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An Incomplete Jigsaw Puzzle: A Narrative Study on Arab Refugees in Canada

Hawazin Yousef Alhawsaw
The University of Western Ontario

Graduate Program in Nursing
A thesis submitted in partial fulfillment of the requirements for the degree in Master of Science
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ABSTRACT

War and its consequences have led many people around the globe to flee their homelands to find refuge in another country. People who leave their homelands frequently experience culture shock due to the differences between their own and the new culture. The purpose of this narrative study was to: (a) understand the acculturation to Canada of adult Arab refugees who had been exposed to collective violence in their countries of origin, and (b) identify the challenges faced by adult Arab refugees story tellers as they try to create a new identity in the Canadian context. A purposive sample of 12 Arab refugees, aged 31 to 60, was recruited. All of the interviews were conducted in a dialogical and reflexive manner face-to-face and audio taped. The interview questions were designed to elicit refugees' stories regarding their experience of adapting to their new culture in spite of the collective violence they lived through and understand the influence of collective violence on refugees' acculturation to Canada. Thematic data analysis involved three stages: coding, categorizing, and identification of themes. Findings revealed that all of the refugees who were forced to adapt to Canada experienced culture shock. Further, refugees faced many barriers when they tried to build a new identity in Canada. Implications for nursing practice, research, education, adult educators, and government are also discussed.
Key Words: refugees, culture shock, acculturation, loss, needs, emotional disturbance, social determinants of health.

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Acknowledgments

To Dr. Carole Orchard, my research supervisor, thank you for your support and patience. I strongly admire your sense of creativity, wise guidance, and the ideas you provided that helped me to complete the picture.

To Dr. Marilyn Evans, my co-supervisor, thank you for your professional contribution to this research.

To my family: Mom, Dad, Hisham, Hanaa, Hadeel, Haneen, Ghadeer, and my nephew Effat, thank you for your untiring support and prayers. You have always supported me in my pursuit of education and helped me to achieve my goals. Thank you.

To my friends, Taghreed Alnajjar, Fatimah Alsaggaf, Hanadi Aljehani, and Aisha Aldawsary and Aisha's adorable daughter Sabah, thank you for your time and support. Thank you for being present beside me when I need help or someone to talk to.

My final thanks and appreciation goes to Dr. Shireen Hussain, my key informant at Cross Cultural Learner Centre (CCLC) in London. Thank you for helping me in the recruitment process, thank you for being beside me during the whole period of data collection. Also, thank you for providing me with a private office in your center to conduct the interviews with the study participants.

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DEDICATION

I proudly dedicate this work to the soul of Dr. Susan Ray, my late supervisor, who suddenly passed away after a brief illness on Sunday, August 24, 2014.

I would also like to dedicate this work to all of the refugees who shared their most traumatic and intimate stories and their time with me. Thank you.

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CHAPTER 1
INTRODUCTION

Globally, the loss of safety as an outcome of sectarian violence is forcing an increasing number of people to leave their homelands (El-Shaarawi, 2015; Leppaniemi, 2004; Paasche, 2011; Pederson, 2002; Reza, Mercy, & Krug, 2001; Sadek, 2011; WHO, 2002). This global migration of peoples seeking safety has implications not only for nursing, but also for other disciplines, such as medicine, clinical psychology and social work, that can benefit from research into what it is like to be a refugee in a new country. While there is knowledge about the culture shock that people experience when adapting to a new country, there is a gap in our understanding of the full effect of exposure to collective violence that many of today's refugees experienced prior to and during their migration and adaptation experiences.

According to the World Health Organization (WHO, 2002), violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, a group, or a community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation of freedom, goods, or services. The WHO (2002) has classified violence into three categories: *self-directed violence* (such as self-abuse and suicide); *interpersonal violence*, (such as sexual, physical, and emotional abuse, child abuse or neglect and intimate partner violence); and *collective violence*, (such as war, genocide, and ethnic cleansing). Exposure to collective violence can affect the physical, social, mental, and reproductive health of individuals (Leppaniemi, 2004; Mercy, Krug, Dahlberg, & Zwi, 2003; Pederson, 2002; WHO, 2002). According to the American Psychiatric Association (APA), trauma from such exposure is defined as:

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> direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, or injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. (criterion A1) (2000, p. 463)

The usual response by individuals to exposure to violence is feeling helpless and overwhelmed, causing emotional and psychological changes to occur (Agaibi, & Wilson, 2005). Psychological trauma from various forms of violence can result in mental illness in individuals (Jong Joop, 2002; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2003; Krug, Mercy, Dahlberg, & Zwi, 2002). Exposure to war can lead to feelings of collective violence among people especially among people under 18 years of age (McMullen, O'Callaghan, Richard, Eakin, & Rafferty 2012). Further studies have found a high prevalence of post-traumatic stress disorder (PTSD) among Palestinian adolescents in Gaza who experienced stressful life events in childhood and military violence (Qouta, Punam, Montgomery, & El Sarraj, 2007). High rates of anxiety disorders, such as PTSD, depression, anxiety, psychosis, and dissociation, are also prevalent among adult refugees (Nicholl & Thompson, 2004) and children, adolescents, and adults exposed to political violence, which includes political or religious persecution, or physical or psychological torture at the hands of government agents (Porter & Haslam, 2005).

The migration of refugees to new countries does not resolve the effects of such exposures on individuals' health and well-being. Further, mental health challenges may develop regardless of whether the victims flee to developing (Tang & Fox, 2001) or developed countries (Eisenman, Gelberg, Liu, & Shapiro, 2003). The adverse mental health outcomes (PTSD, depression, etc.) arising from the trauma of collective violence experienced by individuals can necessitate intervention in the host country by professionals who do not fully understand what has been experienced by their patients (Schmid, Marc, Franz, Petermann, & Fegert, 2013).

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Thus gaining an understanding about the effects of exposure to collective violence among refugees coming to Canada and its effect on their adaption is particularly timely as Canada is offering to "open its doors" to fleeing refugees. Gaining an in-depth understanding of the stories of refugees about their flights to safety, especially those who have been exposed to different forms of collective violence, such as war, genocide, and political persecution, and their efforts to re-establish themselves in a new country is particularly salient. This understanding is important for host countries such as Canada so that they can provide adequate health and social care for refugees. Unfortunately, Western medical models of trauma care and the diagnostic category of PTSD may be inadequate for understanding the collective violence experienced in other parts of the world. These models of care focus on individual traumatic events and fail to take into account the experiences of victims of collective violence (Ray, 2008). What is needed is a better understanding of collective violence from the perspectives of adult refugees (Krug et al., 2002).

This study is intended to address the above identified gap in knowledge about refugees' experiences. The findings will have importance for nurse educators, nurses in practice settings, and nurse researchers by adding to the literature about the effects of exposure to collective violence and its impact on being a refugee in a new country. Given that there are 50 million refugees in the world today, the understanding needed for nurses to be able to meet a refugee's social determinants of health are an essential part of nursing practice. The findings of this study will help nurses and other health care providers gain an understanding of services required to meet the needs for refugees who have been exposed to collective violence and the stress of adapting to a new culture. Moreover, the results will assist policy makers in host countries to develop appropriate health and social service interventions to support refugees who have been exposed to collective violence and are trying to establish new lives in their adopted country.

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Background

An immigrant is a person who chooses to move from his/her homeland to another country for any of a number of reasons, while a refugee is a person who has been forced to flee his/her homeland looking for a safe place (Ekblad & Roth, 1997). These two groups share the experience of having to adapt to a new culture. Although the responses of refugees are influenced as well by the trauma they have experienced (Stein, 1986) nevertheless, it is useful to consider what studies have suggested regarding refugees' and immigrants' experiences of difficulties in adapting to the new society. In addition, the burden of collective trauma on refugees and its potential to put them at risk for mental health problems has to be taken into account (Beiser, Turner, & Ganesan, 1989; Cerhan, 1990; Keyes, 2000; Mouanoutoua, Brown, Cappelletty, & Levine, 1991; Scott, Scott, & Stumpf, 1989), thus studies of the differences between refugees and immigrants are also discussed.

The Migration of Arabs to Canada

The first migration of Arabs to Canada was to Montréal in 1882 and began with the arrival of Abraham Bounadere (Ibrahim Abu Nadir) from Lebanon. Since that time, Arab immigration to Canada has continued due to escalating civil war, religious and political persecution, family disagreements, or lack of education and job opportunities (Statistics Canada, 2007). According to the Canadian Arab Institute (CAI), between 2008 and 2012, 120,373 Arab refugees obtained permanent residency status in Canada. As of 2012 Arab refugees represent 22.4% of refugees resettled in Canada. Iraq has been the top source country of Arab refugees to date (see Figure 1).

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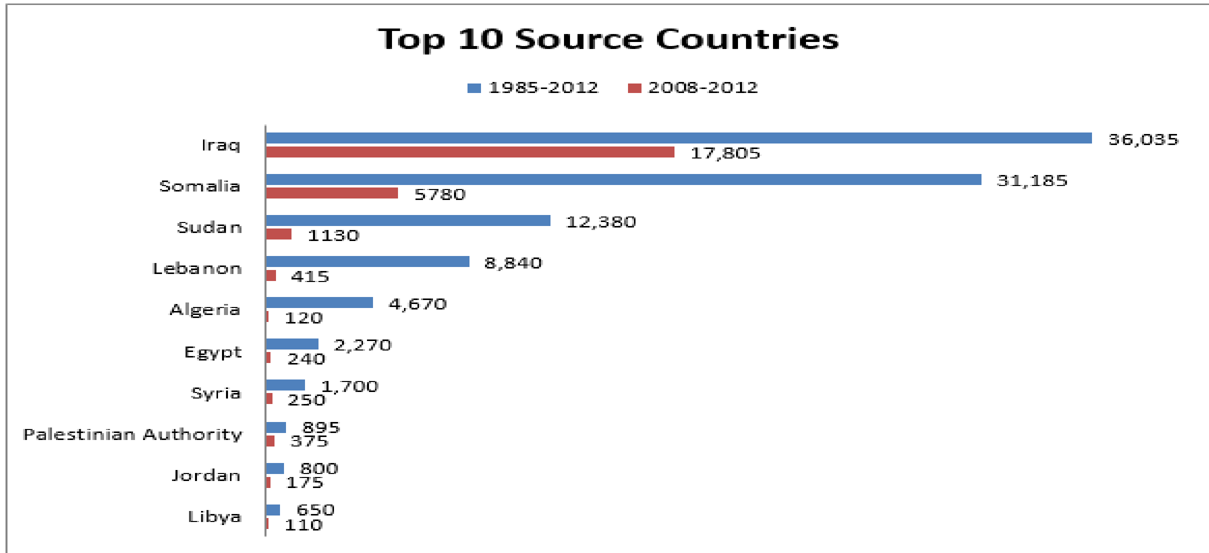

Figure 1. **Country of origin of refugees in Canada from 1985 to 2012.**

The CAI reported to Citizen and Immigration Canada that between 2008 and 2012 Ontario became home to the largest Arab-Canadian community in Canada (59.3% of Arab refugees in Canada were living in Ontario). Other provinces reported much lower percentages: 10.7% of Arab-Canadians were living in Alberta, 8.4% in Quebec, 9.7% in British Columbia, 4.8% in Manitoba, and 4.5% in Saskatchewan (El-Assal, 2014). See Figure 2.

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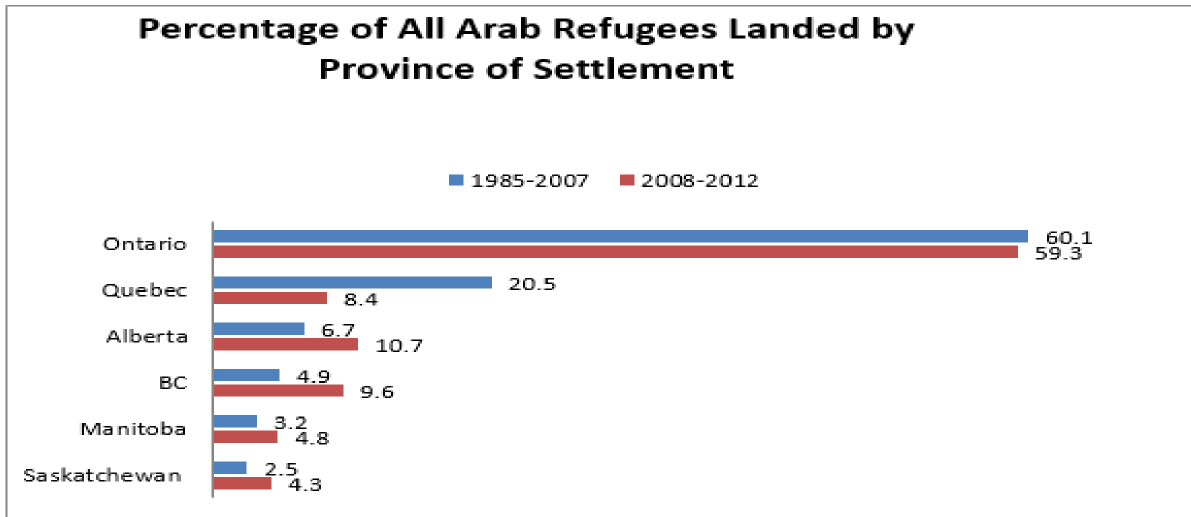

Figure 2. **The percentage of all Arab refugees landed by province of settlement.**

London, Ontario (the city in which the current study was conducted) has become home to 4,555 non-permanent residents (i.e., refugee claimants, people in the country on a work or study permit, and family members of permanent residents) from different countries around the world (Citizenship and Immigration Canada CIC, 2013). The London Arab population represents 16% of visible minorities and the Arabic language ranks as the second most commonly spoken non-official language in London (Citizenship and Immigration Canada CIC, 2013).

