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'OUR LIVES HAVE BECOME A TRAVELING SUITCASE': THE EXPERIENCES OF SYRIAN REFUGEE MOTHERS RELOCATED IN TURKEY

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‘OUR LIVES HAVE BECOME A TRAVELING SUITCASE’: THE EXPERIENCES OF SYRIAN REFUGEE MOTHERS RELOCATED IN TURKEY

'HAYATLARIMIZ GEZİNEN BİR BAVULA DÖNÜŞTÜ': TÜRKİYE'YE YERLEŞEN SURİYELİ MÜLTECİ ANNELERİN DENEYİMLERİ

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1) Mülteci anneler
2) Suriyeli mülteciler
3) Mülteci ruh sağlığı
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Anahtar Kelimeler (İngilizce)
1) Refugee mothers
2) Syrian Refugees
3) Refugee mental health
4) Post-traumatic stress in refugees
5) Resilience in refugees

ABSTRACT

Refugee women are one of the risk groups for developing mental health problems, since they face traumatic life events before, during, and after refuge. The present study aimed to understand the experiences of Syrian refugee mothers relocated in Turkey. Thirty-four mothers who settled in Istanbul took part in this study. 'The Adult's Life Changes Scale' (ALCS) was administered to mothers in three non-profit organizations for refugees in Istanbul. The ALCS is a newly developed projective scale that requires participants to look at pictures that depict a chronological story of migration. All mothers were asked to select an emotion for the character in the picture and to tell a story for each character. The Beck Depression Inventory and the Impact of Events Scale-Revised scales were administered for assessing depression and PTSD symptoms. The thematic analysis revealed five main themes, *'the value of family,' 'dealing with uncertainty,' 'losing everything,' 'finding strength in spirituality',* and *'the past and the future'*. Emotion selections varied in all pictures, with feelings of fear, unhappiness and insecurity salient in pictures related to migration; and feelings of comfort, happiness and safety in pictures related to family. The themes and emotion selection frequencies are discussed with their clinical implications.

Keywords: Refugee mothers; Syrian refugees; refugee mental health; post-traumatic stress in refugees; resilience in refugees

ÖZET

Mülteci kadınlar ruhsal alanda bozuklukların gelişimi açısından risk taşıyan gruplardan biridir, çünkü göç öncesi, göç sırasında ve göç sonrasında olmak üzere bir çok travmatik olay ile karşı karşıya gelmektedirler. Bu çalışmanın amacı, Türkiye'ye yerleşmiş olan Suriyeli mülteci kadınların deneyimlerini anlamaktır. Çalışmaya İstanbul'da yaşayan 34 mülteci anne katılmıştır. 'Yetişkinlerin Yaşam Değişimleri Ölçeği' (YYDÖ), İstanbul'daki üç sivil toplum kuruluşunda annelere uygulanmıştır. YYDÖ, katılımcıların bir göç hikayesini anlatan resimlere bakmasını gerektiren, yeni geliştirilen projektif bir testtir. Tüm annelerin her resimdeki karakter için bir duygu seçip karakter hakkında bir hikaye yazmaları istenmiştir. 'Beck Depresyon Envanteri' ve 'Olayların Etkisi Ölçeği,' depresyon ve travma sonrası stres semptomlarını değerlendirmek için uygulanmıştır. Tematik analiz sonucunda beş ane tema ortaya çıkmıştır, '*ailenin değeri,' 'belirsizlik ile baş etmek,' 'her şeyi kaybetmek,' 'maneviyat ile güçlenmek'* ve *'geçmiş ve gelecek*'tir. Duygu seçimleri resimlerde farklılık göstermiştir; göç ile ilgili resimlerde korku, mutsuzluk ve güvensizlik ön plana çıkarken, aile ile ilgili resimlerde rahatlık, mutluluk ve güven ön plana çıkmıştır. Ortaya çıkan temalar ve duygu seçimi bulguları, klinik etkileri ile birlikte tartışılmıştır.

Anahtar kelimeler: Mülteci anneler, Suriyeli mülteciler, mülteci ruh sağlığı, mültecilerde travma sonrası stres, mültecilerde dayanıklılık

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INTRODUCTION

Forced migration is a significant life event in which families go through extreme adversity. Women and children, especially, face challenges at their host country before migration, during their flight, as well as in the resettlement process. Many refugees have mental health and wellbeing problems after refuge, which can persist many years after relocation (Bogic et al., 2015). Factors that affect wellbeing during displacement were divided as an individual, family, and community; as well as before migration, during migration, and after the migration (Reed et al., 2012).

Turkish Directorate General of Migration Management claimed that as of 2020, there are over 3.571.000 Syrian refugees under temporary protection of Turkey, dispersed around the country (DGMM, 2020). This number represents the largest Syrian refugee population in the world. Although the government is making efforts in 'harmonization,' and providing livelihood, education, and employment support to refugees, many refugees still face difficulties in adaptation. The prevalence of PTSD in 781 refugees in a camp in Turkey is 83.4% (Acartürk et al., 2018). In addition to livelihood support, refugees also need support in terms of their mental health and wellbeing.

