (1984) state that stressful situations may indicate areas of vulnerability because of strong commitments (p. 314). The mothers' primary commitment was the survival and wellbeing of their family members. This meant that they were committed to seeking resources for survival and avoiding or preventing the threat of injury or death to family members. Efforts to avoid harm included seeking information about sources of threat and safety. Five mothers described stress related to heightened vigilance. The mothers described stress during the impact phase that was related to the strain of being constantly aware that they and their family members' were threatened. That is, the mothers experienced stress because of their heightened awareness about the constant threat of attack on their communities. Five mothers described difficulty sleeping at night because of the threat of attack. The mothers were afraid that they or their family members would be harmed or even killed. They could not avoid going outdoors to seek food, water and other resources and described being constantly vigilant for possible sources of attack or shelter. Even when they were indoors, the mothers described needing to be cautious to avoid snipers, shelling, and bombardment by sleeping in stairwells and basements. For some mothers this situation continued for as long as three years.

Beliefs. Nine mothers described intrapsychic turmoil during the months after they became refugees. They described intrapsychic turmoil in relation to their basic beliefs about themselves and their world. They described threats to their beliefs about: their

personal invulnerability; and their perception of the world as predictable and meaningful. The mothers' experiences correspond to Janoff-Bulman and Frieze's (1983) assertion that individuals may experience intrapsychic turmoil after their beliefs and values have been threatened and they realize that these beliefs and values may no longer be viable. Janoff-Bulman and Frieze (1983) state that individuals commonly believe in personal invulnerability. That is, people commonly believe that misfortune cannot happen to them. In part, beliefs about invulnerability are based on the belief that the world is predictable and controllable, and that they can control their experience of misfortune by being good and worthy people (Janoff-Bulman & Frieze, 1983). Stressful situations, such as war and loss, shattered the mothers' assumptions of invulnerability and personal control (Janoff-Bulman & Frieze, 1983). As people question their basic beliefs and values, they experience threats to the psychological stability with which they ordinarily function (Janoff-Bulman & Frieze, 1983). The mothers in this study described intrapsychic turmoil characterized by despair, being unable to make sense of their experiences, being unable to see their world as safe, and feeling helpless. Internal conflict about their beliefs may have resulted in a lack of comprehension about the meaning of stressful situations. Frankl (1963) posited that surviving stressful situations related to war requires a sense of meaning or purpose about one's suffering. The mothers experienced stress because they were unable to find meaning or purpose behind their stressful experiences.

Environmental Variables

Environmental variables contributed to the appraisal of stressful situations related to activities of daily living. These variables included duration and temporal uncertainty.

Duration. The mothers described the duration of the war as an environmental variable that contributed to their appraisal of stress. The mothers did not know: how long the war would last; how long they would live as refugees; and how long it would be before they could return to their homes. Lazarus and Folkman (1984) state that long exposure to severe stress may be associated with either emotional exhaustion or habituation (p. 99). Emotional exhaustion refers to the depletion of coping resources following prolonged exposure to emotionally-charged demands. There were no indications of emotional exhaustion related to loss during the impact phase. However, mothers reported experiencing stress related to emotional exhaustion during the post-impact and recovery phases when they had the opportunity to think about all that they had lost during the war. The mothers described emotional exhaustion as stressful because it was associated with internal conflict and being physically inactive. Nine mothers talked about intrapsychic turmoil and despair related to wartime loss. Their memories were associated with depression and lethargy. These mothers described being worried about neglecting their children because of their psychological status during the post-impact phase. Lazarus and Folkman (1984) assert that the intensity of a threat is determined by the individual's level of cognitive involvement with the situation (p. 94). This suggests that the more the mothers thought about their experiences of the war and what they had lost, the more likely they were to experience stress related to emotional exhaustion.

Temporal uncertainty. Temporal uncertainty was associated with vigilance during

the pre-impact and impact phases as the mothers and their husbands sought information

about the threat of attacks to their physical safety. The mothers described being

preoccupied with information about their environment. This confirms Lazarus and

Folkman's (1984) statement that temporal uncertainty is often associated with vigilance

and that it is only stressful in the presence of imminence (p. 103). The mothers

experienced stress related to information deficits, and told how their efforts to seek

information also created stress. For example, two mothers described entering war zones

to seek information about extended family members. Other mothers (n = 2) described

stress related to the constant vigilance of their spouses who became preoccupied with the

search for information that would help them to survive.

Resources

From the pre-impact phase to the recovery phase mothers experienced stressful

situations related to resource deficits and the disruption of daily routines. During the pre-

impact phase, for example, parents worked additional hours partly to compensate for

staff shortages at their places of employment and partly to supplement their income

because of the increasing cost of food and their devalued currency. These new routines

meant that they experienced hassles related to finding childcare and arranging their

schedules. During the impact phase, daily routines were further disrupted by the need to

seek food, fuel and information about absent family members. The mothers experienced

psychological stress during the impact and post-impact phase that was intensified by

limited access to coping resources to resolve their vulnerable situation.

Mothers who left the war zones experienced post-impact phase turmoil related to having lost everything. Their intrapsychic turmoil was exacerbated by resource deficits related to their poverty, and the lack of coping resources for warding off poverty and their dependence on others as refugees. In particular, the mothers described stress related to the lack of employment opportunities. Mothers also had limited access to information about spouses and extended family members. Unable to work, some mothers spent all their time seeking information about spouses and extended family members who remained in the war zones. Several mothers described stress related to not hearing from their spouses for months and even years. One mother described being preoccupied with watching the television for news about her husband and being afraid to leave the television in case she missed any news that had relevance to him or his wellbeing. She described emotional turmoil as she worried about whether he was alive, injured or dead. The mothers noted that intrapsychic turmoil ended once they found employment.

<u>Summary of Stressful Responses</u>

Stressful situations associated with coping responses to stress included displacement, immigration and resettlement as well as activities of daily living. These situations were appraised as stressful because of the influence of personal and environmental variables. Displacement, immigration and resettlement were situations that were associated with stress because of the relationship between personal commitments and environmental variables. Environmental variables included ambiguity, imminence and duration. Activities of daily living were appraised as stressful because of the relationship between personal commitments and beliefs, and environmental

variables, namely duration and temporal uncertainty. Activities of daily living were also stressful because of resource deficits. These findings show that stressful responses arose out of previous efforts to manage stress. They included major, life threatening events as well as common, everyday situations. This confirms Lazarus and Folkman's (1984) assertion that stress may be associated with both major events and hassles (p. 311). As with stressful inputs, these findings suggest that researchers and clinicians explore a broad range of stressful situations when working with clients who have experienced war.

Strained Relationships

The mothers described three kinds of relationships that were strained by the war and displacement: marriage, extended family and parent-child relationships. One category emerged in the mothers reports about stressful situations related to all three relationships: physical separation. Other situations that were described included: caregiving demands; extended family members' involvement in the war; and negative physical and psychological health outcomes in their children following their war and refugee experiences. Specifically, mothers referred to caregiving demands such as taking care of elderly parents, making sacrifices for their children's welfare, protecting children from anxiety, answering children's questions, and parenting expectations. Mothers described stress related to extended family members who fought in the war. They also described stress related to alterations in their children's behaviour during the impact, post-impact and recovery phases. These changes were associated with responses to the war, being a refugee, separation from extended family members, and loneliness in Canada. Recall Lazarus and Folkman's (1984) statement that the appraisal of a situation

as stressful refers to encounters which endanger a person's wellbeing, or tax or exceed their resources (p. 19). The appraisal of these situations as stressful depended on the relationship between personal and environmental variables. These situations were appraised as stressful because they threatened commitments with physical or psychological harm, were in conflict with cherished beliefs, or were associated with resource burdens or deficits.

Marriage Relationships

Mothers described stressful situations related to marriage in terms of physical separation during the pre-impact, impact, post-impact and recovery phases. During the pre-impact phase mothers (n = 4) in inter-ethnic or mixed marriages worried about being forced to separate from their husbands. Mothers reported stressful situations during the impact phase that were related to physical separation from their husbands (n = 9) and forced conscription (n = 5). Seven mothers (n = 7) reported stressful situations related to physical separation from their spouses during the post-impact phase. Being reunited was described as stressful by three mothers. These situations were appraised as stressful because of the interaction between personal and environmental variables.