Adapting to the Host Country: Barriers and Enablers

Differences in the cultural background of refugees and immigrants from their home of origin to host country can play a significant role in their psychological adaptation. A quantitative study by Briones, Verkuyten, Cosano, and Tabernero (2012), carried out in Spain, focused on psychological adaptation and acculturation of two groups of adolescent immigrants from different social and cultural backgrounds – Moroccan (n = 197) and Ecuadorian (n = 240). They concluded that when immigrants experience similarities in culture between their homeland and that of their host country adaptation is more readily achieved. This was particularly evident in the

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adaptation levels of the Ecuadorean adolescents, whose home culture is similar to the Spanish culture, and was higher than Moroccan adolescents' culture difference to the Spanish culture (Briones et al., 2012). Also, when there is discordance between the new culture and the immigrant's original culture, there is a greater likelihood of immigrants perceiving ethnic discrimination (i.e., feeling oneself as a victim of discrimination) against them by the host culture. Perceived ethnic discrimination is one of the factors that can result in psychological symptoms (Jasinskaja-Lahti, Liebkind, Jaakkola, & Reute, 2006).

In a qualitative study carried out in the UK, Papadopoulos, Lees, Lay, and Gebrehiwot (2004) focused on Ethiopian refugees who fled their homeland due to a political crisis, and their descriptions of their experience of adaptation to the new culture. The differences were particular to the variances in health beliefs and practices between the two cultures. Overcoming barriers created by cultural difference has been found to be associated with English-language training, and help in finding jobs and starting businesses (Papdopoulos et al., 2004). Interestingly it appears that adaptation may be easier for females than males. For Ethiopian women the freedom and democracy that the UK offered, in particular the freedom they had to be active members of their communities was welcomed. On the other hand, men found differences in beliefs and customs between their culture and the new culture made their adaptation more difficult. For example men stated that their family roles had changed, causing them to not maintain their previous social position as a dominant male in the UK (Papdopoulos et al., 2004). Adaptation also seems to vary among different age groups. Young refugees who master the host country language quickly adapt more easily than people, often older, who struggle with the new language (Papdopoulos et al., 2004).

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Younger Ethiopian refugees also commented on changes to their family structure. Before coming to the UK it was expected that they would live with the family until marriage, in the new country living independently of their parents was the norm (Papdopoulos et al., 2004). Thus refugees and immigrants face barriers to their adapting to a new culture related to language acquisition, ability to accept new cultural beliefs and norms, and ability to overcome the stigma of being labelled a refugee. In a Canadian qualitative study by Danso (2002) examined the adaptation of Ethiopian and Somali refugees to Toronto, Canada at six and twelve months after their arrival. Participants identified five major barriers to their adapting to Canadian culture: unemployment, lack of recognition of their educational credentials, lack of recognition of their professional experience, inadequate government stipends, and language issues (Danso, 2002). Furthermore their level of adaptation to the new culture affected their ability to gain employment, overcome poverty, and enter into full engagement in their host country's society.

Acculturation and the Post-traumatic Growth Phenomenon among Refugees

Acculturation according to Berry is a "dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members" (Berry, 2005, p. 698). In a qualitative study by Henry (2012), six adult African refugees who fled their homelands to Egypt reported experiencing a sense of loss equated to the continuing bonds model of mourning by Klass (Klass, 1989; Silver & Klass, 1996, as cited in Henry, 2012). The continuing bonds model of mourning suggests that the loss of cultural values, language, and traditions, impact on refugees' emotions and provide them with solace or an "anchor" that influences their acculturation to the new host culture. Henry equates this acculturation to a form of post-traumatic stress adjustment, which is termed in the literature *post-traumatic growth* (PTG). PTG is defined as a "phenomenon of positive psychological change

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experienced as a result of the struggle an individual faces with highly challenging life circumstances" (Hussain & Bhushan, 2013, p. 204). PTG is associated with previous exposure to traumatic events followed by PTSD symptoms and other symptoms of psychological distress (Teodorescu, et al., 2012). Henry found some personal factors, such as an optimistic personality, ability to solve one's own problems, willingness to pursue education play a role in a refugee's cultural adjustment (Henry, 2012). Further recent studies have examined the concept of PTG among refugees who fled their homelands due to collective violence (Davey, Heard, & Lennings, 2015; Hussain & Bhushan, 2011, 2013; Joseph & P.Alex, 2008; Nagy & Kroo, 2011).

Nagy and Kroo (2011) focused on the post-trauma adjustment using the Post-traumatic Growth Inventory developed by Tedeschi and Calhoun (1996) on 53 Somali refugees who experienced collective violence and their subsequent acculturation into Hungary. Using the inventory, the researchers found that those refugees who experienced a positive transformation to the host culture was associated with availability of social supports, religious beliefs, and hope. Those who did not adapt well reported negative religious coping and dissatisfaction with available social support (Nagy & Kroo, 2011). Similar factors were found by Hussain and Bhushan (2013) in a study of Tibetan refugees who categorized the PTG factors according to three themes: "first, change in outlook such as acceptance, responsibilities, compassion and optimism, second; personal strength such as self-reliance and self as survivors, third; meaningful relationship such as family and community" (pp. 209-210).

Determinants of Psychological Disorders among Refugees

Different forms of psychological stress can influence the mental health of and adaptation to a host culture by individuals who are exposed to collective violence (Bryant et al., 2009) and

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exposure to torture (Bryant et al., 2009). Studies have found both pre- and post-migration factors, including unemployment in the host country, poverty, discrimination in the host country, and displacement, can lead to psychological disorders such as depression and post-traumatic stress (Burnett & Peel, 2001; Kirmayer et al., 2011),

In a systematic review of literature addressing common mental health problems among refugees and immigrants, Kirmayer and his colleagues (2011) reported on how mental health issues were prevented, detected, and managed among refugees and immigrants determined how well they were able to adapt to their host country. Kirmayer et al. (2011) identified pre-migration (exposure to various kinds of war-related trauma, education, economic, and occupation conditions, and social supports in their country of origin), migration (migration process, exposure to violence, disruption of social networks, uncertain future, life in refugees camps), and post-migration factors (lack of knowledge about status in the host country, unemployment, loss of social supports, uncertainty about family members left behind, concern about reuniting with family members, learning a new language, acculturation and adaptation into a new culture) that need to be part of clinical assessments to determine the mental health of adult and children refugees. Fenta, Hyman, and Noh (2004) described the factors leading to depression among Ethiopian refugees and immigrants, which included exposure to pre-migration trauma, lack of clear goals for migration, internment in refugee camps, living in neighborhoods with other similar cultural groups, and exposure to stressful life events post-migration. Interestingly they found the risk of developing depression is low during the first few years of settlement, then increases until 15 years post-migration when it begins to decline (Fenta et al., 2004).

Unique migration factors have been found to influence refugee children's mental health (Kirmayer et al., 2011). Pre-migration factors include: age when they migrated from their home

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country, separation from relatives and friends and education disruption; and migration factors include: uncertainty about the future, starvation, living in harsh conditions in countries of transition and refugee camps, separation from their caregivers and exposure to violence. The post-migration factors affecting children include: learning a new language, discrimination in educational settings, and stress related to their family's adaptation (Kirmayer et al., 2011).

Addressing Social Determinants of Health

There is limited research specifically concerning systemic barriers to mental health care in Canada for Arab refugees who have been exposed to collective violence. McKeary and Newbold (2010) conducted semi-structured, in-depth interviews with nurses, executive directors, program managers, physicians, settlement workers, health educators, and community health center employees involved in the provision of social and health services to the population of refugees in Hamilton, Ontario. They sought to discover the systemic barriers experience when they access health care by the population of refugees in Hamilton. According to the results, barriers to these services included lack of interpretation services in their language, and health and social service professionals' cultural competency. It was also noted that needed services were not always available (McKeary & Newbold, 2010). Overall, interpretation and language issues wee the most significant barriers to services for refugees whose mother tongue was not English. These barriers affect relationship building between clients and providers, an essential aspect of mental health support. A lack of a good relationship between clients and providers can lead to an inaccurate assessment of the client's situation and then failure to provide appropriate health or social care (McKeary & Newbold, 2010).

Numerous other studies have reported several barriers, including language issues that prevent immigrants from accessing mental health services. Halli and Anchan (2005) reported

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that immigrants who are not fluent in English have difficulty obtaining information about the availability of mental health services. Moreover, being unable to speak English affects immigrants' communication with all health providers making it difficult for them to describe their feelings and problems. Adult refugees who use their children to translate and interact with others might also disrupt the structure of the family. Children who act as interpreters assume a quasi-parent (authoritative) position when interacting with non-family members (Hyman, Beiser, & Vu, 1996). For the refugees their lack of health care coverage, and experiences of poverty, isolation, and transportation difficulties were additional challenges to their access to health services.

More recent studies on refugees are still reporting communication and language barriers as the most common issues associated with adapting to a new culture and gaining access to health care services (Crosby, 2013; Salman & Resick 2015; Stewart et al., 2015). Salman and Resick (2015) carried out a qualitative study with 12 Iraqi refugee women between the ages of 21 and 67 years who migrated for safety and security to the US after 2003. These Iraqi women frequently indicated language and their inability to communicate with their health care providers as barriers to good care. The ability to establish effective therapeutic relationships with, especially, nurses is impeded when refugees and nurses are unable to communicate in a shared language.

Summary

The studies described above provide an overview of issues primarily associated with the migration of Arab refugees to other countries. Although much of this research has focused on immigrants, there are likely similarities with refugees' adaptation to a host country. This review illustrates several migration factors that influence the mental health status of refugees and create

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the potential for several mental health disorders, such as PTSD, in those who have experienced collective trauma. This may further impact on their acculturation and adaptation into a new culture. However, what is needed is an in-depth understanding of what it is like for Arab refugees to adapt to Canada.

Statement of the Problem

It is clear that more research is needed in order for us to fully understand the acculturation into Canada of adult refugees who have been exposed to collective violence in their countries of origins. Most existing studies in this area address the effects of collective violence and war-related trauma on the mental health and well-being of children and adolescents. Because of the serious mental health issues in adults associated with exposure to collective violence, further research is needed to understand how this affects their efforts to become acculturated to a new country. There is a great deal of research identifying the barriers and enablers to refugees' access to health services and their adaptation to host countries, however, few Canadian studies have focused on the specific barriers and enablers for healthy adaptation adult Arab refugees experience. Little is known about the adaptation experiences of adult Arab refugees in Canada and the effects of collective violence on their ability to become acculturated into a new country. Thus this study addressed a gap in the literature in understanding the adaptation and acculturation processes Arab refugees go through, which may, in turn, assist in determining the types of services such individuals require.

Purpose of the Study

This study's aim is to increase our understanding of the acculturation to Canada of adult Arab refugees who have been exposed to collective violence in their countries of origin. In order

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to accomplish this, the study identified several challenges faced by adult Arab refugees when they tried to create a new identity in the Canadian context through their narrative stories.

Research Questions

1. How do Arab adult refugees who have been exposed to collective violence in their country of origin describe their traumatic experiences prior to, during, and post migration into a host country?
2. How do Arab adult refugees describe the impact of collective violence on their ability to acculturate in the host culture?
3. What are the expressed needs of adult Arab refugees who were exposure to collective violence to build their own identities in a host country?
4. How do Arab refugees exposed to collective violence describe their accessing of health and social services to meet their social determinants for health in a host country?