Refugees and their adaptations to new cultures have been widely studied in the acculturation literature. 'Acculturation' refers to the process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individuals (Berry, 2005). The most adaptive strategy of acculturation was demonstrated to be the 'integration,' in which one maintains his ties with the original culture, while also adapting aspects of the new culture. Literature has also looked at resilience factors and coping strategies that lead to better mental health outcomes in refugees. There have been many different conceptualizations of coping strategies (Carver, 1997). The use of religion, social support seeking, planning, social comparisons, doing community work, positive

reframing, and avoidance were common coping mechanisms used by refugees, which will be discussed in more detail in the next section.

Research reveals that women are at greater risk of developing mental health problems (Ssenyonga et al., 2013). Syrian mothers have an overload role during resettlement; they have to take care of their house, their family, their children, and their wellbeing. They often become the breadwinner when in the country of resettlement. The aim of the present study is to understand the experiences of Syrian refugee mothers resettled in Turkey. The ALCS is a newly developed projective scale that requires individuals to respond to pictures on the scale with a story. The scale has seven pictures that depict the migration story chronologically. The study has an exploratory qualitative design. The experiences of refugee mothers, as well as their clinical implications, are discussed.

1. LITERATURE

1.1 DEFINING REFUGE

Migration is defined as 'the movement of persons away from their place of usual residence, either across an international border or within a State' (International Organization for Migration; IOM, 2019; p. 113). It can take several forms; it can involve a move within the same city, a move from one city to a rural area, or another city, as well as a voluntary or forced departure from one country to another. The latter form of migration may involve refugee movements, immigration, or international labor migration.

In the 1951 UN Convention, a refugee was defined as 'a person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it' (UN General Assembly, 1951, p. 152). An asylum-seeker is an individual who is seeking international protection. In countries with individualized procedures, an asylum-seeker is someone whose claim has not yet been finally decided on by the country in which he or she has submitted it. Not every asylum- seeker will ultimately be recognized as a refugee, but every refugee is initially an asylum-seeker (UNHCR, 2006). In this study, refugees and asylum-seeking individuals who have forcefully migrated will be referred to as 'refugees.'

Refugees are defined and protected by international law, such as the United Nations 1951 Convention relating to the Status of Refugees UN General Assembly, 1951). The 1951 Convention states that refugees should not be expelled or returned to situations where their life or freedom would be threatened

on account of their race, religion, nationality, membership of a group, or political opinion.

1.2 UNDERSTANDING REFUGE AS A TRAUMATIC LIFE EVENT

Refuge is a complex phenomenon shaped by multiple factors. Traumatic events can occur before, during, or after a refuge, and on an individual, familial and societal levels; which have serious influences on mental health. To understand the effects of these complex traumatic events, it is important to elaborate on the refuge phenomenon using conceptual frameworks. Various researchers have applied Bronfenbrenner's social-ecological perspective on migration (Bronfenbrenner, 1979; Betancourt & Khan, 2008; Paat, 2013; Porterfield et al., 2010). This model puts the individual refugee in the center and suggests that multiple levels of structure interact and shape the individual's experience. These levels are called: the *microsystem, mesosystem, exosystem, macrosystem, and chronosystem.* Thus, the person's unique experience is not only shaped by the immediate family and peers, but also shaped by larger structures such as the school, neighborhood, workplace, the community, and the family's support network.

Another framework that has been used to understand refuge is the phase-specific model, which describes refuge in three phases: pre-flight/premigration, flight/perimigration, and resettlement/postmigration (Fazel & Stein, 2002). In each of these phases, the individual is confronted with many stressors, which influence the overall wellbeing of a refugee. The pre-flight stage in the native country can include devastating events, trauma, forced fleeing, exposure to war, combat, or violence. Refugees can also experience or witness torture, as well as the loss of relatives/friends in pre-flight. School and work activities may be disrupted. This stage involves the anticipation of/the decision to migrate. The second phase of refuge, the flight to safety, can also include traumatic events such

as the separation of family members, difficult fleeing conditions, uncertainty, and life-threatening dangers. The final stage, post-flight resettlement includes difficulties in obtaining asylum status, employment and education, adapting to new living conditions and a new culture, social isolation, and further loss (Fazel & Stein, 2002). Thus, each stage of refuge includes traumatic events and can have a deteriorating effect on the mental health of both children and adults. According to Reed and colleagues,(2012), both the socio-ecological and the temporal models should be used to conceptualize refuge. These two frameworks overlap at some levels, but integrating both social levels and chronological levels can provide a more holistic understanding.