Personal Variables

Two key personal variables influenced the appraisal of stressful situations associated with marital relationships: commitments and beliefs. The mothers' commitments and beliefs influenced their appraisals of stress related to their decision to evacuate or stay in the war zone. Their commitments and beliefs also influenced stress related to physical separation or staying with their spouses.

<u>Commitments</u>. The mothers were committed to the wellbeing of their family members. Each of the families left the war zones when threats related to staying in their communities were perceived by the mothers to be greater than those related to evacuating. Making a decision about whether or not to evacuate was stressful because all available options represented the potential for harm or loss. According to the mothers reports, they and their spouses had the following options: staying together in the war zone, temporary physical separation during the war and reunification later, and permanent physical separation or estrangement. In addition, some families were forced to separate as mothers were allowed to leave with their children while their husbands were forced to stay. Each of these situations presented unique threats because of the relationship between the situation and the mothers' commitments to their spouses and others. The personal significance of situations related to staying together, escaping together, or being physically separated depended on the mothers' appraisals of which threat had greater personal significance. The personal significance of threatening situations was determined by the depth of individuals' personal commitments to their spouses' and children's wellbeing.

Some mothers (n = 2) described being committed to keeping their families intact whether they evacuated or stayed in the war zone. Their commitment to family wellbeing meant keeping all family members together by choosing to stay in the war zones rather than risking the threat of physical separation of family members while going through blockades. The decision to stay together indicates that their commitment to family togetherness was strong. Threats associated with staying together in the war zone for part

or all of the war included the forced conscription, injury, capture, or death of family

members. Because of their decisions, the families experienced stressful situations

including severe physical deprivation, injury, and arrest and imprisonment. Both families

decided to leave the war zone after the husbands received conscription letters. Their

decisions suggest that they left because the threat of conscription outweighed the

potential threat of being physically separated during evacuation.

Temporary physical separation was stressful because of the threat of harm and

loss due to injury, death, or estrangement. Some mothers also described stress related to

missing the tangible and decisional support of their husbands. Of the couples who were

physically separated (n = 8), five were separated voluntarily, and three were forced to

separate because the husbands' escape was blocked. For some mothers physical

separation was forced. Some mothers were forced to leave their communities, while their

spouses were forced to stay because their evacuation was blocked.

Five couples were voluntarily separated. Their decision to separate meant that

one spouse stayed in the war zone while the other did not. Their decision to be physically

separated suggests that deeply held commitments, such as the wellbeing of children or

extended family members, outweighed or were in conflict with the spouses' commitment

to living together. For example, the mothers' decisions to evacuate with their children

while their spouses remained in the war zone signals that the depth of their commitment

to their children's safety outweighed their commitment to living with their spouses

during the war. Their decision also suggests that war-related threats to their children

outweighed threats related to physical separation from their spouses. Threats to

commitments in the war zones also motivated some spouses to stay in the war zones to

help extended family members and other community members to survive the war.

Mothers who were physically separated from their spouses described the situation as

stressful. Evacuation without their husbands meant that the mothers were faced with

stressful situations such as physical deprivation and having to survive on their own as

refugees with inadequate social support and poor communication with absent spouses.

Some spouses were physically separated voluntarily because one spouse was

committed to staying in the war zones and either helping others to survive the war (n =

3), or fighting in the war (n = 2). The decision of the three spouses (two men and one

woman) who chose to stay to help others survive suggests that their commitment to the

wellbeing of threatened family and community members outweighed their commitment

to living with their spouses in safety. One mother chose to stay in the war zone while her

husband lived in relative safety because of the strength of her commitments to helping

her father survive the war. She entered a war zone so that she could care for her ailing

father. She and her husband could not enter the war zone together because his ethnic

identity meant that he would be threatened with capture, injury, or death. She had to

choose between staying with her spouse in a safe area or separating from her spouse and

entering the war zone to take care of her father. She separated from her husband

temporarily expecting that they would be reunited later. Her decision suggests that she

appraised that the threat to her father of being alone in the war superceded the potential

threat of permanent separation from her spouse. Her decision also suggests that her

commitment to helping her father survive the war outweighed her commitment to living

with her husband in a relatively safe area.

Other spouses (n = 2) wanted to stay so they could fight in the war. Both men

who stayed to fight in the war became permanently estranged from their wives,

ostensibly because their wives had Serb backgrounds. Their decisions to separate

permanently suggest that their commitment to the war outweighed their commitments to

their wives and children.

Beliefs. The mothers' reports suggest that they experienced stressful situations

that were influenced by beliefs that created conflict with commitments or the beliefs of

their spouses. Lazarus and Folkman (1984) state that situations can give rise to stress

when beliefs converge with strong commitments. This suggests that the mothers

experienced stress because of the situations that emerged from the convergence of beliefs

about the kinds of war-time involvement that were acceptable and commitments to their

spouse's wellbeing. The convergence of the couples' beliefs and commitments resulted

in decisions to: stay in the war zone and help others; escape conscription and the war;

and evacuate with the children while separating from the spouse who stayed in the war

zone. Spouses' decisions about being involved in the war reflected their beliefs about

fighting in the war as soldiers, resisting inter-ethnic conflict by resisting conscription, or

helping others to survive the war. When these beliefs were in conflict with those of the

mothers, the mothers experienced stress. For example, two mothers reported stress

related to the beliefs of their spouses who chose to fight in the war. Their decision

contradicted the beliefs of the mothers who were against the war. On the other hand,

some mothers supported their spouses who wanted to resist conscription by evacuating,

or to help others to survive the war by staying in the war zone.

Environmental Variables

The mothers described stressful situations related to their marriage relationships that were influenced by environmental variables. These variables included ambiguity and duration.

Ambiguity. The mothers described anxiety related to inadequate information about the wellbeing of their spouses. Studies show that women who are separated from spouses during wartime often experience stress related to the lack of information about the wellbeing of the absent spouse (Hunter, 1983). Their lives have been compared to an emotional roller coaster associated with feelings that range from hope to despair as wives worry about their spouses being dead, injured, conscripted, or captured by enemy forces (Allodi, 1980; Hunter, 1983). The mothers' anxiety may also have been heightened by lack of knowledge about their spouses' exact location (Hogancamp & Figley, 1983). Similarly, the mothers in this study described being preoccupied with finding information about the location and wellbeing of their absent husbands.

Duration. As the duration of separation increases, feelings of isolation, alienation, anger, guilt, hostility, and depression may develop as well as stress associated with forced role changes and the requirement for the mother to fulfil the dual mother-father role (Hunter, 1983). The mothers in this study experienced stress in relation to role changes as they were forced to make decisions on their own and fulfill the responsibilities previously held by both parents. For example, some mothers reported stress related to hassles related to taking care of their children. Some mothers (n = 3)

described difficulty leaving their children alone because they could not afford childcare.

This meant that it was harder to find work to meet the family's need for food, money and

other material resources. Mothers may exhibit a range of responses to lengthy physical

separation from their spouses (Hogancamp & Figley, 1983). Eventually the spouses were

reunited. Although they were relieved to be reunited with their spouses, the husband's

return was also a stressful situation because of changes in family dynamics that occurred

during his absence. The mothers reported stress related to what their husbands thought

about their decisions and how they had raised their children during the years of physical

separation. The mothers described initial tension as new roles and responsibilities were

negotiated. Shifting role requirements to re-incorporate the spouses meant that the

mothers sometimes performed roles they had acquired during their husbands' absence.

Being re-introduced to children, who had matured since they had last been seen, also

created stressful situations. For example, two mothers described stressful situations in

which fathers were rejected by their children.

Resources

The mothers' appraisals of physical separation as stressful were also dependent

on the extent to which mothers perceived that they had the resources to prevent harm or

loss to their children and themselves. Physical separation was stressful during both the

impact phase and post-impact phase because it meant that the mothers needed to cope on

their own. In relation to the impact phase, the mother who entered a war zone with her

child so that she could care for her father described stress related to having no help with

meeting their survival needs for food, water and fuel. During the post-impact phase, the

mothers who had been evacuated also described stress related to having to meet their survival needs alone. Being alone meant that there was only one parent available to procure money for food, shelter and clothing. The mothers who were on their own during the post-impact phase described physical deprivation related to a lack of monetary resources, food, water, and shelter. Even when mothers shared living expenses with extended family members such as elderly parents and siblings, they reported missing the support of their spouses in relation to emotional support, and sharing responsibilities related to caregiving and decision-making. The mothers' reports confirm findings from other studies which showed that lone mothers experienced more stressful situations than those who lived with their spouses (Allodi, 1990; Bryce et al., 1989; Hunter, 1983; Lazarus & Folkman, 1984). Lazarus and Folkman (1984) state that people are more prone to distress when they are alone, poor, isolated and exposed to demanding parental obligations (p. 249). This clearly describes the situation of the mothers in this study. Authors agree that marriage can insulate against the stress of economic deprivation (Hunter, 1983; Lazarus & Folkman, 1984). These findings suggest that helping families to stay intact during the impact and post-impact phases can have positive physical and psychological outcomes.