Theoretical and Conceptual Perspective

Narrative inquiry

Narrative inquiry helps the researcher to learn about the experiences of study participants through the stories they tell, in this case about the experience of collective violence on Arab adult refugees and how this affects their ability to adapt to a new culture. Narrative inquiry provides for social interactions between researcher and participants (Clandinin & Connelly, 2000). Specifically, it "inquir[ies] into or asks questions about and looks for deeper understanding of life experiences" (Pinnegar & Daynes, 2007, p. 5) and helps participants to feel and understand traumatic events (Thomas & Hall, 2008). In this case, the use of narrative inquiry

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allowed participants to describe their experiences and the challenges they face when having to learn to live in another country.

Narrative inquiry differs from other kinds of qualitative research in its use of temporality, sociality, and place (Clandinin, Murphy, Huber, & Orr, 2010). Temporality of the researcher's own and the participants' lives to things, places, and events is established by framing the past, the present, and the future of the narrative, which allows the participants' needs to be visualized (Clandinin & Murphy, 2009). In this study the researcher used a specific time framework of 3 to 5 years after migration to order the temporal shifting between the events described (see Appendix A,, Q5-7). The narratives also explored both social conditions (the milieu or conditions under which people's experiences and events unfold) and personal conditions (feelings, hopes, and desires) (Clandinin et al., 2010). Thus creating the sociality and place of their experiences.

One part of thinking narratively is framing a research puzzle. In this study's case the research puzzle is framed around the new identity that participants had to create in order to fit into their new country, Canada (Clandinin & Connelly, 2000). Thus, the shape of this study was modified based on the participants' shared life stories about their past, present, and hopes for the future.

Declaration of Self

In 2010, I moved from Saudi Arabia to Canada to further my education. Throughout my time in Canada, I have noticed a variety of people from different cultural backgrounds coming to Canada as refugees. The reasons they chose Canada are many and varied. For instance, some came to improve their quality of life; some, like me, came for educational opportunities; some

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others came for jobs, etc. I have made friends with many Arab refugees and heard their stories about why they left their home country. Some of them were forced to leave due to war, violence, corruption, unemployment, and/or social injustice. I empathize with their stories, especially since one of my close friends is a refugee. She witnessed a war in her home country and when she was 14 years old she lost her father in the war. She was able to recover from the trauma that resulted from these experiences and to overcome all of the barriers in her life. Her story inspired me to want to know how traumatized refugees cope with living in a new place filled with different cultural, religious, political, social and behavioral norms.

Personally, I think being exposed to collective violence and leaving home for a totally new environment must have a severe impact on an individual's mental health status and thus the ability to acculturate into the new life. I think governments of countries who receive refugees and immigrants, such as Canada, have to take serious steps to improve the mental health services offered to these newcomers. Further, as a researcher, I hope to increase awareness about this issue through this study on the mental health care needs of Arab refugees who have been exposed to collective violence.

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CHAPTER 2

MANUSCRIPT

Introduction

Because of the wars and political coups prevalent in Middle East countries, many of the people living there are exposed to various kinds of collective violence. This often leads to people, traumatized by their experiences, to feel that their only viable option is to flee their country and become a refugee. A refugee is a person who is forced to flee his/her homeland looking for a safe place to live, while an immigrant is a person who chooses to move from his/her homeland to another country for work, education, and/or other purposes (Ekblad & Roth, 1997). Although there are differences in motivation for leaving their homeland between refugees and immigrants, they share the experience of changing their cultural identity and adapting to a new country, thus both are at risk for the psychological disorders that can accompany life changes of this magnitude (Beiser, Turner, & Ganesan, 1989: Cerhan, 1990; Keyes, 2000; Mouanoutoua, Brown, Cappelletty, & Levine, 1991; Scott & Scott, 1989; Stein, 1986).

Arab refugees tend to escape from their homelands such as Iraq, Syria, and Palestine to the nearest host countries, such as Syria, Egypt, Cyprus, Lebanon, or Jordan. Refugees in this study all finally migrated to Canada with the help of the United Nations (UN) and the Canadian government. For Arab refugees, the reality of life in Canada was a shock. The new life they dreamed of was at odds with the reality they found. They discovered that their knowledge about living in Canada and its culture was limited if non-existent. Thus, to fit into their new life required them to take a variety of puzzle pieces and try to put them together to create a full, realistic picture, for their new identities.

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There is a paucity of literature focused on the process adult Arab refugees go through to adapt into Canadian society. Pumariega, Rothe, and Pumariega (2005) describe a continuum for adaptation from margination in which "immigrants embrac[e] their culture of origin to the exclusion of the host culture" to traditionalism in which they retract into longing for their old culture (Lin, Masuda, & Tazuma, 1982) to biculturalism in which there is "validation and reaffirmation of the person's identity by both cultures" to acculturation (Pumariega et al., 2005, p. 587). Berry defines acculturation as a "dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members" (Berry, 2005, p. 698). The current study aimed to gain an understanding specifically of what was required from health and social services to support refugees' adaptation during their first years in Canada with a focus on those who left their home countries due to war and other forms of violence. Recent research interest has focused on the effects of collective violence and war-related trauma on refugee children and adolescents' mental health and well-being but not that of adults. Further studies are needed to gain an understanding of the services required for adult refugees who have experienced collective violence.

Literature Review

Experiencing the trauma of collective violence, such as from war, torture, and the loss of family members or loved ones can affect one's capacity to cope. Studies have shown that there is a high prevalence of mental illnesses among children and adolescents in such countries, including: PTSD, anxiety, depression, and other disorders (Drury & Williams, 2012; Keyes, 2000; Slewa-Younan, Uribe Guajardo, Heriseanu, & Hasan, 2015).

In a systematic review of eight empirical studies focusing on the psychological effects of collective violence on Iraqi refugees (n = 1,912) Slewa-Younan et al., (2015), found that the

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prevalence of PTSD ranged from 8 to 37.2 % and depression ranged from 28 to 75 %. El Zain and Ammar (2011) carried out a quantitative study of 215 Lebanese children (males = 109; females = 106) aged from 9 to 12 years to gain an understanding of the psychological effects of the July 2006 war with Israel. In particular, the study aimed to evaluate anxiety levels in children exposed to the war and to test the relationship between children's anxiety levels and the effects of family loss due to direct exposure to the conflict. The study found no significant differences between anxiety levels in girls and boys exposed directly to the conflict (El Zain & Ammar, 2011). Other studies have described the long-term effects of conflicts on children living in Palestine.

Qouta, Punamaki, Montgomery, and El Sarraj (2007) examined the psychological responses to violence associated with 65 Palestinian adolescents who experienced traumatic and stressful events from military action in Gaza. The study also examined the home life of the study participants. They found that adolescents who had been exposed to high levels of stressful life events were more likely to have PTSD symptoms, poorer cognitive capacities, and exhibit higher levels of neuroticism (Qouta et al., 2007). In two studies, one of Palestinian children aged 9 to 18 years by Thabet, Abed, and Vostanis (2002), and in the other study by Ziv and israeli (1973) of Israeli school-age children who were exposed to daily violence, found no increases in their levels of anxiety. These findings were attributed to adjustment to the bombardment that had occurred among the Palestinian and Israeli children over time. However, similar results were not found among the Lebanese children studied by El Zain and Ammar (2011). In contrast anxiety levels rise when children experience the loss of a family member versus no such loss (Morgos, Worden & Gupta, 2008).

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Thus, exposure to collective violence does have a psychological impact on children and adolescents. The most consistent response to such exposure is an increase in anxiety levels and this is greater when conflict is not a constant over time and when a family member is lost due to the conflict. However, less is known about the psychological impact of collective violence on adults, and about how this will affect their abilities to successfully acculturate to a new host country.

To gain an understanding of the stories of Arab refugees who fled their countries of origin to settle in a host country, a group of Arab refugees were interviewed. The interviews took the form of narrative inquiries focused on social interactions and collaboration between the researcher and the research participants (Arab refugees) over time and in different places (Clandinin & Connelly, 2000). Through their narratives, participants (in this study Arab refugees) were able to share their experiences across a trajectory of time. In this study, narrative inquiry allowed the Arab refugees to share their experiences of events during the war in their home countries and in some case events that took place in the first country they migrated to, and after they migrated to Canada. Use of a narrative approach gave participants the freedom to tell their stories without restrictions, thus providing a rich understanding about their experiences. The narrative inquiry approach also helped the participants to see meaning in their lives as they let others (the researcher) feel and understand their experiences.

Thus, in this narrative inquiry, the researcher actively listened to, read and re-read the stories the participants shared. This process helped the researcher gain insight into the Arab refugees' lived experiences and alter the focus of the study as it evolved in response to the stories; thus the research purpose and questions changed over the course of the study (Clandinin & Connelly, 2000).

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Clandinin, Murphy, Huber, and Orr (2010) suggest that the inquirer also has to think narratively about the phenomenon, starting from framing the research questions to producing field text and data analysis. The following process to collect and analyze the data was used as described by Johnson and Golombek (2011). First, the researcher listened to the stories several times without pause. After that, she began to write the narrative or dialogic meaning structure that emerged from each interview. At the end, further thematic considerations were captured in the findings. Therefore, for this study, the researcher re-read the transcripts several times then produced a written thematic narrative meaning structure from which she was able to glean further thematic considerations.

Data collection in the form of interviews was designed to elicit the participants' accounts of their experiences while allowing for the researcher to reflect on the phenomena and begin to discern emergent themes. The refugees' lived stories became a primary source for the researcher to find issues related to their needs for health and social services as they attempted to fit into their new host country. The narratives the participants shared revealed issues they faced related to social change, social identity, and causality (Elliott, 2005).

Purpose of the Study

The aim of the study was to understand the acculturation process of adult Arab refugees to Canada who had been exposed to collective violence in their countries of origin. In addition, the study aimed to identify the challenges faced by adult Arab refugees when they try to create a new identity in the context of the Canadian culture. The intent of this study was to capture the refugees' stories of their flight from their homeland and their migration experiences initially as refugees and finally as landed immigrants in a host country. To ensure the richness of data the researcher chose a qualitative interpretive approach, narrative inquiry.

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Research Questions

1. How do Arab adult refugees who have been exposed to collective violence in their country of origin describe their traumatic experiences prior to, during, and post migration into a host country?

2. How do Arab adult refugees describe the impact of collective violence on their ability to acculturate in the host culture?

3. What are the expressed needs of adult Arab refugees who were exposure to collective violence to build their own identities in a host country?

4. How do Arab refugees exposed to collective violence describe their accessing of health and social services to meet their social determinants for health in a host country?

Method

Design

The design of this study was a qualitative narrative inquiry. Stories were collected from adult Arab refugees about their experiences of collective violence and war-related trauma in their countries of origin and about their experiences during adaptation into the Canadian society. Before data collection began, the researcher obtained ethical approval from the Western University's Human Subjects Ethical Review Board.

Study Participants

A purposive sample of 12 participants currently living in London, Ontario, Canada, who met the eligibility criteria comprised the sample. The eligibility criteria were: over 18 years of age; Arab from the Middle East or North Africa; arrived in Canada as a government-assisted

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refugee; lived in Canada for 1-5 years; is a client of the Cross Cultural Learner Center CCLC; experienced any form of collective violence or war-related trauma, such as civil war, genocide, torture; forced to migrate from his/her country of origin; and of any marital status, gender, educational background, or socioeconomic status.

All 12 participants were government-assisted refugees (GAR[1]), seven were female and five were male. The participants' ages ranged from 31 to 60 years. Eight participants were married, two were divorced, one was a widow, and one was single. Three participants had a bachelor's degree, and four others had a high school diploma. A further two completed schooling up to Grade 11, two others ended schooling after Grade 8, and one had no formal schooling. Only one of the participants was employed at the time of the interviews. Four others reported they were homemakers, two were unemployed, and one was unable to work due to disabilities. The final four identified themselves as students. All but one of the participants lived in rental accommodations and with the remaining participant living in a free accommodation.

[1] GAR refers to "government-assisted refugees are Convention Refugees Abroad whose initial resettlement in Canada is entirely supported by the Government of Canada or Quebec" (CIC, 2015, para. 1). Source: http://www.cic.gc.ca/english/refugees/outside/resettle-gov.asp

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Participant Recruitment and Data Collection

This study used interviews to collect data about the experiences of adult Arab refugees exposed to collective violence and war-related trauma (Marshall & Rossman, 2006).The study participants were recruited from the CCLC in London, Ontario through counselors (key informants) who provided a study information flyer (prepared by the researcher) to eligible participants to inform them about the study.

Participants who were interested then contacted the researcher directly indicating their willingness to participate in the study. To preserve the confidentiality of the study, pseudonyms were used for the participants. The study's letter of information (see Appendix A) was provided to and discussed with the participants and the researcher answered any questions that arose. The participants completed a study consent form (see Appendix B) prior to the beginning of the interview and completed a demographic information questionnaire (see Appendix C) either by completing it individually or with the assistance of the researcher.