Salman Akhtar (2010), in his book 'Immigration and Acculturation: Mourning, Adaptation and the Next Generation,' talks about the 'trauma of geographical dislocation, suggesting that dislocation leads to disruptions in many aspects of being, including language fluency, work-related efficacy, and interpersonal relations. He suggests that 'leaving' home includes leaving the human and nonhuman components of the environment behind. An individual is not only separated from his relationships at home, but also his familiar nonhuman environments, such as the landscape, climate, and architecture. Similarly, arriving in the host country also involves new human and nonhuman environmental components. Thus, the presence of a known, recognizable, and familiar external environment and its perceptual constancy provides a 'background of safety' that humans need (Sandler, 1960). Disruptions in the continuity of the external environment, as in the case of refuge, threatens an individual's sense of safety. This includes the loss of topography, climate, and vegetation, as well as physical possessions. No matter how 'big' (e.g., cars, home, etc.) or 'small' (e.g., a toolbox) these possessions are, losing these objects can distress the individual and lead to feelings of pain, regret, anxiety, and as well as the feeling of 'not feeling at home.' Akhtar states that individuals can 'feel existentially naked' after parting from their home environment. After separation, the encounter with the new

physical environment can be too much and too fast to take in, distressing the individual.

1.2.1 Acculturation

Once individuals arrive in the host country, the process of 'acculturation' starts taking place. Refugees face many practical and psychological difficulties in this stage. Although threats to safety are largely over at this point, acculturation difficulties nevertheless have a major influence on mental health. Acculturation, the process of cultural and psychological change, takes place as a result of contact between two or more cultural groups and their individuals (Berry, 2005). This is a long-term process that can take years or generations. It involves transactions such as learning about each other's language, food preferences, dress codes, and forms of social interaction. Both the dominant population and the non-dominant population go through changes in this process. While it can take place smoothly in some cases, it can also often lead to cultural conflict and 'acculturative stress.' The attitudes, beliefs, and behaviors of refugees begin to make up their acculturation strategy. Four acculturation strategies have been defined by Berry (2001); 'integration' (maintaining one's cultural integrity but also engaging in daily interactions with other groups), 'assimilation' (adopting the host culture but not maintaining one's own culture), 'separation' (maintaining original culture and rejecting the host culture), and 'marginalization' (nonadherence to both the original and host cultures). The latter strategy often occurs when there is little possibility for cultural maintenance (e.g., enforced cultural loss) and when there is little interest in/possibility of having relations with the host culture (e.g., exclusion, discrimination) (Berry, 2001). Several studies demonstrated that integration is the most adaptive strategy, while other strategies are found to be more stress-inducing (e.g., Krishnan, & Berry, 1992).

In contrast to models that conceptualize acculturation in terms of acculturation strategies, other models have defined the process in stages (e.g., Hertz, 1997). The first stage, 'pre-immigration' involves the decision to migrate,

and the motivation for change. In the second stage, 'coping' is further divided into three stages. The 'impact' level is the initial arrival in the host country, often with feelings of relief. This stage is followed by the 'rebound level,' and the disappointment, anger, aggressive behavior, depressive mood that come with the confrontation with the reality of the new environment. The 'coping' level involves learning and mastery, familiarity, increased feelings of trust, and security. In the final 'settlement' stage, positive adjustment takes place, where the individual feels accepted by the host community, and positive identification with the host community, as well as an increased sense of belonging (Hertz, 1997).

The acculturation process often involves many challenges for refugees. Akhtar outlines the experiences and challenges that many refugees face (Akhtar, 2010). For example, work-related difficulties pose a major threat to well-being. Many refugees are unable to find gainful employment and have to change their line of work, which influences their overall life satisfaction. Refugees also experience the 'psychosocial glass ceiling,' they believe that there is a limit to how successful they can be in their career, given their circumstances. While trying to adapt to the new community, couples can face conflict within themselves. Culture clash can also occur in terms of sexual freedom in the host country, new gender roles, and notions about intimacy. Homoethnic friendships of similar historical reference, where individuals can have conversations on their common ground, often with the idealization of their home country, provide refugees with a sense of belonging and kinship. On the other hand, heteroethnic friends become the bridge to acculturation, provide acceptance, and a sense of equableness, leading to lessened feelings of loneliness. Thus, while homoethnic friendships provide emotional support, they can put restrictions on acculturation, whereas heteroethnic friendships lack 'intimacy.' Both friendships are valuable in the acculturation process. Akhtar (2010) also talks about the importance of religion and spirituality. He suggests that religion can become more important for individuals after migration since it contributes to their ethnic identity. In summary,

the process of migration and acculturation consists of many stages with unique stressors. These stressors can be in the individual, family, community, and societal levels. The interaction between this large set of factors makes up the complex trauma of refuge.

1.3. MENTAL HEALTH PROBLEMS IN REFUGEES: DEPRESSION AND POST-TRAUMATIC STRESS DISORDER

As outlined above, the process of being a refugee has various sources of distress in the pre-migration, migration, and post-migration phases. These pose extreme difficulties for individuals and families, leading to hardship and mental health problems. Two common mental health problems in refugees are depression and post-traumatic stress disorder (PTSD). Before looking further into the mental health of refugees, it is important to define these two mental health disorders.