Extended Family Relationships

Extended family relationships were associated with three kinds of stressful situations: caregiving demands, physical separation, and extended family members who supported the war. During the pre-impact phase, mothers (n = 6) described stress related to difficulty taking care of their elderly parents because of blockades. The mothers also

described stress related to physical separation from extended family members during the impact (n = 5), post-impact (n = 9) and recovery phases (n = 8). In addition, relationships with extended family members who were combatants in the war created emotional turmoil during the impact phase (n = 2) and post-impact phase (n = 5). These situations were influenced by personal and environmental variables. Personal variables included commitments and personal beliefs. Environmental variables included ambiguity and environmental demands.

Personal Variables

The mothers described personal variables including commitments and personal beliefs as factors which influenced the appraisal of stressful situations in relation to extended family relationships.

Commitments. Commitments influenced the appraisal of stressful situations such as taking care of elderly parents and physical separation from extended family members. Both these categories reflect stressful situations that were influenced by the depth of the mothers' commitments to extended family members, specifically their elderly parents. The mothers described stress related to being unable to find information about or help their elderly parents because of forced physical separation due to barricades and checkpoints.

The mothers reported that separation from extended family members was stressful during each phase from the pre-impact to the impact, post-impact and recovery phases. Physical separation resulted in feelings of loneliness, helplessness, and longing that were associated with experiences of loss. The mothers described feeling lonely

because they missed the companionship and support of their parents. They experienced

helplessness because they were unable to care for their extended family members and

lacked the coping resources to thwart the threat of physical separation. However, some

mothers and their spouses used extraordinary measures such as entering war zones to

help or seek information about their extended family members. The bravery of this action

in the face of extreme threat signals the depth of their commitment to extended family

members. Temporary loss was a threatening situation during the pre-impact, impact and

post-impact phases when mothers were separated from their parents by the threat of

attacks, as well as barriers such as barricades and the siege of Sarajevo. The threat of

permanent loss was a feature of the impact, post-impact and recovery phases. During the

impact phase, some mothers (n = 5) experienced the death of their parents. During the

impact, post-impact and recovery phases, the mothers and their parents also faced the

potential threat of never seeing each other again. During this time, the mothers reported

that they, their children, and extended family members missed each other. The mothers

worried about the wellbeing of their absent parents. The mothers were also worried about

the deleterious consequences of permanently separating their parents and children. The

appraisal of stress due to physical separation during the recovery phase was influenced to

a large extent by the lack of monetary resources to pay for a visit to parents in the former

Yugoslavia.

Beliefs. The mothers also described stress related to the involvement of extended

family members, usually brothers, in the war as soldiers. They perceived that their

extended family members' involvement in armies was a threat to other family members.

For example, one mother reported stress when both her husband and her brother were

arrested and imprisoned because of her brother's involvement with the enemy army. In

part, the mothers experienced stress because their beliefs about involvement in the war

were in conflict with those of people towards whom they were committed. They

described being unable to understand how their own family members could decide to

fight in the war when it meant making attacks on other family members. The mothers felt

that their loyalties needed to be divided because they could not support the decision of

their extended family members who chose to fight in the war. Two mothers also

described internal conflict as they worried about the safety of brothers who were soldiers,

and other family members who were threatened by attack from their armies.

Environmental Variables

The mothers' stress related to physical separation and being unable to help absent

extended family members. Their appraisal of stress was influenced in part by ambiguity.

Ambiguity. The mothers described ambiguity during the pre-impact, post-impact

and recovery phases related to a lack of information about their elderly parents who were

trapped by the war. They experienced stress because they lacked information about the

wellbeing of people towards whom they were deeply committed, and they lacked the

coping resources to help them survive the war.

Resources

Physical separation was stressful because of the lack of resources to overcome

situational constraints such as barricades, the threat of attack, monetary deficits, and

immigration constraints. During the pre-impact, impact and post-impact phases, the

mothers experienced stress related to being unable to help their family members or find information about them because of blocked transportation routes and damaged communication infrastructures. During the recovery phase, the mothers found physical separation from their parents stressful because of the longing that they and their children experienced in relation to the loss. The mothers also described being worried about the serious consequences for their children that would arise from the permanent loss of grandparents. Physical separation from extended family members during the recovery phase appeared permanent because the mothers lacked the resources for bringing their parents to Canada or travelling to the former Yugoslavia themselves. The mothers lacked both monetary resources and employment that would enable them to earn money so they could visit their extended family members. In addition, immigration constraints meant that they were unable to bring their parents to Canada for a permanent reunification. As a result of the mothers' and children's longing for their absent extended family members, some mothers incurred high telephone bills that they had difficulty paying. They reasoned that it was better to endure financial deficits than the suffering of their children and parents because they missed each other.

Parent-child Relationships

The mothers reported four kinds of stressful situations related to their relationships with their children: caregiving demands related to protecting their children from exposure to stressful situations, physical separation from friends and family members, and negative physical, psychological and behavioural health outcomes. During the pre-impact phase, two mothers described stress related to making personal sacrifices

for their children. All the mothers reported worrying about their children's war-related altered behaviour during the impact phase. Mothers (n = 2) also reported stress related to being physically separated from their children. During the post-impact phase, mothers (n = 8) described being worried about their children being psychologically damaged by their experiences during the war and as refugees. During the recovery phase, mothers were worried about their children in terms of: altered behaviour (n = 11); missing grandparents (n = 9); loneliness (n = 7); and physical illness (n = 3). Mothers (n = 5) also described stress related to adapting to Canadian parenting styles. These situations were appraised as stressful because of the influence of personal commitments and environmental variables, namely imminence, ambiguity, and novelty.

Personal Variables

Mothers reported being committed to their children's physical and psychological well-being and safety. Stress related to maternal caregiving demands emphasizes the transactional relationship between: stressful situations; the mothers' caregiving demands; and the adequacy of resources such as social support (Levy-Shiff et al., 1993). That is, mothers experienced stress because of stressful situations related to their commitment to providing care for their children, specifically taking care of their children by protecting them from stressful situations and providing adequate resources for meeting their physical and psychological needs. No other person variables appear to have influenced the appraisal of parent-child relationships as stressful.

Commitments. During the impact phase, the mothers reported experiencing stress because their children were threatened by exposure to war-related situations including

explosions and shelling, loud noises, the death and injury of schoolmates, physical

deprivation, ethnic discrimination, and the loss of friends and family members due to

physical separation related to evacuation and emigration. These stressful situations gave

rise to caregiving demands such as the need to protect their children from actual harm

and from the perception of threat or harm. Perceived failure to protect their children from

exposure to stressful situations aroused psychological stress in the mothers. Primarily

mothers tried to moderate threats to their children's well-being by using coping strategies

such as controlling their own emotional responses to stressful stimuli, avoiding sources

of physical and psychological threat, finding ways to distract children from awareness of

the war, and providing children with toys or candy as personal comforts to compensate

for losses suffered during the war and as refugees. Some mothers perceived that they had

failed in their efforts to protect their children from hardship, war-related events, and their

own stressful responses to the war. They also worried about their children's vulnerability

to serious negative physical, emotional and behavioural health outcomes because of their

exposure to stressful situations. The mothers described being worried about the negative

outcomes of their children's experiences of war and physical separation, and questioned

whether their children's altered behaviour and illnesses were abnormal and serious. For

example, stressful situations including physical separation from their mother, father, or

grandparents during the impact, post-impact or recovery phases were associated with

outcomes such as sadness, loneliness, and altered behaviour (such as defiance,

withdrawal, and sleeping with photographs of missing attachment figures). Their

concerns were supported by studies which show that families who are physically

separated tend to fare worse than those who stay together (Freud & Burlingham, 1943;

Hansburg, 1972). Children who experience separation from attachment figures may

experience intense loneliness and fear, and often respond by displaying defiance or

withdrawal because they associate close relationships with physical separation.

Environmental Variables

The mothers described stressful situations related to parent-child relationships

that were influenced by environmental variables. These variables included imminence,

ambiguity, and novelty.