The study participants engaged in face-to-face, one-on-one interviews conducted by the researcher in Arabic during the day in a private office at the CCLC. Open-ended questions and probes were used to initiate and support the participants' storytelling (see Appendix D). Interviews lasted approximately one to two hours and were audio taped with the permission of the participants. After each interview the audio recorded data were transcribed verbatim in Arabic into a Word document. A back translation method, as described by Warner and Campbell (1970), was used then to ensure the accuracy of the meaning of stories was preserved (see Appendix E).

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Data Analysis

The audio-taped interviews were transcribed verbatim and entered into a Word document. After the researcher reviewed the transcribed interviews to understand refugees' stories, they were translated from Arabic into English using the back translation method developed by Warner and Campbell (Tweney & Hoemann, 1973).Transcriptions were first translated into English by an expert translator. Then a second translator (the researcher) translated the transcripts back into Arabic. The two Arabic versions were then compared to see if any difference in the meanings of the participants' stories had emerged. When the Arabic versions presented significant differences in meaning of words, then the English transcript with notes was returned to the first translator for correction. If no significant differences were found, as in the case of this study, the English version of transcripts was used for the analysis. The transcripts were coded, categorized, and synthesized to identify emerging themes as outlined by Elder and Miller (1995): (1) each transcript was read thoroughly by the researcher and independently by one member of her advisory committee to get a general sense of the whole story and determine key ideas. Then, the key ideas of the story were coded individually; (2) the identified codes in each transcript were compared to arrive at an agreement and connected to create categories; and (3) the identified categories were then grouped together to create themes.

Creating authenticity: To ensure the quality and authenticity of the participants narrative stories, four criteria recommended by Lieblich, Tuval Masiach, Rivka and Zilber (1998) were used: (1) width: *"comprehensiveness of evidence*"; (2) coherence: "*The way different parts of the interpretation create a complete and meaningful picture*"; (3) insightfulness: "*The sense of innovation or originality in the presentation of the story and its*

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analysis"; and (4) parsimony: "*The ability to provide an analysis based on a small number of concepts, and elegance or aesthetic appeal*" (p. 173).

1. Width: To address this criterion the researcher evaluated the amount of information in the refugees' stories in order to make an informed judgment about its comprehensiveness. In this study, the researcher made sure that all of the main concepts in the research questions were addressed and that data were saturated in the recorded interviews.

2. Coherence: To ensure coherence the researcher worked to distinguish between the internal and external coherence of the study data to clarify the experiences of Arab refugees and see how they fit into the larger picture created around their acculturation process. Attention was focused on both internal coherence, how the parts fit together, and external coherence, how the research compares to existing theories and previous research as recommended by Lieblich and his colleges. In this study, the researcher made sure the emergent categories were supported by the raw data (direct quotes) through reading and re-reading the transcripts. The researcher also made notes after each review of the interviews to clarify the meanings of the refugees' narratives. These notes were shared with the translator so that he would understand the meaning of the narratives before the translation began. Also, the researcher repeatedly went back to her data and reflected on and refined her own ideas to ensure the created categories were consistent with what the participant's had shared. To establish external coherence, the researcher considered the similarities and differences between the findings of the current study and those of other studies addressing similar issues. In the discussion the researcher describes findings from those studies as they relate to the topic of the current study.

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3. Insightfulness: As the researcher reviewed the stories the image of a puzzle, putting together the pieces of their lives to create a new identity emerged as a way to organize the presentation of the participants' stories and the analysis of them for the reader.

4. Parsimony: The researcher identified two overarching themes that represent the meaning of the stories. Within each theme subthemes were identified that make clear key aspects of the narratives shared by the participants.

The Stories

The stories told by the Arab refugees in this study were filled with emotion and involved the sharing of many losses including loss of family connections, of identity, and of a sense of community as they entered into this new, puzzling land (their host country). Their stories also portrayed the participants' longing for their previous lives and the barriers that limited their ability to fit their own puzzle pieces together into a new picture of their new life and identity in Canada.

As the stories emerged an image of a puzzle that the refugees were in the process of solving depicted their stories of creating new identities that fit with their adaptation process. They felt that they had to transform themselves from their previous identities to new ones in order to fit into their new home country of Canada. The stories are re-told here using the metaphor of a puzzle. Two sets of puzzle pieces (themes and subthemes) emerged from the participants' stories; the first set relates to facing their new reality, and the second involves creating a new identity. These puzzle pieces are: facing reality – *Canada as an unknown place; a reality shock; polarities of feelings upon arrival; and ongoing feelings*; and creating a new identity – *feeling like a fish out of water*, *facing barriers*, optimism vs. despair, and *avoiding ownership for responsibilities*.

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Facing Reality

Four puzzle pieces were needed to help them face their new reality. These being: *Canada as an unknown place*; *a reality shock*; *polarities of feelings upon arrival*; and *ongoing feelings*. When the airplane landed in Canada the refugees initially expressed joy realizing that they were safe and free to settle down to a "normal" life again. On their journey they dreamed that Canada would be a place where they could achieve their dreams of a new beginning and a happy family life. However, upon arrival they quickly realized that the real Canada did not match the picture created by their expectations. There were many puzzle pieces that did not fit into this new picture.

Canada, although it provided relief from the unsettling lives they had experienced, was still an "*unknown*" place for them. Rama commented, *"I'm in an unknown and ambiguous place since I arrived to Canada."* They lacked a clear idea about how their previous life could be re-established in Canada. Some shared that they lacked any clear goals for their new lives except to find a place of safety in Canada.

> *It was a difficult feeling traveling from Syria to Canada; it was like going to the unknown. You were not going with the aim of study or to a specific job, you were going to be under their [Canada's jurisdiction]; they were responsible for you, so you are not free with your life* (Bana).

Their focus was primarily on fleeing the war and its concomitant lack of security and safety in their homeland. Hanaa shared, *"All I knew was that we were going to be ok and safe, my husband, my kids and I. Any other information about Canada, we knew from the television.* Bana shared the feeling of having no choice, *"You are like cargo being delivered from Syria to Canada… I did not have the option of choosing which country I would like to migrate to."*

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Although most of the participants came to Canada feeling very positive, some also expressed concerns and questions about their new life. They worried that their previous picture of Canada, gained from the videos shown by the United Nation High Commissioner for Refugees (UNHCR), and the true picture of their new life in Canada would be different. Ali shared, *"I was shocked by the reality.... I felt there is no point in what I am doing and my emotional state was getting worse. I was shocked: Is this the Canada I was dreaming of? That is impossible."* Some of the participants constantly referred to trying to find their own picture of the real Canada to replace the picture provided in educational lectures given by UN officers in their host countries before they migrate to Canada. As Bana stated, "*They should explain more, so that people would not be shocked the same way I was…They should tell us from the beginning what to expect, what will be provided, and what will not be provided."* Fadel added, "*We needed more details about house-renting in Canada. Although they told us about that and promised they will help us to find houses to rent, they forgot to tell us about how expensive life was."* Some participants commented that the amount of funding provided when they first arrived was insufficient: *"What the government paid for us is inappropriate with [real] life requirements…there is no compatibility"(*Rama*).*

Lilia shared, *"when we arrived, Canada was actually quite difficult and different from what had been explained to us."* Nada also commented, *"I was shocked because everything in Canada was different."* Their shock arose from the discrepancies between the stipends provided and the high cost of living, the differences from their homeland in lifestyle, culture, laws, and weather.

The "real" picture of Canada contained a number of missing puzzle pieces, each relating to a struggle they needed to face and deal with. One of the missing puzzle pieces for their new identity related to language. Those who had some English were able to move their puzzle pieces

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into the beginning of their new identity while those who did not, faced greater difficulties. Rama commented, "*first of all, we had no strong language [English], just a background which we learned at school. We were shocked because we did not know the place, the language, or how to deal with people."*

Besides the difficulty with English, health care coverage was another missing puzzle piece. Bana described her misperceptions, *"I came to Canada thinking everything was free, I heard that the first child is covered in Australia and Europe but the second one is not. So I was really shocked"* (Bana).

For participants used to temperate and sub-tropical climates, arriving in Canada in winter was a shock. Although participants had heard about Canada's cold weather, being actually exposed to it was another puzzle piece that needed to fit into their new identity. They needed to learn how to dress to fit the weather in their new lives. For some making this piece fit was beyond them. Nada shared, *"I spent 6 months at home, I did not want to go out! I was shocked by how cold it was and how difficult it was to move around in that weather."* Ali commented, "*The snowstorm hit and I could not bear the cold. I heard about Canada's cold but the reality was much harder."* Lilia shared, "*when we came, the weather was very bad. We did not bring clothes to protect us, and we could not buy special shoes for snow. They gave us almost $150 for everybody in the winter to buy clothes, but even these funds were not enough."*

Further, their cultural puzzle piece was identified as a barrier to their fitting into their new Canadian identity. The differences between the Eastern, Arabic and Western, Canadian cultures shocked them. They preferred to stick with Eastern cultural values because it provided the comfort of living in this unknown land. The study participants worried that they were losing their cultural values because they found themselves in a new culture among a people whose values

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differed from their own. They shared their concerns about raising their children in the new culture. As Nada stated, *"we Arabs do not consider it [Canadian culture] appropriate for us, we have our own habits.*" Rama added "*Canada is a foreign country with different customs and traditions from Arabs. So I am worried about my children and their future – what will they face? Everything is mysterious. I am especially concerned about my son, who is autistic. He needs special care."* Other participants shared their fear of losing the traditional picture of an Arabic Eastern man. *"They must pay attention to us as Arabs, they must put a law that fits our customs and traditions… I feel that the Canadian law opens the door for a woman to insult her husband…. We grew up knowing that the woman is a housewife and responsible for the children and all things in the house, and she must obey her husband"* (Kareem).

The participants in this study found upon arrival that their dreamed picture of Canada did not match reality. This distortion left a number of puzzle pieces – language, knowledge about health care coverage, adjustment to the environment, and the culture – for them to fit into their new Canadian identity.

The time required to prepare for their travel to Canada varied. Some participants described enduring long investigative processes, in some cases taking several years. Bana shared, "*I waited to migrate for 7 years, and finally in the 8th year I arrived in Canada."* Others were processed quickly. Besan commented, "*We were a special case. They approved us in 10 minutes, and we are thankful for such an initiative. Praise to God."* Waiting for UN approval was mentioned as a stressor by all the participants, particularly for those still living in war zones.

Participants described their euphoric feelings following their interviews with Canadian embassy officials. Ali shared:

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> *I headed to the consulate to meet the council, I felt so happy, I felt I was reborn, I felt that my dreams came true and that I will move to live as a prince in Canada ... I felt that I would have a beautiful house and that my life will be better.*

As participants moved through the initial culture shock of finding themselves with an incomplete new identity, the missing image puzzle pieces created mixed feelings. Rama expressed her ambiguity, *"When I was on the airplane, I was happy and unhappy because, in Jordan, my Mom and my sister lived with us, so we had mixed feelings. I thought: how could I leave her [the mother], especially since she was so dependent on us?"* Nada shared, *"once I reached Canada, I went to the Cross Cultural Learner Centre (CCLC). I was very sick. I was suffering from severe stomach pain due to the stress. My emotional condition was very bad."*

Participants also shared their ongoing feelings of stress and anxiety while they tried reshaping the puzzle pieces into their new identity. Loss of family members during the war or leaving them behind led many participants to feel lonely. Bana shared her feelings of loss, "*Here in Canada, I always feel that there is something missing… It was very difficult knowing that you have no family, no friends, no neighbors."* Others echoed this sentiment, *"My situation here is not good. I always feel lonely"* (Rama*). "When I was in Syria, I had a few friends. But in Canada, I am more isolated ... I have no friends, no relatives, no family. I am alone here"* (Nada). Although the sense of safety that Canada provided for the participants was welcome, it was not enough to overcome their feelings of loneliness. Kareem said, *"I told them I want to go back [and] I do not want to stay. I had no brother, friend, or wife here – not even children. I came here alone. Canada gave me safety that I needed but could not heal me psychologically. I did not stop feeling of lonely. I did not bring my children."*

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The negative influence of being exposed to collective violence was also apparent in the participants' responses as they stressed their feelings of being afraid even of [police officers]. Ali shared, "*as soon as a police car passes by, you feel scared of being caught."* Past abusive situations also kept coming back to some. Sarah commented, *"Whenever I remembered the abuse incident, I became so depressed…. I [still] feel very scared. Every day I have nightmares."*

The participants' view of Canada as a safe place also made them feels happy and comfortable to be in their new country. Sami expressed the joy he felt living in safety with his family, *"now, as you can see, we are here in Canada. We study, go out, and look for a job. We will forget about this misery hopefully …God brings safety."* They also saw Canada as a safe place for their children, which had been a major concern during their flight from Iraq to Jordan and/or Syria. Fadel commented, *"I only thought about the comfort of my kids."* Others equated safety to the absence of war, "*In Syria, Egypt and Lebanon, bombing sounds are around you everywhere. I loved that I'm going to leave these awful countries"* (Sara). Others embraced their new country, *"I said goodbye to my mother country a long time ago, and went to Syria. I never considered Syria my country; it was only a shelter. I got used to traveling and being away from my country, so I did not really experience that feeling when I came to Canada"* (Ahmed*).*

From their shared stories it is apparent that the participants were shocked by the effect of their lack of English, the cost of living, the health coverage, laws, cultural differences, and even the weather. Thus, these differences between their "dream" picture of their life in Canada and their new reality caused them to see their new land as having missing puzzle pieces they needed to struggle to find and fit into their real Canadian identity picture. "Shock" at the differences from their previous lives and loss of their identity characterized their first days as immigrants beginning to try to put the puzzle pieces together into a picture of themselves in this new land.