Depression is a common mental health disorder, affecting more than 264 million people worldwide (The Global Burden of Diseases, 2017). It is a mood disorder characterized by a depressed mood or loss of interest/pleasure. In the Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition (DSM-IV; American Psychiatric Association, 2013), depression symptoms include depressed mood, diminished interest/pleasure in activities, changes in weight when not dieting, sleep problems, psychomotor agitation, fatigue, thought problems and thoughts of death. Depression can vary in severity, ranging from mild to severe depression, and around 800,000 people are dying due to suicide each year (The Global Burden of Diseases, 2017).

Post Traumatic Stress Disorder is a mental health disorder that can develop after a person encountered a traumatic event. It is estimated that the 12-month prevalence of PTSD is 3.6% and lifetime prevalence is 6.8% in adult Americans (Harvard Medical School, 2011). Symptoms of PTSD fall into four categories; intrusive thoughts, avoidance of the reminders of the traumatic event, negative

thoughts, and feelings, as well as arousal and reactive symptoms. Intrusive thoughts include involuntary memories or flashbacks of the event. Avoidance behaviors include avoiding places, activities, objects, and situations that remind the individual of the event. Negative thoughts and feelings may include having distorted beliefs about oneself or others ('no one can be trusted'), ongoing anger, fear, guilt or shame, and feeling detached from others. Arousal/reactive symptoms include being irritable, having anger outbursts, being easily startled, and having trouble concentrating or sleeping (DSM-V, American Psychiatric Association).

Numerous studies have investigated the mental health of displaced individuals and refugees. Fazel, Wheeler, and Danesh (2005) conducted a systematic review of 20 studies, reaching over 6700 adult refugees from seven countries. In this review, refugees were about ten times more likely to have PTSD than the general population. They reported that 9% of adult refugees were diagnosed with PTSD, and 5% with major depression. Another study systematically reviewed 29 studies that looked at the prevalence and/or factors related to depression and anxiety in adult war-refugees 5 years or longer after displacement. The result of the study indicated that the prevalence of depression was 2.3-80%, unspecified anxiety disorder was 20.3-88% and PTSD was 4.4-86% (Bogic et al., 2015). This review highlighted that mental health issues could persevere even years after relocation. Moreover, their findings demonstrated that exposure to traumatic events before migration and stress factors after migration were related to increased depression, anxiety, and PTSD. Low socioeconomic status after the migration was also associated with depression. Authors however reported great heterogeneity among studies and underlined the need for standardized measures that assess mental health in refugees. Moreover, in another review of prevalence and intervention studies, the prevalence of PTSD ranged between 5% - 44%, and the prevalence of depression ranged between 9%-36% in asylum seekers and refugees (Turrini et al., 2017).

A more recent study investigated the prevalence of PTSD and depression among 988 Syrian refugees residing in the Kurdistan region of Iraq (Mahmood et al., 2019). They found that almost all participants (98.5%) had experienced at least one traumatic event, 86.3% had experienced and/or still experiencing three or more traumatic event types during war or their lifetime. Nearly 61% of them had witnessed a life-threatening explosion, 72% had been separated from their family during the war and 51% reported being exposed to armed combat. Around 60% of participants met symptom criteria for PTSD, and 59% met the criteria for depression. The number of traumatic events experienced was related to the severity of PTSD and depression, yielding a dose-effect relationship. Although men reported having experienced significantly higher traumatic events, women reported higher scores on depression, but not on PTSD, compared to men (Mahmood et al., 2019).

1.4 SYRIAN REFUGEES IN TURKEY

Over 70 million people have been forcibly displaced from their homes, of which 25.9 are refugees (UNHCR, 2020). According to the Turkish Directorate General of Migration Management, as of 2020, there are over 3.571.000 Syrian refugees under temporary protection in Turkey, dispersed around the country (DGMM, 2020). This number represents the largest Syrian refugee population in the world. While a small proportion of Syrian refugees (1.7%) are situated in temporary shelters (i.e., refugee camps), the majority (over 98%) are not in any shelter. In the beginning of the Syrian civil war, the Turkish government was very welcoming of refugees, implemented an ‘open door’ policy, and constructed camps in the southern provinces of Turkey (İçduygu, 2015). The Turkish government aimed to foster the integration of refugees in the resettlement stage with their ‘harmonization’ procedures. These procedures included opening up Migrant Health Centers, offering livelihood support, providing work permits, and

education (Üçkardeşler et al., 2018). Community centers have also been set up in the areas with large refugee populations, linking international organizations, NGO's with refugees.

Although efforts are being made to support refugees in their resettlement in Turkey, they still face barriers in many areas such as obtaining formal employment, health care, education, and acquiring a house. Around 65,000 work permits, however, were issued to Syrian refugees by the end of 2018, when the exact number of employment is estimated at around 500,000 and one million including irregular employment (DGMM, 2020; Kirişçi, & Colasin, 2019). The majority of refugees work in unskilled services, and many refugees state that their relevant skills are not recognized. (ALM Assessment, 2018; The Turkish Red Crescent, 2018).

Labour market discrimination and language barriers also pose a challenge for refugees in Turkey. Among young Syrians, 88% work over 48 hours a week. Moreover, by the end of 2017, only 490,000 refugees had access to formal education (DGMM, 2020). These figures reveal that most refugees face major challenges in the resettlement process, in terms of accessing basic needs, education, and employment.