Imminence. Imminence during the impact phase influenced mothers' perceptions

of stressful situations involving their children. For example, one mother described stress

related to helping her children to prepare for a hasty evacuation. Because of the

imminence of evacuation, the mother forced her children to abandon their favourite toys

This resulted in the children's emotional distress and aroused further stress in the mother.

During the impact phase, the mothers perceived that their children's physical and

psychological wellbeing were threatened by attacks and physical deprivation. The

imminence of threats such as physical harm or psychological damage influenced some

mothers to send their children away to safety in other republics while the mothers

remained in the war zones.

Ambiguity. During the post-impact phase, the mothers reported stress related to

inadequate, clear information about the significance of their children's responses to

political violence, physical deprivation, and discrimination. In addition, the mothers did

not know how to help their children with responses to physical separation from their

grandparents. The mothers were troubled by changes in their children's emotional and behavioural wellbeing which signalled psychological damage related to longing for their grandparents. Negative health outcomes that affected their children included physical illness, anxiety, sadness, withdrawal, fear, and refusal to sleep, talk or eat.

The mothers described stress related to not understanding what was at stake in relation to changes in their children's physical, behavioural, and emotional health. For example, the mothers described stress related to not knowing if the changes in their children's behaviour were normal or serious, and if they would be of short or long duration. They also described stress related to not understanding their coping options in terms of helping their children to overcome negative health outcomes of war and displacement. The mothers felt helpless to resolve their children's despair.

Novelty. The mothers described stressful situations related to social demands that were influenced by novelty. Specifically, they described stress related to adapting to new Canadian parenting styles. For example, they described stress related to knowing how to limit their children's undesirable behaviour without physically punishing them. In addition, they described being worried about frightening their children while teaching them about new concepts such as stranger awareness and street safety. The mothers wanted to encourage safe behaviour without frightening their children.

Resources

Some studies have found that problems associated with children's behaviour were more intense after relocation and when mothers experienced psychological turmoil and decreased social support (Baker, 1990; Bryce et al., 1989). These studies (Baker, 1990;

Bryce et al., 1989) found that mothers who received inadequate social support during the

post-impact phase were more likely to experience intrapsychic turmoil and depression,

and were more likely to have children with psychological symptoms. Each of these

situations were described by the mothers in this study in relation to the post-impact

phase. This suggests that experiences of stress during the post-impact phase were

influenced by limited social support resources. It also suggests that health providers may

be able to improve the psychological outcomes of both mothers and children by finding

mechanisms for improving the quality of social support to families during periods of high

stress, particularly during the post-impact and recovery phases.

Summary of Strained Relationships

Three kinds of relationships were described in terms of strained relationship

situations: marriage, extended family relationships, and parent-child relationships. As

with inputs and stressful responses, these were appraised as stressful because of the

relationship between personal variables, environmental variables, and resource

availability. Specifically, marriage was associated with stressful situations because of the

relationship between personal commitments and beliefs, and environmental variables

that included ambiguity and duration. Resource deficits contributed to the experience of

stress, particularly social support deficits. Secondly, extended family relationships were

stressful because of the influence of personal commitments and beliefs, and situational

ambiguity. Thirdly, parent-child relationships were appraised as stressful because of the

relationship between the mothers' commitments and environmental variables that

included imminence, ambiguity and novelty. Stressful situations related to all three

relationships were intensified by resource deficits. In particular, these situations emphasise the centrality of social support deficits in relation to the appraisal of war-related stress.

Summary of Stressful Situations

The mothers described three kinds of stressful situations: stressful inputs, stressful responses, and strained relationships. Each of these were appraised as stressful because of the relationship between personal and environmental variables and resources (Lazarus & Folkman, 1984). Personal variables included commitments and beliefs. Environmental variables included formal situation characteristics (event uncertainty, predictability, and novelty), temporal factors (temporal uncertainty, imminence, and duration), ambiguity, and timing during the life cycle. These findings correspond to Lazarus and Folkman's (1984) depiction of stress and appraisal processes. They emphasize the centrality of personal variables in appraisals of stressful situations. Because of differences in personal and environmental characteristics, the appraisal of stressful situations varied between persons, between situations, and from one phase to another. In addition, the mothers stories showed that stressful situations related to war were not limited to major, acute events but also included chronic, persistent situations and hassles. Furthermore, the mothers' reports showed that resource deficits contributed significantly to the appraisal of stressful situations, especially during the impact and post-impact phases. Specifically, they described needing tangible, material, and emotional supports during all four phases related to the war.

CHAPTER V

SUMMARY AND RECOMMENDATIONS

Summary of the Study

The purpose of this study was to investigate stressful situations related to mothers' experiences of war. War-related stressful situations were investigated from the perspective of changes over time. Specific aims of this study were to identify: (a) the types of stressful situations encountered; (b) what made the situations stressful; and (c) how experiences of stress changed over time. Eleven mothers from the former Yugoslavia were interviewed in their homes. Interviews were conducted using semi-structured interviews that were designed to allow the mothers to describe the stressful situations they experienced. Data were analyzed using content analysis. Analysis of interview data resulted in descriptions of stressful situations for each phase associated with the war. Each interviewee characterized the war as stressful.

The findings clearly showed stressful situations related to stressful inputs, stressful responses and strained relationships. Stressful inputs included: political instability; death, injury and destruction; and disruption, shortages and deprivation. Stressful responses included: displacement, immigration, and resettlement; and activities of daily living. Strained personal relationships referred to: marriage relationships; extended family relationships; and parent-child relationships. Each of these situations was discussed in terms of personal and environmental variables. Lazarus and Folkman's (1984) model has shown the centrality and complexity of cognitive appraisal processes in terms of understanding mothers' wellbeing during war and its aftermath.

Strengths and Limitations

This study sought to explore the stressful situations perceived by mothers who were refugees from the former Yugoslavia. The strength of this study was its emphasis on describing stressful situations over time. Lack of attention to this approach is a major limitation of other studies, which have failed to show the longitudinal course of stress and how it changes throughout the political violence process. Study limitations included sample size, sample selection and the use of only self-report data.

Sample size. The study findings are limited to eleven participants. The small sample size prevents the results from being generalized to other refugee mothers. However, the consistency of perceptions among the participants lends credibility to the study findings. The results add to our knowledge about families' experiences of stressful situations over time within the context of war.

Sample selection. The sample was limited to interested mothers in the Halifax Regional Municipality, in Nova Scotia, Canada. Selection bias was a problem as mothers were first selected as refugees by Citizenship and Immigration Canada, and then self-selected based on their level of comfort in discussing their experiences. It is not known how the mothers who consented differed from those who refused to participate.

Self-report data. The use of a subjective source of data (self-report data) was viewed as both a strength and limitation. The benefits of using self-report data include the presentation of rich patterns of thought and feeling that allow the researcher to gain in-depth understanding of the respondents' perspectives (Sterk-Elifson, 1999). Other investigators have also recognized the power of experiential knowledge gained during

this study. Indeed, self-report data serve as the major type of information about stress and war in most related research. However, this approach has limitations as well, including the problems of inadequate recall, retrospective falsification, language ambiguity, and the desire of participants to portray themselves in a positive light (Lazarus & Folkman, 1984).

<div align="center">Recommendations</div>

<div align="center">Research Implications</div>

Conducting research about political violence may be difficult for many reasons including those that are political, ethical, and practical in nature. This study has shown that it is important to understand the political tensions that exist within communities before conducting research about political violence. This study provides a baseline for further research on war-related stressful situations. Most research efforts to date have focused on the psychiatric diagnosis, treatment, and rehabilitation of individuals who have been exposed to political violence (Simpson, 1993; Summerfield, 2000). This study has shown that it is important to conduct research that explores a broader range of stressful situations that may affect the physical and psychological health of civilians. Specifically the study showed the relevance of conducting research that explores a range of stressful situations that affect all aspects of everyday life. It showed that stressful situations include chronic and acute situations, as well as major events and daily hassles.