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Study participants described feeling sad, fearful, disappointed, safe, and happy in the first few days after they arrived in Canada. Feelings of stress and shock became common as they faced the reality of life in Canada and the accommodations they would have to make to recreate their identities.

Towards Creating a New Identity

Fitting their puzzle pieces together into their new identity allowed the beginnings of a picture to emerge. At the same time the shifting of their previous identities caused conflicting images of the past to the present to arise. While hospitals, schools, and social services seemed to be physically similar to those in their homeland, how they operated created further puzzling experiences for them. Fitting the puzzle pieces into the picture thus required twisting and turning to understand how they could work the puzzle pieces into the frame to complete their new identity picture. Moving into their new identity comprised: *feeling like a fish out of water*, *facing barriers*, optimism vs. despair, and *avoiding ownership for responsibilities*.

The participants longed to gain their new identity but at the same time felt like a "fish out of water" causing them difficulties in establishing their new Canadian identity. They felt others were in control of their lives and sought to escape from the externally imposed controls over them. As Nada said, "*I do not want to be a burden on the government. This fact bothers me. I want to work and be able to depend on myself*." And Sara shared, "*I told them I wanted to rent a flat, study, work, and depend on myself, and I asked them to let me visit a psychologist to help me."* Others felt that if they could readily fit their English language puzzle piece into their identity picture that would solve their current feelings of being unable to take up the life they desired. Sami described the actions he took:

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> *I am now improving my English language and looking for a job, even if it is a night job. I want to depend on myself; I do not want to wait for a cheque from the government every month… I will forget about the past. This is a new life, a new country, and new people, so I will start a new life. I am looking for a job now and if I find one, my situation will be much better. If I keep depending on government help, my life will not be very good.*

Still others expressed their frustration at not being able to return to the work they did in their home country. *"A lot of us have professions. Why should we stay in our homes without work?"* (Fadel)

The study participants had an intense desire to be productive in their new land. Besan explained wanting to be employed and not dependent on the government for money: "*We hope to find a job (my husband and I) before the year [financially sponsored year] is over so we can provide for ourselves. I don't want to be like other refugees and immigrants who have been here for 3 or 4 years and still depend on the government."* Participants felt the need to be independent to create their new identity picture as a Canadian. They believed getting a job would finish their picture and improve their lives, "*If I find a job, stability and security here, life will be excellent. …I just need a job"* (Besan).

Despite their intentions to work, Ahmed was the only participant who was employed at the time of the interviews. He got a job three months after he arrived in Canada at the CCLC as a life-skills worker. When asked what action he took Ahmed said, *"I enrolled in the Life Skills Worker program with CCLC – so I could work and not continue to depend on the government…. I enrolled in a lot of training, and I found a job and customers."* He further praised the free courses, workshops, and programs that are provided by the Canadian system of work as it helped him to adapt very quickly but that depended on the "passion" of people for work. At the same time he criticized the government for their regulations that were preventing immigrants and

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refugees from working. *"The government should work on minimizing the obstacles facing newcomers (immigrants) finding jobs. It is okay to go through the process of evaluating credentials before employing them in their profession, but it shouldn't be a complicated process"* (Ahmed).

Other participants were shocked by the requirements in Canada that forced them to master the English language, get a specific certificate, and adequate financial funding before they could work or start their own business. As Ali angrily said, "*In order to open a shoemaking shop, I need to master the language and I need a license, as well as lots of money to pay for rent, insurance, taxes, and material."* He added, "*Canadian society is good, but it has tough laws for refugees."* Other refugees who chose different ways to adapt to the Canadian society believed that increasing their education and passing high-level English language courses would lead to their independence, "*Right now, I am in level three English. I am doing well, praise to God. You can ask my teachers and the school director about me"* (Besan).

From several participants' responses, it was clear that independence was important to their fitting into Canadian society. They considered getting a job and engaging in English classes and educational programs as the main ways to adapt and to introduce themselves to their new society as independent people who have their own valuable lives. At the same time other study participants felt "*useless*" and "*empty,*" when they found themselves trying to overcome the barriers they faced while trying to fit in and cope with their new society. One of these barriers, as indicated by the participants, is the regulation that requires them to have a specific level of education and professional background, and meet other requirements that are not easy for newcomers before being licensed to engage in certain professions. Ali explained, "*I felt I was in another prison. No job and no nothing; I could not even do my hobbies. No one appreciates that*

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I like arts and no one appreciates that I am a good shoemaker. I had a strong will but it died. I felt there is no point in me staying here." Ahmed talked about the need for the Canadian government to minimize obstacles for refugees who are trying to find jobs especially for those with professional or educational credentials, *"Most of those who come have high degrees. I see [like] doctors, engineers, accountants and lawyers, [requires] evaluating credentials and degrees here in Canada, [it] is not easy. There is an advisor at the access center who told me that it requires a minimum of 11 courses, and lots of correspondences with my university in Iraq, so it is complicated and not easy at all."*

Mastering the English language was one of the largest puzzle pieces to fit into their new identity picture especially if it related to age and educational background of refugees. *"Here, you cannot get a job unless you learn the language. Even if you do learn it, it will not be until you get past tons of hard work and tiredness. I would like to work and to learn, but when you get realistic, it's very tough…. I am only getting older and life keeps getting harder here"* (Nada). Kareem added, *"I can't read or write in Arabic –how would I learn English? I don't know!"* Even for simple jobs, mastering language was required, one of the participants shared her husband's situation, as he was looking for a handicraft job *"They still won't be flexible with him concerning his language courses. Rules are rules"* (Bana).

Language difficulties not only prevented participants from finding paid employment, it also prevented some of them from socializing and communicating with other Canadians. Rama shared, "*there is no contact with Canadians because of the language [issue]. If one of our neighbors asked us something, we could not answer him… It was so difficult, especially if I came out of the house and searched for a taxi. I could not explain to [the driver] the place I wanted to go to. I also had problems in the supermarket and in dealing with people in general.*" Kareem

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sadly said, "*The Canadian people are so kind, but I cannot make contact with them because of my weak language [skills].*" Lilia talked about the problem with even non-Arabic-speaking staff at the CCLC, "*they were very kind, but the problem was with the language. We could not understand them, and they could not understand us… So, we were in dire need of translators.*" When the study participants were able to communicate in English fitting the language puzzle piece into their new identity picture was a much smoother process. As Bana shared, *"I went out and searched for one [apartment] until I found one by myself, even though my English was not that good, and my accent was horrible, but people are friendly so they corrected me."*

Their adaptive capacity due to their changed life circumstances was challenged. Many had come from comfortable lives in their homelands and found receiving the financial benefits from the Canadian government forced them to live at a level they had not experienced previously. How they reacted to this shift in circumstances seemed to depend on whether or not they were willing to be creative in adjusting their puzzle pieces to shape their new reality. It is clear that the study participants found several puzzle pieces did not fit into the picture of their new Canadian identity. They faced several barriers that prevented the pieces from coming together. These barriers included Canadian labor laws, mastering English and the communication process, financial constraints, being educated refugee vs. illiterate refugee, refugees' ages and their ongoing emotional states.

Although they encountered these barriers while attempting to create their new identity, some of the participants were able to use coping strategies to help them adjust and create a complete new identity picture. "*I learned not to show my stress, even with the bad treatment that I received from my boss [when she was an employee in Syria] … I found out that dancing releases negative energy, but the person who is not used to taking care of himself will not be able*

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to help himself … I go to the gym sometimes to try to get rid of the negative energy" (Bana). "*I am happy that I was nominated for some volunteer work at Cross Cultural Learner Centre CCLC… I hope that what is coming is good, and that I do something good for this country"* (Besan). *"I read the Quran every day and pray a lot"* (Sarah). As the participants moved to finding ways to complete their new identity pictures, their frustrations in completing their transition into this new life caused them to shift the blame from themselves when puzzle pieces would not fit onto others. They blamed the "government" for not giving them enough funding and requiring them to master the language, and preventing them from having their credentials approved.

Discussion

Refugees from three Arab countries, Iraq, Syria, and Palestine, shared stories about their lives before and after fleeing their homelands due to war and coming to Canada as refugees. According to Coughlan and Owens-Manley (2006), refugees' lives can be divided into five parts: the life before the war, the experience during the war, displacement, transit, and resettlement in the new society. This study focused on the last three parts of Arab refugees' journeys, namely, being displaced, their arrival in Canada, and adjustment to Canadian society. Three theories/models relate to the refugees' stories – culture shock (Churchman & Mitani, 1997), hierarchy of needs (Maslow, 1970), and ambiguous loss (Boss, 2002).

The most interesting finding from this study is that although it was designed to explore the mental health care needs of adult refugees who had been exposed to collective violence in their countries of origin, no reported medical diagnoses or proof that these refugees were experiencing a mental illness was found. According to the Public Health Agency of Canada, "mental illnesses are characterized by alterations in thinking, mood or behavior associated with

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significant distress and impaired functioning" (Public Health Agency of Canada, n. d., para. 1). However, all the participants reported experiencing stress in response to working to adapt to their new lives in their host country. Their arrival in Canada gave rise to culture shock in the participants.

Culture Shock

In general, it appears from their stories that refugees suffered from the same responses as anyone does when an abrupt change in culture forces him or her to transfer from a known to an unknown culture, that is, culture shock. Culture shock is defined as "the potentially confusing and disorienting experience when one enters a new culture" (Churchman & Mirtani, 1997, p. 68). Porter cites Oberg's four stages: *honeymoon*; *crisis*; *coping*; and *assimilation* to explain the experience of culture shock (Porter, 2014). The *honeymoon* phase allows individuals to experience beautiful feelings about the new place that he or she has moved to, and generally lasts a few weeks to six months. Coughlan and Owens-Manley (2006) describe this phase as the euphoric feelings associated with finding a safe place to live. From the stories the participants shared it was apparent that they passed through these four stages in creating a new picture of their lives in Canada.

The honeymoon phase in the current study started when participants first received permission from the United Nation office to migrate to Canada. During this phase the participants shared positive feelings and hopes about their new life in Canada. However, their dreams were soon dashed as they realized that the real picture of Canada was somewhat different—in effect a set of puzzle pieces that needed to be put together to reflect reality. The culture shifted traditional familial roles, English was required, the weather was so different, and the funding provided by government only met some of their needs. This suggests that the greater

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the cultural and climatic shift is for the refugees the shorter will be the time until this initial honeymoon phase ends and the crisis stage begins. Thus it might be that the time taken to move through the stages may vary for refugees especially those who have already been displaced for long periods of time before coming to a host country as they might have previously adapted to a life of displacement.

The participants described having negative feelings towards their host country and a lack of trust in others during the crisis stage. They also described feeling homesick, depressed, and helpless. The participants felt shock and disappointment because of the differences between their dream picture of their new life and the real picture of Canada. During this stage two pictures of their identity keep shifting in their minds – the old and the new. The participants' stories were about the emotional experiences – some positive and others negative – they had after arriving in Canada. The positives related to the safety and security they felt, while the negatives related to barriers they faced that prevented them from completing the picture of their new Canadian identity. They blamed UN personnel for their inadequate knowledge about the "real" Canada, and blamed the government for not providing enough funding, and preventing them from being able to work. They also blamed the Canadian culture and its "rules" that were so different from their old way of life for their feelings of discomfort. They felt isolated from Canadians by their lack of English. From their stories it calls into question how does the reality of life in Canada affect the number of puzzle pieces refugees need to manipulate in order to create the picture of their identity in this new land? Their struggles to create the picture caused increasing concern and worry about how, when, and if they are capable of adapting to their new life in Canada. Many of them felt that the puzzle pieces to their new identity just would not fit together. But as they began to accept the reality of their resettlement they entered into the third stage of culture

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shock, coping. That is, they began to cope and to adjust to their new life. They learned to move about in their community without getting lost and they began communicating using the local language. Thus their new identity picture was becoming more complete (Porter, 2014).