In the study done by Acartürk and her colleagues (2018), the prevalence rate of PTSD was found as 83.4% in 781 refugees living in a camp in Turkey (Acartürk et al.,2018). Being a female and having a history of previous mental health use were found to increase the risk of PTSD symptoms. The study also found prevalence rates of depression as 37.4%. Taken together, these findings reveal that refugees are at risk of developing depression and PTSD. Despite the widespread difficulties that refugees face and the prevalence of mental health problems in refugees, there is a lack of standardized measures and interventions that target this population. There is an urgent need to understand the experiences and needs of these displaced individuals and families to better help them in the resettlement process.

1.5. BEING A REFUGEE AS A WOMAN: CHALLENGES AND MENTAL HEALTH

All refugees face numerous challenges, but women face even more hardship and risks in refuge and resettlement. Literature reveals that women are at increased risk of developing mental health problems. For example, in Porter and Haslam's (2005) meta-analysis with 59 studies, female refugees found to have higher mental health problems than males. More recent studies with refugee populations also identified female gender as a risk factor for developing PTSD (Ssenyonga et al., 2013), depressive symptoms (Seglem et al., 2011) and low resilience (Siriwardhana, Ali et al.,2014).

In Turkey, 1,644,000 Syrian refugees are female, making up 46% of the total number of refugees who are under temporary protection (DGMM, 2020). In the Syrian culture, the major roles of women are to be a daughter, sister, mother, etc, with a few professional roles (Barakat, 1985). Although most refugee women stay in their traditional caregiver/housewife role in Turkey, some women have to become the main breadwinner in the family due to their new circumstances. Women face more structural challenges in accessing housing, labor, social services, and health care services in urban settings (Üçkardeşler et al., 2018). As such, in a study done with refugees, 97% of women stated that they were unable to earn an income in the past month, and 52% stated that either they or their families needed psychosocial support (Üçkardeşler et al., 2018).

Women have a high risk of developing mental health problems because they face gender-specific violence, insecurities, and other traumatic events during transit and resettlement. In a qualitative study done with women who left Turkey and arrived in European countries, women reported experiencing war-related violence from all sides of the conflict (i.e., the official Syrian army, rebel forces, ISIS) (Freedman, 2016). Smugglers or traffickers who facilitated refugee's journeys were a major threat to women. Women reported being sexually assaulted and

being obliged to engage in sexual activity to pay for their journey. Women also suffered abuse from their family and have no one to report these events to. Previous studies done with Syrian women living in other countries indicated that Syrian women and girls feel unsafe, and they rarely leave their homes (Al Akash & Boswell, 2014). Despite such traumatic events taking place during migration, many refugee women were not informed of how to seek help for harassment, or their children (Yücel et al., 2018). Yücel and colleagues stated that even though gender-based violence arose in their interviews, they were unable to collect and report data on this issue because of cultural sensitivity. In summary, studies indicate that refugee women are a risk group for mental health problems. Thus, more research is needed to understand these women's experiences and to design good intervention programs for them.

1.5.1 Motherhood as a Refugee

While all refugee women face challenges in all stages of the refuge process, there are additional demands and challenges for women who are mothers. While mothers have to care for themselves and maintain their housewife role, they also have to take on the 'mother' role and look after their children and family. These responsibilities pose a double burden on them. Hattar-Pollara and Meleis (1995), in their qualitative study, interviewed 30 Jordanian immigrant mothers settled in a host country. Mothers expressed a 'role overload' with various duties such as fulfilling their traditional parenting role, teaching their children about their customs and roles, while also trying to conform to the host country's ways of living. Despite this 'role overload', mothers found societal support to be insufficient to fulfill these roles. Mothers also felt strongly about maintaining their ethnic identity as Jordanian women, wives, and mothers, which they believed would secure their family's social existence. Mothers also had difficulties with their daily living, managing their chores, and trying to track their children's

education. Many of these difficulties persisted even after years of resettlement, as well as the feelings of loneliness and nostalgia. These difficulties were sources of great stress and anxiety for mothers.

Women who have recently become a mother also experience many additional demands and difficulties. Normal maternity requires going through a major adaptation process, in this period there are many additional demands compared to the pre-birth lifestyle. These difficulties include going through the stressful labor process, the nursing and feeding of the baby, engaging in full-time caregiving as well as adjusting to a new identity as a mother. In addition to these demands of maternity, when the transition to motherhood is combined with the additional challenges of migration and resettlement, all may become a major difficulty for a woman. Refugee mothers while trying to meet the societal expectations of new motherhood, they may become easily disappointed during the refuge and resettlement process. New mothers may be very stressed because of not having access to proper health care, being isolated, and facing financial difficulties (Barclay & Kent, 1998). Körükçü and colleagues (2017) in their qualitative study revealed that Syrian refugees who gave birth in Turkey had fears relating to the birth procedure, have to adapt to shared living conditions, had to engage in housework constantly. They reported that being homesick overshadowed the excitement of becoming a new mother, and they were longing for their own mother's support.