Although serious mental illnesses are reported to be prevalent in war-affected populations (Barudy, 1989; Bryce et al., 1989; CODEPU, 1989; Davidson, 1979; Fraser, 1974; Freud & Burlingham, 1943; Kinzie, et al., 1986, 1989; Lyons, 1979; Sack, et al.,

1986; Skinner & Swartz, 1989; Ziv & Israeli, 1973), this study and others (Cairns &

Wilson, 1989; Fraser, 1974; Saigh, 1991; Simpson, 1993; Summerfield, 2000) show that

survivors often function without psychopathology, even when they have experienced

extreme hardship and threat. Each of the mothers reported efforts to meet the practical,

everyday needs required to sustain their families and rebuild their lives even when they

were faced with situations of extreme stress. In fact, the mothers' stories suggest that, for

each phase, they attached more significance to their practical needs than their

psychological needs. Although each of the mothers reported psychological stress, none of

the mothers reported being unable to cope. Their experiences suggest that it is important

to explore the factors that contribute to mothers' resilience in the face of war. For

example, the mothers' stories raise questions about the role of employment in helping

them to overcome their intrapsychic turmoil during the post-impact phase. It would be

important to explore the full range of factors that may contribute to vulnerability and

resilience in families exposed to war, which coping strategies are most effective for a

variety of stressful situations, and interventions found to assist refugees in coping with

psychological symptoms related to war. Specifically, efforts need to be made to assess:

the use of coping strategies in specific situations encountered by mothers in each of the

four war phases; which strategies are most effective; and ways to support those coping

activities that enable mothers to manage stressful situations. The remaining data from

this study may shed some light on this area when they have been analyzed.

Clinical Implications

This study has shown that stressful situations changed over time according to the mothers' personal and situational characteristics. Health professionals need to find ways to vary their care according to the specific needs associated with the pre-impact, impact, post-impact and recovery phases.

Pre-impact phase. The mothers' stories suggest that the lack of clear, credible information about the likelihood of war contributed to their uncertainty during the pre-impact phase. They also suggest that appraisal involved evaluating whether politically unstable situations had personal significance by evaluating what was at stake (primary appraisal). Having sufficient, clear, credible information about war-related situations may help mothers to counter the situational uncertainty associated with anticipating war and its consequences and recognize the personal significance of political instability. Recognizing the factors that immediately precede war might also alert humanitarian agencies to provide decision support in the form of information about political events and their possible significance for people's wellbeing. Specifically, the mothers' stories suggest that agencies need to provide credible information about the likelihood of war, the imminence of war, and the possible duration of the war. Appraisal also involves evaluating the personal significance of an encounter by evaluating coping options and comparing coping outcomes. Recall that the mothers in this study experienced stress related to decision-making when they compared potential coping outcomes related to leaving or staying in the war zone. The decision-making process was stressful because of inadequate clear information about possible coping options and

outcomes. Based on this study, health professionals and humanitarian agencies could assist mothers in war by informing them about alternative coping options and their possible consequences. For example, the mothers could be informed about possible stressful situations associated with evacuation and refugee status such as discrimination against refugees and inadequate support, or that some mothers who stay in the war zone later regret their decision and feel trapped if the war is prolonged. Being informed about the coping options and outcomes associated with evacuation or staying in a war zone may help some families to decide about escaping the war before being exposed to deprivation, attacks, or physical separation. However, these interventions may be difficult to implement because of pragmatic problems including censorship of information, and political constraints on health and humanitarian agencies in war-affected areas.

Post-impact phase. The mothers stories about intrapsychic turmoil during the post-impact phase suggest the need for support networks that may help individuals who have experienced devastation due to war. They also suggest that being involved in volunteer or paid employment was associated with the end of intrapsychic turmoil and improved mental health. As other reports (Armenian, 1989; Aroian, 1990) argue, refugee families need access to tangible supports that may help them to survive and rebuild their lives during the post-impact phase.

The mothers also reported the need for help with child care including information to help them understand their children's psychological and physical health responses during the war and as refugees. In addition, the mothers reported needing information

about how to help their children cope with situations related to political violence, deprivation, discrimination, and physical separation from parents and grandparents.

Recovery phase. As with the post-impact phase, during the recovery phase the mothers experienced stressful situations related to their children's psychological wellbeing that suggest the need for programmes that provide refugee mothers with information about how to help their children following experiences of war, refugee status, and emigration. Specifically, the mothers reported the need for information about the significance of their children's emotions (e.g., loneliness related to missing grandparents and making friends in Canada), altered behaviour (e.g., social withdrawal), and resources that could facilitate positive health outcomes. The mothers also described wanting to know more about Canadian parenting styles that would provide alternatives to physical punishment and help their children with street safety and stranger awareness.

The mothers described stressful situations related to acculturation stress. For example, the mothers described stressful situations related to learning a new language, unfamiliar customs and loneliness. This suggests that refugee mothers may need access to professional or informal support networks during the recovery phase. These programmes can help them integrate into Canadian society by helping them to overcome isolation associated with language difficulties, learning new customs and the opportunity to meet new friends.

In sum, this study suggests that there is a need for the development of interventions and programmes that can help to meet the physical and psychosocial needs of refugee families. Priorities include thorough assessment of individuals' health needs,

and research to determine how to provide appropriate and effective population-based care.

Policy Implications

With war as one of the world's most serious and endemic health threats, health providers have a role to play in preventing negative war-related health outcomes (Yusuf, Anand & MacQueen, 1998). Health providers can contribute to understanding and eradicating the human costs of war by informing policy makers about the unacceptable health consequences of war (Yusuf et al., 1998). It is also hoped that this study can increase awareness about the psychologically stressful situations related to war. Specifically, the mothers' stories suggest the need for policy to provide programmes and services designed to alleviate stressful situations encountered during the four phases of war. These include situations related to evacuation, deprivation, physical separation, and emigration and resettlement processes.

Pre-impact phase. It is important that international health and humanitarian policy address the matter of civilian stress during war by recognizing and preventing the development or escalation of factors that contribute to war-related stressful situations. As noted previously, some authors (Domenach, 1978; Kelman, 1973; Plunkett & Southall, 1998) have described the precursors of war as nationalism, the mobilization of armed forces, and dehumanization through ethnic hostility and discrimination. Each of these situations was described by the mothers as being present during the pre-impact phase. The recognition that these factors immediately precede war suggests that policy makers may be able to recognize the potential for war and intervene through early conflict

management. This may include negotiations to prevent the development of stressful situations and war itself. Policy makers and researchers need to facilitate the development of international networks to prevent the escalation of nationalism and ethnic discrimination, as well as the mobilization of troops and the accumulation of armaments (Meddings, 1997; Yusuf et al., 1998).

In addition, policy makers may facilitate the safe evacuation of civilians. The mothers' stories suggest that a lack of clear, credible information about the personal significance of war was a factor that contributed to uncertainty during the pre-impact phase. It is possible that having this information may have helped the mothers to decide about escaping during the pre-impact phase. The mothers described the need for clear, credible information about the likelihood of war, when it would happen, and how long it would last. Deciding about evacuation was also stressful because the mothers lacked information about safe coping options and coping outcomes. Policy makers have an important role to play in ensuring that communities have access to information that can help them to anticipate war and decide about staying in war zones or evacuating. Concerns about arousing public panic may be countered with the observation that none of the mothers in this study described the public as panicking in response to warnings about the war. Instead, all of the families ignored warnings to escape before the war because they were not convinced about the personal significance of political instability.

Impact phase. Policy makers need to ensure that civilians have access to safe escape routes. The mothers experienced stressful situations related to fears about threats along evacuation routes. The mothers' stories suggest that it is important to provide

civilians with safe passage should they decide to evacuate from war zones. Their stories also suggest the need for clear, credible information about the safety of evacuation routes.

The mothers also described stressful situations related to being forced to physically separate from their spouses. The mothers stories about stressful situations associated with physical separation suggest that policy should focus on keeping refugee families intact and providing safe areas where refugee families can live together as a whole, regardless of the ethnicity of some family members.

The mothers' stories about impact phase shortages and deprivation suggest the need for policy that supports humanitarian aid programmes. Specifically civilians in war zones need policies that promote programmes and services that provide timely and appropriate distribution of tangible or material support such as affordable healthy food, safe bomb shelters, water, fuel, and medical supplies and services.

Post-impact phase. The mothers described the need for resources that would help them to survive and rebuild their lives during the post-impact phase. Survival needs referred primarily to stressful situations such as inadequate food, water and fuel, and poor living conditions. Some mothers suggested that people suffered less physical deprivation in those camps that were served by humanitarian agencies. They suggested that humanitarian services be provided in every refugee-receiving area. Policymakers and researchers may promote the survival of civilians by supporting humanitarian agencies and workers who provide resources for survival to refugee-receiving areas.