At first, after a brief honeymoon period, they felt lost in this new country and wanted to go back home to what was familiar. But the reality of the situation in their home country forced them to begin considering how to cope with this new life, propelling them into the third phase. In this coping phase they were confronted with many barriers and challenges that stood in the way of creating this new identity in Canada picture. Those who were able to use positive coping skills to address the barriers and challenges were able to move into the final phase: adaptation to their new identity. However, some, because of their lack of fluency in English and limited education remained, even five years after arriving, in the second phase of culture shock.

Maslow's Hierarchy of Needs model (1970). The capacity of refugees to cope with their new situation and successfully adapt may be associated with their ability to address their fundamental needs for food, shelter, and clothing and to develop a sense of belonging as outlined in Maslow's Hierarchy of Needs model (1970). Five need categories arranged in an ascending order comprise the model: level 1 – physiological and biological needs (the need for food, water, shelter, air, sex and sleep); level 2 – security and safety needs (the need for a place free from threats); level 3 – love and belonging the need to feel accepted in the new society by making friends with Canadians or gaining an intimate partner, making friends with co-workers, and having a supportive family); level 4 – esteem needs (self-trust and a feeling of accomplishment, respect from others, independence, self-respect and being in control of one's life); and level 5 – self-actualization (a sense of accomplishment through using her or his full potential, skills, knowledge, and expertise) (Maslow, 1970). Maslow suggested that the needs in his model must

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be fulfilled in sequence in order to reach the final stage, self-actualization. Considering the hierarchy of needs and their applicability to the participants in this study; is the creation of a new identity in a host country influenced by refugees' capacity to meet their needs? And if so, what level of Maslow's needs hierarchy must be achieved in order for acculturation to the host culture to be realized?

A recent study by Tay and Diener (2011) tested Maslow's theory on 60,865 participants from 123 countries around the world by examining the relation between the fulfillment of participants' needs and their sense of well-being. They revealed that the requirement for needs in the Maslow hierarchy be met in their stated order was not supported as they found that people can gain a sense of well-being by meeting their psychological needs such as love and feel safety without first meeting their basic needs such as food and sleep. In the case of our study many participants were displaced from their homelands for several years before coming to Canada. Hence, they may have adjusted to having inadequately met basic needs. Further, the nature of their flight (to escape war) may have forced a cohesiveness within their family units allowing for a greater sense of love and belonging in spite of the lack of basic physical needs and security and safety. Research is needed to understand how refugees meet their needs particularly during their displacement and flight from their homeland. Findings from such a study might change the assumptions underpinning Maslow's hierarchy of needs when related to refugees.

It is interesting to compare the phases of culture shock with Maslow's hierarchy. The honeymoon phase can be equated with Maslow's first two levels. The refugees were provided with shelter, food, and funds for the purchase of winter clothing, and to find a safe place to live. However, their shelter was temporary to give them time to find housing they could afford within their funding allocation. Once they had their own housing, they needed to navigate in their new

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country to find basic necessities, such as food, money, and access to transportation. For those with limited or no English this created barriers. Thus, during the honeymoon phase their basic physical needs were being met by others, and they were supported through the Cross Cultural Learner Centre. Thus, they experienced a sense of euphoria from having escaped their previous tenuous situations. However, as they embarked upon their new lives in Canada they had difficulties being able to both navigate systems, and connect with Canadians due to their lack of English. This and their limited financial allowances and cultural divide as well caused them to move into the crisis stage. Their desire to become Canadian influenced their need for a sense of belonging in their new identity, but this led to frustration because they were unable to connect with those in the broader community due to the above barriers and challenges. Those who were able to find employment and achieve a level of English that allowed them to interact in their new country, moved into the coping phase and experienced a greater sense of belonging by shaping their new identity as a member of the host culture. The challenge of finding work suitable for the education and training the participants brought with them created frustration in the participants whose credentials were not recognized and/or who needed to gain certification in other trades. Although all the participants very much wanted to gain employment and become independent from government hand-outs, only those who could navigate through the maze of requirements were successful. Thus it was certainly clear that their capacity to cope was a key ingredient to their being able to meet Maslow’s esteem need. This capacity also affected their self-efficacy in pushing forward with a plan for acculturation into Canada that seemed to allow some participants to both cope and in some cases successfully adapt to the new culture. Those who remained in the crisis stage of culture shock could not seem to move forward and they often transferred responsibility for their plight to government and other service agencies rather than themselves.

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Two of the participants seemed to move to marginalization and isolation from their new host country (Pumariega et al., 2005). None of the participants appeared to have reached the final level of Maslow's hierarchy – self-actualization – at the time of this study.

Grieving Losses

The participants' stories were about significant losses. Some were grieving over the loss of family members; others for a way of life. Although some participants were able to identify their losses, others were unable to grieve the loss of their family members because of the lack of knowing if these members were still alive or not. Some discussed having lost family members and being unable to find their bodies to bury and allow the mourning process to be completed. In other cases the current status of relatives (i.e., whether alive or dead) was never confirmed. Some of the loss described in this study is consistent with ambiguous loss, loss for which the reasons are unclear, as described by Boss (2007) and Kaplan and Boss (1999). These participants who were unable to obtain closure about relatives they left behind likely leading to their experiencing ambiguous loss. Ambiguous loss can block decision-making and adoption of coping mechanisms (Boss, 2007; Kaplan & Boss, 1999). Those who were unable to move from the crisis stage of their cultural shock might be helped if those interacting with them understood their feelings around their inability to determine what became of their loved ones. Without such resolution refugees are more likely to experience boundary ambiguity, which happens when the family doesn't know who is included in the system and who is out of the system. For example, when a family loses one of its members either physically or psychologically (Boss & Greenberg, 1984), it can lead to an inability to move forward and find ways to cope with their new life in Canada. Boundary ambiguity can also cause refugees to suffer from loneliness and depression (Boss, 2002), both of which can interfere with their ability to learn English and work to gain recognition

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for their previous professional or trade qualifications, and, thus, impede adaptation to their new identity in Canada.

It is interesting that all the current mid-range theories and studies in nursing about loss have focused on a single loss, whether of an adult, child, or fetus, but there is a paucity of models, theories, and studies in nursing that focus on the loss of one's homeland and the transitions that refugees and to some extent immigrants must make, in adapting to a new culture and way of life in a host country. Many of the study participants experienced a variety of losses due to the war in their land including seeing people killed, leaving loved ones behind, fleeing from their homes, occupations, and communities, being rejected by countries, and facing new conflicts in their new lands. Strijk, van Meijel, and Gamel (2011), in a study of the health and social needs of traumatized refugees who arrived in the Netherlands from a variety of countries, also discuss the loss of language, culture, and customs. But nurses and other health and social services professionals in Canada for the most part only have experience with and knowledge of peoples' single losses that take place at a specific time. Dealing with individuals who have experienced multiple losses is likely to require additional sets of skills.

In addition to losing loved ones the refugees' lost their familiar cultures, language and social structures. From the findings of this study refugees represent their worries regarding losing their own culture, language, value, practice and beliefs as they adapt to their new host culture. They also worried about raising their children in the Canadian culture. Thus, the refugees in this study who suffered a number of losses needed a time to bereave and grieve (Bhugra & Becker, 2005). Eisenbruch (1990) defined this form of grieving as cultural bereavement as the sense of loss experienced by persons who have been uprooted from their homeland culture,

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> resulting from loss of social structures, cultural values and self-identity; [causing] the person - or group - continues to live in the past, is visited by supernatural forces from the past while asleep or awake, suffers feelings of guilt over abandoning culture and homeland, feels pain if memories of the past begin to fade, but finds constant images of the past (including traumatic images) intruding into daily life, yearns to complete obligations to the dead, and feels stricken by anxieties, morbid thoughts, and anger that mar the ability to get on with daily life. (Eisenbruch, 1990, as cited in Bhugra & Becker, 2005, p. 20)

Schreiber (1995) noted that the symptoms of cultural bereavement may be misdiagnosed due to a lack of clear communication between individuals and health care providers and the use of Western diagnostic criteria on non-Western people. Taking into account the effects of cultural bereavement on refugees' psychological responses to their new lives and understanding its symptoms may help health care providers to provide effective health services to refugees.

The effect of cumulative losses in refugees may affect their ability to adapt to their host culture. Transitioning through their losses can be related to the five stages of grief (DABDA) identified by Kubler-Ross (1973) denial, anger, bargaining, depression, and acceptance. However, because the time delay between the actual loss and their arrival in their host country can be several years, identification of the sequence of their movement through a grieving stages may not be possible, and might be further masked by the culture shock they experienced as they moved towards acculturation in their host country. Kubler-Ross said that it is not necessary for individuals to experience all five stages of grief in sequence; the response to loss is as unique as the individual experiencing it. The multiple refugees' grieving loss can be aligned with the crisis phase in cultural shock according to the accounts they gave of their ongoing feelings. The participants shared some of the coping strategies they used to help them forget their traumatic losses, and some also shared their experience of "flashbacks" which are often associated with PTSD. They also shared their ongoing feelings of anxiety and stress during their adaptation as they tried to reshape the puzzle pieces to create their new identity picture, and they wondered

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whether they could recreate themselves while feeling lonely and isolated in their host culture. Those who cannot move towards acculturation and return to marginalization (Pumariega et al., 2005) may find returning to their former culture to be a way to cope with their situation. Refugees who are able to accept their new identity and become either acculturated or bicultural are able to cope with their loss and move forward. For them there now is a completed puzzle; however for others the puzzle might never be completed.

Refugees in this study strongly believed that being independent of government support programs would free them and, thus, help them to create their new identity. Also, they believed the solutions to their own problems are scaffolding, as one is solved it suggests a solution to the next and so on. For example, they believed if they obtained a job their financial problems would improve.

The participants described their frustration with Canadian regulations that made it difficult for them to open their own businesses in contrast to what had been feasible in their home country. They blamed the government for their inability to achieve occupational independence and thus satisfaction with their new life. For them, governmental control was preventing them from reshaping their puzzle pieces to create a new identity. However, this perception may have been a way to transfer feelings of fear of taking the risk of entering Canadian society or as a latent belief based on previous experiences in their homeland where market systems collapsed. Their capacity to interact in English with the wider community was also a significant barrier to their entering into the job market and gaining satisfying employment. Weinberg (1961), in his study of immigrants who had been in their new country for less than one year found their occupational satisfaction to be very low, while those who had been in the country for four years or more experienced higher levels of occupational satisfaction. Weinberg

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considered occupational satisfaction to be an important factor for integration and adjustment into a new society. Hence, refugees' self-esteem seemed to be tied to their willingness and ability to learn and speak English. Thus English became a trigger for occupational satisfaction and when it cannot be realized led to stress and potential depression as they viewed their new identity picture become more and more blurred. It appears that the level of life satisfaction among the participants who had been in their host country from 3 to 5 years may equated to the occupational satisfaction of the immigrants in Weinberg's study.

The collective violence and the ongoing anxiety and stress refugees interviewed experienced and added to when there was also the loss of family members who remained behind in their country of origin may impair their capacity to learn English (Beiser & Hou, 2001; Chung & Kagawa-Singer, 1993, 1995). Recent studies related to language and communication issues among refugees are consistent with the findings of this study (Salman & Resick, 2015; Stewart et al., 2015).

The differences between Western and Middle Eastern cultures and their views of women and gender roles were factors described by some participants as affecting their willingness to adapt. The current study found that some of the Arab refugees identified the Western view that women have equal rights to men as troubling to men and wanted laws supporting this Western view to be changed to the Middle Eastern way. Some male participants talked about how Canadians laws touched their sense of manhood. Thus these participants were returning to what is termed "traditionalism" culture (Lin, Masuda, & Tazuma, 1982), which is defined as "withdrawal into nostalgia for the old culture" (Pumariega et al., 2005, p. 587). Hence for some in the study cultural differences became a barrier to their willingness to adapt to the Canadian culture and its values. Therefore, the distance between their previous and new cultural values

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may affect immigrants' and refugees' capacity to become acculturated. This supports the results found by Briones, Verkuyten, Cosano , and Tabemero (2012), addressed in the previous chapter, that compared the effects of cultural differences on the level of psychological adaptation among adolescent refugees from two different cultural backgrounds.