For a better world, refugee mothers should be the target of interventions because maternal mental health determines children's mental health. There is considerable evidence that children's mental health depends on the mental health and emotional availability of their primary caregiver (e.g., Lambert et al., 2014, Panter-Brick et al., 2014, Van Ee et al., 2012). For example, the results of a meta-analysis done with 42 studies revealed that parental PTSD severity (related to events such as combat trauma, refuge, civilian war, disaster, and interpersonal trauma) was related to the level of children's psychological distress (Lambert et

al., 2014). Another study that examined 681 caregivers and their children's mental health, in conflictual settings in Afghanistan, found that caregivers' mental healths were prospectively associated with their children's mental health after a year follow up (Panter-Brick et al., 2014). Similarly, in a study with 49 refugee mothers and their children, they investigated the maternal PTSD symptoms, children's psychosocial functioning, and the mediating role of parent-child emotional availability (Van Ee, Kleber, & Mooren, 2012). These mothers had experienced traumatic events such as imprisonment, being wounded, combat situations, rape, the murder of a relative or stranger, and torture. The results revealed that mothers who had high levels of PTSD symptoms showed significantly less emotional availability (sensitivity, structuring, non-hostility) within the parent-child interaction. Children of these mothers who had high PTSD symptoms scored lower on children's emotional availability (responsiveness and involvement). In other words, with increased maternal PTSD stress symptoms, mothers were less sensitive and their children were less reactive to them. The severity of maternal post-traumatic symptoms was correlated with internalizing behavior problems of their children as well as the total problems.

Researchers investigated the parenting styles of refugee mothers who have PTSD. PTSD severity was found to be associated with negative parenting styles (i.e., harsh parenting) which were related to children's emotional problems (Bryand et al., 2018). Hostile parenting style mediated the influence of parental PTSD on children's mental health. However, there was also a direct effect of parental PTSD on children, which may be due to factors associated with PTSD, such as social withdrawal, avoidance, potential substance abuse, employment difficulties, and interpersonal conflict; which may directly influence children, independent of parenting style being used.

In summary, mothers face many challenges in the process of refuge. Maternal mental health, sensitivity, and availability is a crucial factor in children's wellbeing. The relationship between maternal and child mental health puts a

double burden on refugee mothers: both on their mental health and their children's mental health. Thus, mothers need psychological resources to look after themselves and their children. This makes mothers an important population for interventions, as the wellness of future generations depends on them.

1.6. RESILIENCE AND COPING IN REFUGEES

1.6.1. Resilience

Research on displacement and trauma has mostly focused on the pathway to mental illness. However, not all individuals who face traumatic events develop PTSD. Little attention in the literature has been paid to coping strategies and resilience in the refugees, . Resilience refers to positive adaptation during or following exposure to adversity that has the potential to harm development (Masten, 2007). The concept of resilience can be conceptualized in thee categories: (1) developing well in a high-risk context for developmental problems, (2) functioning better under present adverse conditions (stress resistance and coping), and (3) return to normal functioning after adversity (normalization). Individuals who are secure and functioning well have been found to usually cope better, tolerate adversity, and adapt to circumstances (Masten, 2007). Researchers have acknowledged the dangers of employing an 'individual' approach to resilience (e.g., Pulvirenti, & Mason, 2011). Over-emphasis on individual/internal traits may overshadow the need for wider institutional, societal influences to resilience; resulting in 'blame-shifting.' Individual approaches may wrongfully lead to conclusions being made about some individuals not having the essentials traits to cope well. Thus, a socio-ecological perspective should be employed, with emphasis on individual, familial, societal, and larger level influences (Pulvirenti, & Mason, 2011).

Several researchers have aimed to understand the pathways that lead to more resilient outcomes in refugees. A systematic review looked at the common themes of resilience among Latino immigrant families (Cardoso, & Thompson, 2010). Among 42 studies, the study identified four major themes that contribute to high resilient outcomes: individual, family, cultural and community factors. Positive ethnic identity, intellect, self-mastery, autonomy were among the individual factors. Family involvement, supervision of children, communication, and family support networks were some of the family factors that contributed to resilient outcomes. The accumulation of cultural characteristics, as well as discussing migration experiences fostered family resilience. The authors also define 'biculturalism' which is the ability to effectively adapt to the dominant culture while maintaining a strong connection to the culture of origin (i.e., integration). In many studies, biculturalism was also linked to more resilient outcomes (Cardoso, & Thompson, 2010). In summary, factors such as supportive and caring family relations, self-mastery, and autonomy seem to foster resiliency.