The mothers also described the need for employment opportunities that would

help them to afford their own homes and overcome poverty and dependence on others as refugees. Some mothers stated that their intrapsychic turmoil ended when they became employed. This suggests the need to develop policies that promote the employment and independence of refugees and new immigrants.

Physical separation was particularly stressful for some mothers who had difficulty communicating with absent spouses and extended family members. The mothers' stories suggest that it is important for policy makers to support international organizations who provide civilians with information about family members in war zones. For example, some mothers described watching television for news about family members in war zones. In addition, policy makers need to support programmes that provide civilians with access to communication networks such as satellite radio or telephone services and mail delivery with family members in war zones. Most importantly, policies need to be developed to facilitate the rapid reunification of family members who have been separated by war.

Recovery phase. Finally, policy makers need to ensure that emigration processes include the provision of clear, accurate information about emigration to refugee-receiving countries like Canada. In particular, the mothers' stories suggest that refugee families need clear, accurate information about new demands that will be encountered in refugee-receiving countries, such as unemployment, poverty, culture shock, loneliness, and inadequate social support. Five mothers described receiving misinformation from immigration authorities about the acceptability of their professional credentials in Canada. This misinformation created unrealistic expectations related to financial and job

security. Specifically, the mothers described being disillusioned by restrictions that prevented them from working in their prewar professions. The mothers reported being discouraged about the time needed to requalify in their chosen occupations. The mothers' stories suggest the need for policy that supports programmes to help immigrants with foreign credentials to requalify sooner or to gain employment in occupations that allow them to use their professional skills.

Policy interventions are costly and difficult, and require long-term commitment from health professionals. Health professionals need to use their insights and skills to promote human wellbeing by seeking solutions, at both the policy and care delivery levels, that can eradicate the effects of political violence on humanity.

<u>Conclusion</u>

This study has added to the knowledge base on war-related stress. It revealed significant complexity in mothers' experiences of stressful situations related to war. The study findings suggest that nurses and other health professionals have a responsibility to provide support that can help families anticipate and manage complex stressful situations related to war throughout the pre-impact, impact, post-impact and recovery phases.

Appendix A

Introductory Letter: English

Dear Mother,

My name is Debra Barrath and I am a nurse. I am also a graduate student at Dalhousie University in Halifax, Nova Scotia, Canada in the Master's program of the School of Nursing. As a nurse who lived in South Africa, I worked with people who were affected by political violence. When I came to Canada to further my education, I wanted to learn more about how to help mothers and children who were affected by political violence. To gain a better understanding, I am doing a study with families who have lived with political upheaval. The way the study works is that I will talk with mothers about what life was like for their families and their children.

I would like to talk with you and ask you about your experiences. If you agree to be a part of this study (The Mothers and Children's Study), I would like to meet with you in a place where you will feel comfortable talking with me, for example, in your home. Our conversation is expected to last for two hours. To assist with our discussion, I have asked Duska Karamehmedovic, a mother who came to Canada from Bosnia in May, 1995. Duska can help with translation to ensure that we understand each other completely. Only Duska and I will be present with you. Your child does not have to be present during the interview, but if you like, I will provide a babysitter while we are talking. Any information that you provide will be confidential. That means that your name will not be used in any of the research reports. No personal information will be shared with anyone outside the research project. MISA has sent you this letter as a

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mother who might be interested in participating in this study. Your decision to take part in this study is entirely up to you. You can refuse or withdraw at any time without any negative effects for you or your child.

Mothers who have talked about their experiences have found that it helps them to share their thoughts and feelings with others. If for any reason you feel uncomfortable about participating in the study, I will be happy to discuss your concerns with you. In addition, if you feel you want any further assistance, I will be happy to help you find ways to get some other kinds of help. If you are interested in learning more about the study, please check the box for "Yes I am interested" and return the response letter in the stamped self-addressed envelope. If you prefer not to participate, I would appreciate it if you would please send me the response letter in the stamped self-addressed envelope provided to ensure that you will not be bothered again. If you have any questions, please call Duska or myself. You may also contact my advisor, Jean Hughes.

Thank you for considering my study. I look forward to hearing from you. Knowing about your situation will help nurses and others who work with families affected by political violence, to help them in more effective ways.

Yours sincerely,

Debra Barrath, RN, B.Soc.Sc (Nursing)

Appendix B

<u>Introductory Letter: Serbocroatian</u>

Draga majko,

Moje ime je Debra Barrath I ja sam po zanimanju medicinska sestra.
Takodjersam apsolvent na Dalhousie Univerzitetu u Halifaxu, Nova Scotia,
napostdiplomskom programu Vise Medicinske skole. Kao medicinska sestra kojaje
zivjela u Juznoafrickoj republici, radila sam sa mnogim ljudima koji subili izlozeni
politickom nasilju. Kada sam dosla u Canadu da nastavim svojuedukaciju, zeljela sam da
naucim mnogo vise kako da pomognem majkama Idjeci koje su bile izlozene politickom
nasilju. Zbog pridobijanja boljegrazumjevanja, ja pripremam studiju sa familijama koje
su zivjele u zemljamasa politickim previranjima. Nacin na koji projekat zamisljam
sprovesti jerazgovor sa majkama o njihovom porodicnom zivotu I njihovoj djeci koja
subila izmedju tri I osam godina za vrijeme njihovog boravka u Bosni.

Ja bih zeljela razgovarati sa vama I upitati vas o vasim iskustvima. Ako ise
slazete da budete dio ovog projekta (<u>The Mother and Children Study</u>), zeljela bih se
sresti sa vama na mjestima koji su za vas najugodniji Inajprimjerniji za razgovor sa
mnom, kao primjer, u vasoj kuci. Nas razgovorbi trebao da traje oko dva sata. Da nam
pomaze oko diskusije, ja samzamolila Dusku karamehmedovic, majku koja je dosla u
Canadu iz Bosne, maja, 1995. Duska ce nam pomoci prevodjenjem I tumacenjem da
budemo sigurni dasmo se potpuno razumjeli.. Samo ja I Duska cemo biti prisutni
tokomrazgovora. Nije potrebno da vasa djeca budu prisutna tokom intervjua, iako zelite,
ja mogu obezbjediti bebisiterku za vrijeme trajanja razgovora. Sa vasom dozvolom

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interviju ce biti sniman na audio vrpcu. Sve informacijekoje dobijemo od vas tokom

razgovora ce biti strogo povjerljive. To znaci davase ime nece biti koristeno ni u jednom

od istrazivackih izvjestaja. Nijedna od licnih informacija nece biti djeljena sa nekim van

istrazivackogprojekta. Sve audio vrpce, zapisnici I licne informacije bice cuvane uarhivi

kabinetate zelju, da krajem studijeprimite kopiju audio vrpce za vlastito koristenje kao I

kopiju istrazivackogzapisa bice vam udovoljeno. Zavrsetkom studije sve kopije snimane

tokomintervijua bice unistene.

MISA vas je identificirala kao majku koja moze biti interesantna zaucestvovanje

u ovoj studiji. Vasa odluka da ucestvujete u studiji zavisiiskljucivo od Vas. Vi mozete da

odbijete ili odustanete u svako doba bezikakvih negativnih posljedica za Vas ili Vasu

djecu. Majke koje su razgovarale o svojim iskustvima su uvidjele da im pomaze

dapodijele svoja razmisljanja I osjecaje sa ostalim. Ako se iz bilo kojeg nebudete prijatno

osjecali tokom ucestvovanja u studiji, ja cu biti uvijekspremna da to prodiskutujem sa

vama. I sljedece, ako osjetite da trebateneku dodatnu pomoc, bice mi zadovoljstvo da

vam izadjem u susret na bilokoji nacin.

Ako ste zainteresovani da saznate vise o studiji, molim vas da obiljezitekvadratic

sa naznakom "Da, ja sam zainteresovana" I vratite sa povratnimpismom u adresiranoj

koverti sa markom. Ako mozda ne zelite daucestvujete, jako bih vam bila zahvalna da mi

posaljete povratno pismo uadresiranoj koverti sa markom I necemo Vas ponovo

uznemiravati. Akoimate bilo kakvih pitanja, molimo vas nazovite Dusku ilimene. Mozete

kontaktirati I moga savjetnika, gospodju Jean Hughes.

Zahvaljujem Vam za uvazavanje moje studije. Sa nestrpljenjem ocekujem

Vasodgovor. Poznavanje Vase situacije moze na vise nacina biti od pomocimedicinskim

sestrama I ostalima koji rade sa porodicama izlozenim politickomnaslju u uspjesnijem

rjesavanju problema.