Participants with children also shared their worries about raising their children in Canada. They expressed concern that their children would acquire Western traditions that are at odds with their Middle Eastern traditions and thus lose their Arabic customs. A lack of opportunities to share their views with other Canadians and listen to the reasons for the different cultural norms prevented many refugees from adapting to their new culture and left them marginalized while at the same time their children were becoming bicultural within the host culture. This can lead to conflict between parents and their children. Conflict in the family over divergent cultures can have serious consequences as evident in recent cases such as the Shafia family killings that occurred in Kingston, Ontario, in 2009, In this case the father, brother and second wife murdered three female family members who were perceived to be bringing shame to the family name by their Western behaviors (Leavett, 2015). A failure to adapt to the new culture can leave refugees isolated and unable to meet their personal needs for a sense of belonging, self-esteem, and self-actualization.

Financial insecurity was another factor that prevented the refugees in the study from participating more fully in society and being able to reshape their puzzle pieces to create their new identity in their new country. For example, the cost of going to a movie, or out to a restaurant for dinner as a family, or traveling around their new area to learn about how people live was beyond their means. Some of the participants reported that there was a gap between what they needed to cover their basic needs and the funding provided by the government. The

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financial stress experienced by refugees has also been noted by Simich, Beiser, Stewart, and Mwakarimba (2005) who found that the financial insecurity is one of the major stressors among refugees and immigrants who have no personal resources to sustain them in Canada.

The participants in this study all reported not feeling respected and valued for the knowledge, skills, and expertise they brought to their new country. They felt that the Canadian government needed to create laws that help refugees put their previous professional or educational backgrounds to use. They could not understand that Canada has regulations consistent with the unique values of the country, its cultures, and its geographic needs. Because their knowledge, skills, and expertise were created to fit with their homeland's values, cultures, and geographic needs, learning is required to help them adapt fully to the expectations of the host country.

In conclusion, three theories/models were used to analyze the findings with regard to the acculturation process of Arab refugees in Canada. In this study the stages of culture shock and how Arab refugees moved through them since their arrival in Canada have been discussed. Further, the process of adapting to a new culture was considered in terms of meeting the fundamental needs described in Maslow's hierarchy of needs framework (1970). Although there are few models, theories, and studies that address the loss of homeland and its consequences directly, this study has considered the loss described by the participants as an *ambiguous loss* in Kaplan and Boss's (1999) terms. Also, the study has illustrated the effects of loss on the refugees' ability to adapt using the DABDA model developed by Kubler-Ross (1973), that is, the loss was analyzed as a cultural bereavement. Finally, other issues such as job satisfaction and its relation to refugees' emotional situations, and the differences between their previous culture and the new culture have been discussed.

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Implications for Nursing Practice, Research, Education, and Provincial/Federal Health Ministries

When nurses are caring for patients who are recent refugees from war torn countries they have often experienced multiple and unique types of loss as compared to other patients. Based on this understanding nurses need to gain an understanding of how to provide care for those patients who have ambiguous losses that are unresolved to provide more effective interventions and services for them. In addition, nursing research is needed to gain a deeper understanding of what constitutes both acculturation into a new country and ambiguous loss in refugees and what interventions are needed, the findings are needed to inform nurse educators to ensure there is integration in nursing education programs at the pre-graduation and continuing education levels. These educational programs need to focus on assisting health professionals and especially nurses to resolve the effects of ambiguous loss on refugees, and to ensure an understanding that their acculturation process and its concomitant depression and anxiety are normal processes that need to be supported and not treated. Such understanding about acculturation and ambiguous loss by health providers will likely have a positive impact on refugees' adaptation into the Canadian culture and their adoption of a new identity.

Furthermore, processes need to be in place for refugees through health providers and other social service professionals to continue contacting provincial ministries of health to ensure there is an ongoing dialogue with Health Canada policy makers to continue connecting with the national and international Red Cross and Red Crescent Societies to ensure that their searching for missing relatives continues until a resolution is achieved to help refugees receive information on their lost relatives to help them overcome their ambiguous loss and continue on with their adaptation both socially and psychologically to Canada.

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Strengths and Limitations of the Study

Although the findings from this study can contribute to nurses' capacity to support refugees' health promotion, education and research, several limitations must be considered. Most of participants were at least in their third year since arriving in Canada. Thus the stories shared were reflective of those who had gone through culture shock and were moving into acculturation to the host country. The recollection of earlier experiences shared may have been colored by the changes they had gone through since arrival and by their particular degree of success in adapting to the Canadian society.

Having one key informant at the center of recruitment could cause a participant selection bias. The key informative may have chosen those refugees who were willing to, or have the ability to express their feelings about their experiences, while those who are shy or have suffered from deeper psychological trauma may have been excluded in the sample. Also, some of the study participants from Iraq had spent time in another, Arabic host country (either Jordan or Syrian or both) before migrating to Canada, which may mean that their experiences cannot be generalized to all Arabic refugees. Further, all of the study participants were government-assisted refugees (GAR), which limits the implications of the current study findings to only this type of refugees. Further research is needed to determine if privately sponsored refugees also experience similar culture shock and ambiguous loss during their acculturation process to Canada.

The strength of the qualitative approach (narrative inquiry) of this study was to enable the study participants to provide rich data that covered all aspects of their lives in different periods of time. Further that the interviews were conducted in Arabic (the participants' language) by an Arabic speaker (the researcher) that allowed the recording of more accurate personal and cultural experiences from these refugees' lives during and after their flights to safety. At the same time

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using a translation process may have resulted in inaccurate interpretation of the refugees' intent of their stories in spite of the care taken to ensure accuracy in the translation process. Moreover, using face-to-face interviews in a private office helped to develop trust between the researcher and participants. It may also have caused embellishment in the stories due to the time interval since their arrival in Canada.

Summary

The experiences of adult Arab refugees who were exposed to collective violence in their countries of origin are interwoven into some aspects of their acculturation to Canadian society. The findings of the current study provided significant knowledge about the experiences of adult Arab government-assisted refugees when they tried to create a new identity for themselves in order to adapt to the Canadian culture. Additionally, a set of challenges and barriers to acculturate to Canada was discovered. However, further studies are needed. Nurses in practice, education, and research, other health and social service providers and policy makers have leading roles to play in implementing the findings of this study into their practices to identify practical methods that will ease the acculturation process, address refugees' ambiguous losses and improve the integration of Arab refugees into the Canadian society.

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CHAPTER 3

IMPLICATIONS

Introduction

This study used narrative inquiry to explore the experiences of adult Arab refugees (Government –assisted refugee, GAR) who had been exposed to collective violence in their countries of origin and about their adaptation process to a new culture and the creation of new identities. The study also discovered several barriers that prevent the refugees from creating a new identity and adapting to their new society such as language and communication, the Canadian work regulations, financial constraints, refugees' ages and emotional situations, and being an educated refugees vs. illiterate refugees. The use of the narrative approach allowed the Arab refugees to share sensitive social and personal experiences about their lives both during the war and after they migrated to Canada. Their stories revealed that when refugees arrive in Canada they begin to go through the various stages of culture shock. Furthermore, their stores revealed that they faced numerous obstacles that prevented them from easily adapting to Canadian society and creating their new identities within their new country such as Canadian labor laws, mastering English and the communication process, financial constraints, being educated refugees vs. illiterate refugee, refugees' ages and their ongoing emotional states.

Emerging from the participants' stories are two main puzzle pieces: (a) facing reality, and (b) toward creating a new identity. These puzzle pieces highlight important aspects of the refugees' lives when they first arrived in Canada. The pieces of puzzle express the ongoing frustrations and concerns of the refugees and also the shock they experienced due to cultural differences and lack of knowledge about Canada. As many of the study participants mentioned they were willing to create a new identity to help them adapt to Canadian society. Unfortunately,

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a series of obstacles prevented them from achieving their goals and building successful new lives. In this chapter, the implications of the study findings for nursing practice, research, and education are discussed.

Implications for Nursing Practice

Nurses and health promoters in hospitals and primary health care settings play a leading role in discovering the social, mental, and physical health needs among refugee populations. Refugees who have arrived in Canada with a high level of physical and mental health problems, such as sleep disorders, fear, depression, stress, and anxiety, have found that these feelings are ongoing and have remained with them throughout their adaptation to their new culture. Beside the ongoing negative feelings refugees have in these situations, the study found that Canada was such an unknown place for refugees that their arrival in Canada led most of them to experience culture shock. Based on the results from the current study, interprofessional continuing education programs that address the psychological needs of refugees are needed. In these programs, nurses and other health providers need to learn about the unique psychological problems refugees experience such as depression, anxiety, and post-traumatic stress disorder (PTSD). Furthermore, discussion groups in which a refugee is a participant are needed to help group members gain an understanding of the social and psychological challenges refugee's experience. Such discussion groups need to explore how refugees experience culture shock and the challenges they experience as while trying to move forward to acculturate to their new country. In addition, to learn about the impact of ambiguous loss on refugees and their acculturation and the strategies that health providers can use to assist refugees through both processes.

Nurses in their pre-graduation and practice roles need to be exposed to refugees' to gain an understanding of the impact of their experiences and how these impact on their achievement

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of the social determinants of health. For example, nurses may choose to volunteer with refugee host centers, such as the Cross Culture Learner Centre, to gain both hands-on experience in working with refugees to Canada to gain insight into how they can apply their nursing knowledge and skills to address the psychological well-being of refugees. In so doing can assist them in transitioning from their experiences of culture shock to adaptation in their host country. Nurses, because of their knowledge in working in communities to enhance achievement of the social determinants of health and enhanced understanding and awareness of mental health issues can enable them to set more appropriate plans for addressing refugee needs. At the same time, the involvement of nurses in any practice setting who are aware of the specific challenges and concerns of refugees can broaden the understanding of health and social service providers toward understanding the mental health needs of refugees.

Implications for Nursing Research

The use of the narrative method in this study provided insight into the lives, pre- and post-migration to Canada, of the studied refugees. This study only focused on the refugees' lives once they reached Canada. Further studies to analysis the refugees' stories focusing on their decisions to flee their homelands, and about their lives in transition from their homelands to their arrival in a host country. The findings from these studies may offer many further insights into the experiences of ambiguous losses associated with their migration experiences. It is also recommended that the stories be analyzed using a grounded theory approach to identify a model, and theory associated with adult refugees' adaptation to a host culture. While Boss' theory on *ambiguous loss* is valuable to explain what these refugees experience, it was not designed to address the cumulative losses that refugees' experience. Thus new models and theories are needed to gain more understanding about the meaning of these losses within the context of

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refugees and its full impact on refugees' acculturation. In turn, intervention studies are needed to develop measurement instruments to test such theories and determine their predictive ability to determine outcomes for refugees to gain an enhanced understanding of the health care/support needed for this vulnerable group in their host countries.

The findings of the current study suggest several important questions that need to be addressed through future research .For example, what are the mental health care needs of a larger sample of adult refugees from beyond Arab countries who have also experienced collective violence? What is the impact of collective violence on refugees' needs for acculturation in their host country? Moreover, a greater understanding is needed regarding resilience among adult refugees, and for those refugees who have been directly exposed to collective violence, such as witnessing the killing of relatives, experiencing kidnapping or imprisonment, and being exposed to sexual abuse. Research is also needed to assess the knowledge of health professionals about trauma-related to collective violence (Ray, 2008), and to examine the current effectiveness of existing refugee-related health and social services.

Moreover, there is a need to study the effect of collective violence on the family structure or on the unity of the family after migration. For example, the roles of family members in this study changed significantly after migration. In one instance, the father shared he used to be the main breadwinner before migration, but afterwards he was sitting at home because of barriers he faced when searching for work. There is an urgent need to conduct research that explores the influence of altered familial roles on refugees' psychological health.

Additionally, future studies using a narrative approach are needed to understand the needs of refugees beyond their initial adaptation to the host county and to gain an understanding of their long-term acculturation into their new society. Such studies will provide more insight

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into refugees' previous lost identities, and telling their stories over time will reveal how refugees are able to participate in creating new and acceptable self-identities (Frank, 2010; Lieblich, Mcadams, & Josselson, 2004).

Implications for Nursing Education

The large movement of Arab refugees from Iraq and Syria into Canada necessitates nurse educators to increase the awareness of nursing students about the issues and theories that are associated with refugee acculturation into a new country and its society. The Canadian Association of Schools of Nursing and similar organizations providing accreditation of nursing programs in other countries, should consider the need to require an understanding of refugees and their acculturation into a new society, as well as ensuring learning about ambiguous loss and its impact on refugees' acculturation in shaping their new identities.