1.6.2. Coping

Coping is a 'process that unfolds in the context of a situation or condition that is appraised as personally significant and as taxing or exceeding the individual's resources for coping' (Lazarus, & Folkman, 1984). Much like resilience, coping is also embedded in a complex, dynamic process between the individual, environment, and the relationship between them (Folkman, & Moslowitz, 2004). There have been numerous conceptualizations of coping strategies (e.g., Billings, & Moos, 1981; Folkman, & Lazarus, 1980). Some researchers have distinguished between adaptive and maladaptive coping strategies (e.g., Carver, 1997). Active coping, planning, use of emotional support, use of instrumental support, positive reframing, acceptance, and religion are said to be adaptive coping strategies (Carver, 1997). In contrast, maladaptive coping

strategies are listed as venting, denial, substance use, behavioral disengagement, and self-distraction. Researchers suggested that adaptive coping strategies depend on the context and situation (e.g., Wortman, & Lehman, 1985). There are also distinctions between self-sufficient and socially-supported coping strategies (Litman, 2006).

A widely used model of coping consists of four factors (Park, & Folkman, 1997). These are *problem-focused* coping (addressing the problem causing distress, and doing something proactive about it*), emotion-focused* coping (aiming to reduce the negative emotions associated with the problem), *social-coping* (seeking support), and *meaning-focused* coping (efforts to modify the meaning of a situation). Other models have come up with 13 coping strategies (Carver, 1999), which can also be reduced to the above mentioned four categories. Thus, the four-category model of coping now includes Active Coping, Cognitive Restructuring, Social Support Seeking, and Avoidance (Zautra et al., 1996). The sub-scales are as follows: Active Coping (active, restraint, planning, suppression), Escape/ Avoidance (denial, drugs, mental disengagement), Support Seeking (seeking instrumental support, seeking emotional support) and Positive Cognitive Restructuring (positive reinterpretation, humor, acceptance) (Zautra et al., 1996). When we examine them in detail; (1) *Active coping* involves proactively doing something about the problem. (a) Active coping initiates action to try to remove the stressor or alleviate its effects. (b) Planning involves coming up with actionable strategies and thinking about what steps to take to handle the problem. (c) Suppression of competing activities means suppressing the involvement in other activities to focus on dealing with the stressor. (d) Restraint coping refers to holding back until an opportunity arises to act on the stressor to not act prematurely. (2) *Positive Cognitive Restructuring* involves finding new ways of looking at the situation. (a) Humor involves making light of the problem. (b) Positive reappraisal and growth involve reframing the stressor in positive terms. (c) Acceptance is learning to accept the problem. (3) *Social support* consists of

using social resources to cope with the problem, including family, relatives, and religious figures. (a) Instrumental support seeking involves seeking support for instrumental reasons, such as seeking assistance or information. In that sense, it is similar to a more problem-focused strategy. (b) Seeking support for emotional reasons involves getting moral support, sympathy, and understanding, which is an emotion-focused strategy. Some models have categorized instrumental social support seeking as a problem-focused strategy, and emotional social support seeking as an emotion-focused strategy. (4) *Avoidant strategies* aim to avoid thinking about the problem and avoid feeling the emotions associated with the problem. (a) Substance use refers to using alcohol or drugs to reduce distress. (b) Denial is the refusal to believe the problem is real. (c) Mental disengagement refers to distracting the self from thinking about the problem.

Literature has looked at the coping strategies used by refugees, as well as their effect on mental health. As such, a systematic review by Seguin and Roberts (2015) investigated the coping strategies among conflict-affected adults in low and middle-income countries. In the review of 50 articles, the most commonly cited coping strategy was support-seeking behavior, followed by positive cognitive restructuring and problem-solving. The least commonly cited strategy was escape/avoidance and distraction. The articles had contrasting evidence on the influence of such coping strategies on mental health. Support seeking, for example, was related to positive mental health outcomes in some studies, and negative mental health outcomes in others. However, it was demonstrated that support seeking was found more as a protective for women than men (Seguin & Roberts, 2015). While most of the qualitative studies in the review revealed positive associations between all coping strategies and mental health outcomes, quantitative studies yielded mixed findings.

Other studies investigated the differences between coping strategies used by refugees with high PTSD and low PTSD scores. For example, Ekelund and colleagues (2015) found that refugees with low PTSD scores utilized more

adaptive coping strategies. More specifically, they used emotional and instrumental support, active coping, planning, positive reframing, religion, getting inspired, comparing with others, trying to forgive, and doing community work. However, because of the cross-sectional design of such studies, it is not possible to infer the direction of this effect. In other words, it is not possible to conclude whether refugees have low PTSD scores as a result of their adaptive coping, or whether they utilize adaptive coping mechanisms as a result of their low PTSD.