S postovanjem,

_____

Debra Barrath, RN, B.Soc.Sc (Nursing)

Appendix C

Response Letter: English

Dear Debra,

    ☐   **No, I am not interested.** I prefer <u>not to participate</u> in your study. I am returning this form to you unsigned as requested.

    ☐   **Yes, I am interested. I would like to participate in your study.**

Mother's Name:_____

Telephone number:_____

Address:_____

_____

Please indicate when you would like us to call:

Between ____am/pm and ____am/pm.

Please indicate which language you prefer us to use when we call:

English   ☐

Bosnian   ☐

Appendix D

Response Letter: Serbocroatian

Dear Debra,

☐   **Ne, Ja nisam zainteresovana**. Ja ne zelim da ucestvujem u vasoj studiji.

    Vracam Vam nepotpisan obrazac na vas zahtijev.

☐   **Da, Ja sam zainteresovana**. Ja bih zeljela da ucestvujem u Vasoj studiji.

Ime majke:_____

Telefonski broj:_____

Adresa:_____

_____

Molim Vas da naznacite kada zelite da vas nazovemo:

Izmedju _____do/po podne I _____do/po podne

Molimo Vas da naznacite na kojem jeziku bi zeljeli razgovarati:

Engleski   ☐

Bosanki   ☐

Appendix E

<u>Reminder Letter: English</u>

Dear Mother,

About two weeks ago I mailed you some information about a study I am undertaking, <u>The Mothers and Children's Study</u>. Through this study I am seeking to understand what life was like for mothers and children during the upheaval in Bosnia. Since I have not heard from you, I would like to give you another opportunity to participate in this study. Whether you choose to participate or not, it would be helpful if you would respond by returning the enclosed response letter in the stamped, self-addressed envelope provided.

Thank you for your time.

Sincerely,

_____

Debra Barrath, RN, B.Soc.Sc. (Nursing)

Appendix F

<u>Reminder Letter: Serbocroatian</u>

Draga majko,

Prije dvije sedmice sam Vam poslala postom informacije o studiji sa temom, <u>The Mother and Children's Study</u>, koju ja vodim. Tokom studije nastojala samshvatiti kako je izgledao zivot majki I djece tokom previranja u Bosni.Kako od vas nisam dobila odgovor, zelim da Vam dam jos jednu priliku zaucestvovanje u studiji. Bilo da se odlucite da ucestvujete ili ne, jakocete mi pomoci ako odgovorite na ulozeni upit I vratite ga u adresiranojkoverti sa postanskom markom.

Zahvaljujem vam se na vremenu I strpljenju.

Postovani,

_____

Debra Barrath, RN, B.Soc. Sc. (Nursing)

Consent Form: English

Participant's Statement

The Mothers' and Children's Study has been explained to me and I have been given an opportunity to have my questions answered to my satisfaction. I voluntarily agree to participate in this study. I understand that I may withdraw from this study at any time and that I can choose not to answer any questions without being penalised. I understand that if I have any other questions about this study, or about participants' rights, they will be answered by Debra Barrath.

_____

Date

_____   _____

Mother's signature   Mother's name (please print)

_____

Duska Karamehmedovic,
Interpreter

_____

Debra Barrath, RN, Researcher
Master's Program, School of Nursing,
Dalhousie University, B3H 3J5

Appendix H

Consent Form: Serbocroatian

Izjava Ucesnika

Smisao studije Majke I Djeca mi je objasnjen I data mi je mogucnost dadobijem

satisfakciju putem odgovora na moja pitanja. Dobrovoljno pristajemda ucestvujem u

ovoj studiji. Razumijem da mogu odustati u bilo koje doba Itakodjer da mogu odbiti da

odgovorim na bilo koje pitanje bez ikakvihnegativnih posljedica. Razumijem da ce na

sva eventualna moja pitanja u vezi studije ili mojih prava kao ucesnika, odgovor dati

Debra Barrath.

_____   _____

Ime I prezime majke (Stampano)   Datum

x_____

Potpis Majke

_____   _____

Debra Barrath, RN, B.Soc.Sc (Nursing)   Duska Karamehmedovic, Interpreter

Master' program, School of Nursing

Dalhousie University, B3H 3J5

Appendix I

Demographic Form: English

1.   Number of Children   _____

2.   Please indicate the age and gender of each child in your family.

    AGE   **GENDER**

_____

_____

_____

3.   Marital Status:

    Single   _____

    Married   _____

    Divorced   _____

    Widowed   _____

    Other, please specify   _____

4.   Highest Education Level:

    Less than high school diploma _____

    High School Diploma   _____

    Technical Diploma   _____

    Bachelors Degree   _____

    Masters Degree   _____

    Other, please specify   _____

5.   What was your occupation in the former Yugoslavia?_____

6.   What is your occupation now?_____

Appendix J

Demographic Form: Serbocroatian

1. Starost Djece _____

2. Takodjer oznacite sa a o kojem djetetu je danas vodjen razgovor.

STAROST   **POL DJETETA**

_____

_____

_____

3. Bracno Stanje:

Samci   _____

Vjencani   _____

Razvedeni   _____

Udovica   _____

Ostalo, Molim opisite _____

4. Zavrsena Skola:

Osnovna skola   _____

Srednja skola   _____

Tehnicka skola   _____

Visa Skola   _____

Visoka Skola   _____

Ostalo, Molim opisite _____

5. Vase zanimanje u Bivsoj Jugoslaviji? _____

6. Vase zanimanje sada ? _____

Appendix K

Interview Guide

Thank you for consenting to be a part of this study about mothers' and children's experiences with political violence. Several questions will be asked about what life was like for your family, and especially your child, as a result of the upheaval in your country. Several questions will also be asked about how you helped your child to live with those experiences. You do not need to answer all the questions and you can stop the interview at any time without having to fear any negative effects. Please be assured that there are no right or wrong answers and any information you give will be kept private. To protect your identity, your name, your child's name and your surname will be removed from documents and numbers inserted in their place.

Pre-impact Phase

1.   To help me understand your experience with the Bosnian war, can you tell me what family life was like just before the war started - when you sensed that trouble was brewing? How did you know that trouble was brewing?

2.   How did this pre-war phase affect your family's, and especially your child's, daily life ? I am interested in all kinds of changes in your child's actions, thoughts or feelings. Perhaps we could start talking about these changes by your telling me about a typical day. Let's start with waking up in the morning and continuing through until you wake up the next morning.

       [PROBE: waking up, breakfast, dressing, school/day care/work, transportation, toiletting, lunch, supper, bedtime, recreation (leisure, play, visiting, etc.)]

3. How did you respond to the changes in your child's life (maternal strategies)? In your opinion, which of your actions were most helpful and least helpful for your child? What do you think made these actions most helpful or least helpful? What actions were easiest and most difficult for you to perform?

Impact Phase

For the next three questions I would like us to talk about the time when you experienced political violence - from the time you thought it started until it ended for you and your child.

4. Tell me about how your family experienced the political violence (that is, how it started, what it was like, whether it changed over time). In particular what was life like for your child after the war broke out/started? What kinds of challenges did your child have to face that he/she did not have to deal with before?

5. How did the political violence affect your family's and especially your child's daily life? Again, let's start with a typical day. I would like you to start with waking up in the morning and continuing through till the next morning).

    PROBE: [waking up, breakfast, dressing, school/day care/work, transportation, toiletting, lunch, supper, bedtime, recreation (leisure, visiting, etc.)]

6. How did you respond to the effects of the political violence in your child's life? Looking back, which of your actions were most helpful for you child? Which were least helpful? Which actions were the easiest and which were the most difficult to perform?

<u>Post-impact Phase</u>

For the next three questions I would appreciate it if we could talk about that first year after the political violence ended for you. That is, when you no longer saw or heard the actual attacks, or after you escaped.

7.   Tell me how and when your *direct involvement* (seeing or personally experiencing as opposed to letters, telephone calls, news through friends or the media) with the political violence ended for your family, and in particular, for your child. By direct involvement, I am referring to actually seeing people being injured or killed, and seeing the destruction of buildings and property or, even, being injured oneself. Did you continue to hear about or see pictures of the political violence in Bosnia after your direct experience ended (through letters, telephone calls, news from friends, newspapers and television or radio)? What form of news did you receive and for how long did this *indirect involvement* continue? Describe for me the changes that your family had to face during the first year after your last direct experience of political violence?