It is very important for nursing students to increase their knowledge about diverse groups who live in their society to include refugees. Nursing student need to understand how to support refugees in their unique health care needs due to their acculturation processes and ambiguous losses to foster their social determinants of health along with others in diverse groups. Courses focusing on cultural care in nursing curriculum need to consider how to identify, to assess, and to care for those refugees who have the added challenge of balancing their own cultural beliefs with those of their new host country, and its impact on their current health state. Nurse educators need to also consider community placements for nursing schools in agencies where refugees receive services to gain a more in depth understanding of their needs and the resources and interventions available.

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Implications for Adult Educators

People who deal directly with refugees, such as teachers in adult English as a second language (ESL) programs, should gain the ability of assessing refugees' ability to learn by understanding their barriers of learning a new language. This is especially important for those refugees who lack or had minimal education in their home countries. For example, depressed refugees, illiterate refugees, and refugees who are over 60 years old will face learning difficulties that may be associated with their inability to fit into their new country's culture. Their fear of a loss of their culture may interfere with their capacity and ability to learn a new language. According to Kanu (2008), the ability of refugees to successfully learn is highly influenced by their psychological condition and other challenges in their lives after migration. The design and implementation of programs needs to focus on addressing the coping abilities of refugees in order to afford them the best opportunities for learning.

Implications for Governments

The findings from this research illustrate the culture shock that many refugees have experienced due to the differences between the "dreamed" picture of Canada and the reality of Canada. Refugees in this study identified several issues preventing them from creating their new identity such as inadequate financial funding for basic necessities and the lack of job opportunities. These findings can help to inform the government of Canada regarding its refugee-related policies. The government can attend to addressing these issues to improve the quality of refugees' lives s they move to re-establish themselves with a new identity in Canada. For example, in order to provide job opportunities to refugees, funding resources for different professionals to be able to access upgrade training programs and internships/apprenticeships can enable refugees to gain the ability to gain their professional and training knowledge and skills to

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gain their licensure needed to gain employment in their previous professions or trades. These programs and experiential opportunities should consider the gap between the educational and professional knowledge and skills between refugees' previous preparation and practice to what is required in Canada and not require them to re-complete total programs. This governmental initiative will encourage refugees to rebuild their destroyed identity and address their financial problems.

Summary

Arab refugees (government assisted refugees) who participated in this study were courageous in sharing their traumatic and intimate stories of their efforts to fit into their new identity in Canada. Relating these stories to the researcher helped to identify important needs in their acculturation to Canada. The themes that emerged from this study revealed the experiences Arab refugees went through when they tried to create new identities in Canada. The study findings also revealed the challenges and barriers the refugees faced as they adapted to the Canadian culture. Adoption of the recommendations presented for nursing practice, research, and education can improve the support provided to refugees as they gain their acculturation to Canada. Further, considering the findings of the current study, the obstacles faced by refugees who are creating new identities for themselves in Canada can be significantly reduced. With practical changes in nursing education, and practice as well as government policies, processes that are more understanding, compassionate, and effective can be available to Arab refugees new to Canada.

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Appendix A

Letter of Information

Project Title: The Mental Health Care Needs of Arab Refugees who exposed to Collective Violence.

Principal Investigator: Hawazin Alhawsaw, RN, MScN, Arthur Labatt Family School of Nursing, University of Western Ontario

1. Invitation to Participate

You are being invited to participate in this research study which is about mental health care needs of Arab refugees who exposed to collective violence , because you are Arabian refuges and you exposed to collective violence so the information that you will provide us will help us to understand your mental health needs. You may contact the Principal Researcher at the contact below with any questions you have. You may decide not to take part or you may withdraw from the study at any time.

2. Purpose of the Letter

The purpose of this letter is to provide you with information required for youto make an informed decision regarding participation in this research.

3.- -Purpose of this Study

The purpose of this study is to understand the mental health care needs of adult refugees who were exposed to collective violence in their countries of origins. In addition, the study aims to understand the challenges faced by adult refugees exposed to collective violence when accessing mental health care in Canada.

4. Inclusion Criteria

Participants of this study will include adult Arabs from the Middle East or North Africa who are refugees and /or legal immigrants who were refugees when they first entered Canada. Participants will have lived in Canada 1-5 years. Participants will be clients of the Cross Cultural Learner Centre (CCLC). Participants will have been have exposed to collective violence in their countries of origin. Participants will either be married or unmarried males and females from different economical, personal, social, and educational backgrounds. The age of the participants will be over 18 years, as this is considered adulthood.

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5. Exclusion Criteria

The study will not include immigrants or refuges that have not been exposed to any kind of collective violence (i.e. civil war, genocide, torture, forced migration). Also, immigrants or refugees who come from countries other than those in North Africa and the Middle East will not be included in the study.

6- Study Procedures

If you agree to participate, you will be asked to conduct face to face interview. It is anticipated that the entire task will take approximately 60 to 90 minutes in length, and it can continue longer if you wants to continue, over one time. The task(s) will be conducted in CCLC Cross Cultural Learner Center. There will be a total of 8-12 participants in this study.

7- Possible Risks and Harms

The possible risks and harms to you include emotional disturbances and upsetting due to reflective their experiences with collective violence. In such cases the interview will be stopped at any time and time and resources for follow up will be provided.

8- Possible Benefits

The results of the study will help and support immigrants and refugees agencies to understand the health care needs of Arab refugees who have been exposed to collective violence. Thus appropriate mental health services will provide to them. To the best of the researcher's knowledge, there are no Canadian studies that address the mental health care needs of adult refugees from the Middle East and North Africa.

9- Compensation

There is no compensation for the research participants.

10- Voluntary Participation

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time with no effect on your future.

11- Confidentiality

E.g., All data collected will remain confidential and accessible only to the investigators of this study and the translator who will translate the data from Arabic to English language. If the results are published, your name will not be used. If you choose to withdraw from this study, your data will be removed and destroyed from our database. Representatives of The University of Western Ontario Health Sciences Research Ethics Board may contact you or require access to your study-relatedrecords to monitor the conduct of the research.

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12- Publication

If the results of the study are published, your name will not be used. If you would like to receive a copy of any potential study results, please provide your name and contact number on a piece of paper separate from the Consent Form.

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Appendix B

Consent Form

Project Title: The Mental Health Care Needs of Arab Refugees Exposed to Collective Violence
Study Investigator's Name: Hawazin Alhawsaw, RN, MScN, Arthur Labatt Family School of Nursing, University of Western Ontario

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

Participant's Name (please print): ____

Participant's Signature: ____

Date: ____

Person Obtaining Informed Consent (please print): ______________________________

Signature:______________________________

Date: ______________________________

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Appendix C

Demographic Questionnaire

Q. Gender
What is your sex?
o Male
o Female

Q. Age
In what year were you born? ____

Q. Marital Status
What is your marital status?
o Now married
o Widowed
o Divorced
o Separated
o Never married

Q. Education
What is the highest degree or level of school you have completed? If currently enrolled, mark the previous grade or highest degree received.
o No schooling completed
o Nursery school to 8th grade
o 9th, 10th or 11th grade
o 12th grade, no diploma
o High school graduate - high school diploma or the equivalent (for example: GED)
o Some college credit, but less than 1 year
o 1 or more years of college, no degree
o Associate degree (for example: AA, AS)
o Bachelor's degree (for example: BA, AB, BS)
o Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
o Professional degree (for example: MD, DDS, DVM, LLB, JD)
o Doctorate degree (for example: PhD, EdD)

Q. Employment Status
Are you currently...?
o Employed for wages
o Self-employed
o Out of work and looking for work
o Out of work but not currently looking for work
o A homemaker
o A student
o Retired
o Unable to work

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Q. Employer Type
Please describe your work.
o Employee of a for-profit company or business or of an individual, for wages, salary, or commissions
o Employee of a not-for-profit, tax-exempt, or charitable organization
o Local government employee (city, county, etc.)
o State government employee
o Federal government employee
o Self-employed in own not-incorporated business, professional practice, or farm
o Self-employed in own incorporated business, professional practice, or farm
o Working without pay in family business or farm

Q. Housing
Is this house, apartment, or mobile home -
o Owned by you or someone in this household with a mortgage or loan?
o Owned by you or someone in this household free and clear (without a mortgage or loan)?
o Rented for cash rent?
o Occupied without payment of cash rent?

Source: http://www.questionpro.com/a/showSurveyLibrary.do?surveyID=183105

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Appendix D
Interview Questions

PROJECT: The purpose of this study is to understand the mental health care needs of adult refugees who were exposed to collective violence in their countries of origins. In addition, the study aims to understand the challenges faced by adult refugees exposed to collective violence when accessing mental health care in Canada.

This face-to-face interview will take approximately 60 to 90 minutes to conduct, and it can continue longer if the participant wants to continue.

QUESTIONS:

1. Please briefly introduce yourself, your background.
2. Tell me about your mental health before migration to Canada?
3. Tell me about your life recently in Canada. How would you describe your life with your family? Community?
4. Tell me about your mental health after migration to Canada? Were there any changes?
5. What type of support systems were key to helping you?
6. What (if any) are the barriers that prevent you from accessing mental health care services in Canada?
7. Do you have any more comments?

Thank you for your participation in this interview. The confidentiality of your personal information is of utmost importance.

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Appendix E

Confidentiality Agreement

Name of the researcher: Hawazin Alhawsaw

Topic title: Mental Health Care Needs for Adult Arab Refugees who exposed to collective violence.

I……………. agree with the following statements:

I understand that I will maintain the privacy and confidentiality of all accessible data and understand that unauthorized disclosure of personal/confidential data is an invasion of privacy.

I will not disclose data or information to anyone other than those to whom I am authorized to do so.

-I will access the data only for the purposes for which I am authorized explicitly which is translation the data from Arabic language to English language. On no occasion will I use project data, including personal or confidential information, for my personal interest or advantage, or for any other business purpose.

-I understand that where I have been given access to confidential information I am under a duty of confidence and would be liable under common law for any inappropriate breach of confidence in terms of disclosure to third parties and also for invasion of privacy if I were to access more information than that for which I have been given approval or for which consent is in place .

Translator name: ………………………………

Signature: ………………………….

Date:……………………….

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Curriculum vitae

EDUCATION

Master of Science in Nursing **(March 2016)**

University of Western Ontario: London, Ontario, Canada

- Stream: Leadership in Health Promotion and Healing

Bachelor of Science **2008**

King Abdulaziz University: Jeddah, Saudi Arabia

- GPA: 4.01 out of 5 / Second honors degree

High School Diploma **2004**

8th Secondary School: Makkah, Saudi Arabia

NURSING EXPERIENCE

Internship **Oct 2008 – Sep 2009**

King Abdulaziz University Hospital: Jeddah, Saudi Arabia

- Provided total patient care as assigned.
- Communicated and documented all relevant information as per established standards.
- Participated in patient education programs.
- Followed all related hospital policies and procedures.
- Completed 48-week training program in the following units:
    - Medical Nursing unit for 8 weeks
    - Surgical Nursing unit for 8 weeks
    - Obstetric and Gynecology unit / Labor and Delivery unit for 8 weeks
    - Pediatric unit for 8 weeks
    - Emergency room for 8 weeks
    - Dialysis unit for 3 weeks
    - Neonatal intensive care unit (NICU) for 4 weeks

Trainee Nurse **Jul 2005 – Jul 2008**

Various hospitals and health care centers: Jeddah, Saudi Arabia

- Worked at King Abdul-Aziz University Hospital and Maternity and Children's Hospital, providing total patient care as assigned, following hospital procedures, and participating in patient education programs.
- Worked at various clinics (medical, wounds care, eye, OB, diabetic and surgical) and community centers such as Al-Oun Center, Abdul-Latif Jameel Center, National Guard Schools and the Bin Hahfouz shelter.
- Provided total patient care under supervision, including central venous care, blood work, and wound care.

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- Did a presentation on breastfeeding for prenatal women for the hospital educational program.
- At schools, taught elementary students how to maintain a healthy lifestyle and provided eye examinations.

TEACHING EXPERIENCE

Teaching Assistant **Jan – Apr 2013**

Arthur Labatt Family School of Nursing, University of Western Ontario: London, Ontario, Canada

- Worked for four months as a Teaching Assistant for two courses:
  - Therapeutic Relationship in Nursing
  - Health and Illness in Adults

Successful Completion of Teaching Assistance Program (TATP) **Jan 2013**

Teaching Support Center, University of Western Ontario: London, Ontario, Canada

ACADEMIC AWARD

Dr. Edith M. McDowell Award **Sep 2012**

Master of Science in Nursing Program, University of Western Ontario: London, Ontario, Canada

- The Edith M. McDowell Award is awarded to a student with high academic achievement enrolling for the first time in the MScN program at UWO.

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