8.   How did this new phase affect your family's, and especially your child's, life? Please tell me about the changes (behaviour, thinking or imagination, and feelings) that you noticed in your child. Perhaps it would help if you walked me through a typical day again. Let's start with waking up in the morning and continuing through until you woke up the next morning.

[*PROBE:* waking up, breakfast, dressing, school/day care/work, transportation, toiletting, lunch, supper, bedtime, recreation (leisure, visiting, etc.)].

9. How did you respond to these changes in your child's life? Looking back, which of your actions were most helpful for you child? Which were least helpful? Which actions were the easiest and which were the most difficult to perform?

Recovery Phase

For the last three questions, we talked about (month and year) as the time when direct exposure to the political violence ended for you and your child. For the next three questions I would like us to think ahead to exactly one year after that time - that would be (first anniversary date in terms of month and year, or special event, such as child leaving school).

10. Since that (first anniversary date or special event), what has life has been like for your family, and especially your child? Please tell about your indirect experience of the political violence in Bosnia since that first anniversary. What forms of news do you receive? What has this been like for your family?

Since that first anniversary of your direct experience with the war, there must have been a number of changes. Please tell me what kinds of change your family, especially your child, had to face?

11. How has this new phase affected the life of your family and, especially your child? Please tell me about the changes (behaviour, thinking or imagination, and feelings) that you have noticed in your child. Let us "walk through a typical day" again. Let's start with waking up in the morning and continuing through until you woke up the next morning.

[PROBE: waking up, breakfast, dressing, school/day care/work, transportation,

toiletting, lunch, supper, bedtime, recreation (leisure, visiting, etc.)].

12.   How have you responded to the changes in your child's life? Which actions do

you find most helpful for your child? Which are least helpful? What actions are

the easiest and which are the most difficult to perform?

<u>Comments</u>

13.   As you look back over the events we have been discussing today, what was the

most significant thing you noticed about your child? What do you think would be

useful for other health professionals to know about how families experience

political violence, about how mothers try to help their children, and what health

professionals might do to assist?

Appendix L

Data Analysis: Coding Rules

Content Analysis: Categories and Coding Rules

The transcribed interviews were reviewed to identify what mothers appraised as stressful situations during the pre-impact, impact, post-impact and recovery phases of political violence.

1. Unit of Analysis

A. The entire transcript was reviewed to identify the appropriate stage of political violence. The content was coded according to the applicable questions regardless of its position in the interview.

B. The unit of analysis was a phrase, sentence, or passage that referred to a single situation identified in one of the four categories of questions.

C. The unit of analysis changed when the major content changed. A new unit was identified only when it clearly represented a change in subject matter, rather than an elaboration of a previous statement.

D. Statements were analysed for latent and manifest content. That is, mothers statements were taken at face value. In addition, attempts were made to interpret the meaning beyond what was obvious in the mothers' statements.

E. Any discussion that did not address the content of a stressful situation was not coded or included in the analysis.

2. Categorizing Units

A. Each unit was coded first for the major categories, followed by a second coding

for a subcategory of the content area, if applicable.

B.   In tabulating frequencies, a category was tallied only once per participant for each of four phases (pre-impact, impact, post-impact and recovery) regardless of how often a participant identified the particular category within each phase.

Appendix M

Data Analysis: Coding Dictionary

Stressful Situations: Coding Categories and Definitions

Coding Categories	Definitions
Stressful Inputs: Political Instability	
Uncertainty	Doubts (lack of confidence) about the truth of something (onset of war, severity of war, need to evacuate)
Ethnic Hostility	Hostility, anger, or hatred towards persons of other ethnic group because of their ethnic identity or status
Nationalism	Devotion to the interests of one's own nation, often to the disadvantage of other nations or groups
Mobilization of Armed Forces	Presence of armed forces (including activities of armed forces such as erecting blockades, attacks, siege, etc.)
Discrimination Towards Refugees	Withholding privileges because of ethnic status, class status, etc.
Surrounded By War	Being surrounded by armed forces on all sides
Memories Of War	cognitive reliving of past
Bad News from the former Yugoslavia	Receiving negative news from country of origin
Stressful Inputs: Death, Injury and Destruction	
Civilian Death	Death of strangers and known persons
Injury	Injury of strangers and known persons
Property Loss	Destruction of personal property
Continued Worry	Ongoing worry (fear, anxiety, etc) about death or injury of loved ones (spouse or extended family members)

Coding Categories	Definitions
Devastation	Overwhelming sense of loss; loss of everything

Stressful Inputs: Disruption, Shortages and Deprivation

Staff Shortages	Inadequate staffing at work
Food Shortages	Inadequate food for family (includes weight loss and malnutrition)
Fuel	Inadequate fuel for transportation, cooking, and heat
Water Shortages	Inadequate water for survival, hygiene, and cleaning
Service Disruptions	Disruptions of basic services (including power, water, telephone, transportation)
Physical Deprivation	Hunger, weight loss, and malnutrition related to food shortages and poverty
Poor Living Conditions	Substandard housing (including crowding, inadequate hygiene facilities, lack of privacy, cruel or difficult host family, etc.)
Unemployment	Unable to find paid work
Fewer Social Supports	Inadequate emotional, informational, or tangible support
Beginning Over Again	Needing to rebuild life in new country
Transience	Staying in a more than one place for only a short time. Being unsettled; having no established abode.

Stressful Responses: Displacement, Immigration and Resettlement

Forced Evacuation	Having no choice about leaving home; being coerced to leave despite protest or doubts
Planned Evacuation	Difficulty deciding to evacuate (related to appraisal of coping options or resources, and consequences of evacuation)

Coding Categories	Definitions
Physical Separation From Family	Being physically separated from spouse, children, extended family members (voluntarily or involuntarily) or worry about being separated; related to evacuation
Difficult Evacuation	Uncomfortable or unsafe evacuation
Citizenship	Difficulties acquiring citizenship or refugee status in another country
Resettlement	Difficulty related to taking up residence in new country

Stressful Responses: Activities of Daily Living

Hypervigilance	Being extra alert for information about war and related events
Changes In Routine	Changes in familiar routine related to social changes
Developing New Routines	Developing new routines related to social changes
Escaping Harm	Stressful efforts to escape harm (including seeking shelter from attacks)
Preoccupation With Finding Ways To Survive	Excessive information gathering related to finding ways to survive
Transience	Difficulty related to staying in a more than one place for only a short time
Intrapsychic Turmoil	fluctuating emotions related to despair, depression and horror about war-related events and personal losses
Preoccupation With News About Family Members In War	Excessive information gathering related to family members in war zones

Strained Relationships: Marriage

Physical Separation	Temporary or permanent physical separation from spouse (either voluntarily or involuntarily); includes worry about being separated

Coding Categories	Definitions
Forced Conscription	Being forced to fight in an armed military or paramilitary force
Being Reunited	Difficulty related to adapting to life with returned spouse
Estrangement	Permanent separation from spouse; includes divorce

Strained Relationships: Extended Family Relationships

Taking Care of Elderly Parents	Providing physical, tangible, and emotional support to parents
Physical Separation	Temporary or permanent physical separation extended family members (either voluntarily or involuntarily) or worry about being separated; related to evacuation and emigration

Strained Relationships: Parent-child Relationships

War-related Altered Behaviour	Changes in children's behaviour related to experiences of war, being a refugee and emigrating to Canada
Protecting Children From Anxiety	Maternal efforts to protect children from exposure to external demands, or the mothers' own stress; includes awareness of external demands (e.g., violence and destruction)
Answering Children's Questions	Difficulty related to finding ways answering children's questions; related to protecting them from anxiety and mothers' own desire to forget past
Physical Separation From Children	Temporary physical separation from children (either voluntarily or involuntarily); related to evacuation
Prolonged Damage From Refugee Status	Maternal worry about child's wellbeing, especially long-term psychiatric outcomes of child's exposure to experiences of being a refugee and emigrating to Canada

Coding Categories	Definitions
Missing Grandparents	Being physically separated from grandparents (either voluntarily or involuntarily) or worry about being separated; related to emigration
Children's Loneliness	Child's emotional response to missing friends in country of origin; difficulty making friends in Canada
Children's Illness	Physical illness related to war or refugee status
Parenting Expectations	Parents' difficulties adapting to parenting role in Canada; related to discipline; meeting all child's needs; teaching street safety without frightening child

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