Coping strategies used by refugees have also been studied using qualitative methods. For example, Pahud and colleagues looked at the difficulties faced by adult refugees in New Zealand, as well as the coping processes utilized to cope with these difficulties (Pahud et al., 2009). The most common difficulties faced by refugees included language difficulties, poverty, unemployment, culture shock, poor societal participation, discrimination, and emotional difficulties. Their analysis revealed four categories of coping processes: their personal resources, formal support from service providers, the support of caring individuals, and their personal achievements. Personal resources included religion, faith, self-efficacy, acceptance, intelligence, hope, communication skills, and family members. These personal resources also helped participants to make use of problem-focused strategies. Refugees also reminded themselves that they have been in worse situations than resettlement, and have learned how to deal with previous hardship. The use of religion also helped them move forward, make meaning of their losses as well as dealing with emotional distress by praying. The second main category, formal support, included support with housing, education, and financial assistance. Participants stated that this kind of support was very useful in their adaptation process, and in dealing with the initial culture shock and vulnerability. Moreover, the support from caring individuals, which included volunteers, was the most effective social support. These individuals were perceived as nonjudgmental, accepting, and focusing on their capabilities rather than their deficits. Thus, these individuals also provided practical support, which assisted

the adaptation process. Finally, personal achievements (e.g., accessing work) helped refugees cover their financial needs, regain social status, and restore their sense of control.

Furthermore, Goodman and colleagues (2017) interviewed 19 refugee women around their resilience and coping (Goodman et al., 2017). The researchers divided women's coping strategies into two categories: internal (e.g., faith) and external (e.g., reliance on government support). External processes, such as the presence of a male figure, using social services, and taking classes were frequently employed. Women who did not have access to external resources particularly relied on internal resources, such as changing their way of thinking about the traumatic events and reframing their experiences. They also needed to distract themselves from pain, using jobs and classes. Religious beliefs were also salient for many women.

Another study looked at the perceived vulnerabilities of refugees, as well as their strengths (Thomas et al., 2011). Their perceived vulnerabilities were discrimination, daily stressors, unfulfilled expectations, lack of control, which resulted in poor mental health. Strengths that promoted mental health were love, close relationships, children, and supportive friends, which were a buffer against these vulnerabilities. Participants' children, a sense of solidarity promoted self-esteem. Moreover in another study, religion, the utilization of support networks, cognitive reframing, and focusing on wishes for the future were coping mechanisms used by refugees (Khawaja et al., 2008). Refugees believed that their fate was in the hands of God, and by maintaining their religious practice, they believe that God would lead them to better days. They also used prayers to cope with their emotional difficulties. Also, in terms of reframing the situation, they utilized two strategies. Firstly, they believed that their negative experiences have equipped them with inner strength and resourcefulness, which leads to the belief that they can overcome adversity. Secondly, they normalized and minimized the

severity of the situation, and stated that their fate was out of their hands. They also focused on their wishes and hopes for the future.

There are limited studies that have investigated the resilience and coping of refugees in Turkey. Erdener (2017) qualitatively analyzed the coping mechanisms used by Yezidi women in Turkey. Women were grateful for surviving, and this gratitude was often followed by feelings of guilt for being able to escape to a safer place, and leaving others behind. Another salient coping mechanism was finding meaning in the massacres. They were proud of their resistance to genocide efforts, which gave them hope and strength. Political engagement and being self-enclosed in their community were also evident in coping mechanisms in Yezidi women. They wanted to protect themselves from any cultural intrusion. Women also practiced their mourning rituals together and avoided talking about the loss of their children. Women's solidarity in an all-women tent with their children, where they could engage in feminine activities was also reported as a coping mechanism. Women also kept their slavery and rape stories a secret because of the fear of being judged by their community. However, taking into account the cultural values of the society, not talking about sexual violence publicly was an act of respect and solidarity among women, rather than discriminative silence.

El Khani and colleagues looked at the coping strategies used by Syrian refugee parents in Turkey and Syria (El-Khani et al., 2017). Parents tried to adapt to their new norm by accepting changes in their children. They also engaged in social comparisons, which helped them normalize their situation. Social comparisons also lead parents to think of others as more or less fortunate than themselves, which leads to feelings of gratitude. Parents also reached out for support which helped them to normalize their experiences and feelings. Similar to other studies, many participants used faith to keep themselves mentally strong. Parents wanted to be mentally strong for their children and stated that religion helped them to do so. Surrendering their sense of control and responsibility to

God, like in other studies, provided parents a sense of relief. God provided meaning, control, and understanding to parents. Faith was also a motivator for parents well; as they viewed their children as trusts from God. Religion also helped them feel more optimistic about the future, and to focus on their wishes for the future.

In summary, refugee mothers face many difficulties and challenges during refuge. Refugee mothers have various overloaded roles; they are expected to take care of their family, earn money, take care of the household, as well as they try to cope with their adaptation process. The mental health of mothers is very important because maternal mental health also determines children's adjustment and mental health. Thus, mothers should be provided with their immediate basic needs, as well as should be supported to enhance their coping, resilience, and wellbeing.

1.7. THE PRESENT STUDY

The present study aims to understand Syrian mothers' experiences and meanings given to refuge and resettlement in Turkey. In this study the experiences of Syrian mothers throughout their move; pre-migration, peri-migration, and resettlement were examined through the use of a new scale, *The Adult's Life Changes Scale (ALCS),* that has been developed specifically for displaced individuals. This study will help to understand and conceptualize the refuge experiences of these women and will provide information for better intervention programs.

This study used qualitative methods to better understand the experiences of Syrian mothers. As outlined in the previous section, literature has either used quantitative (e.g., questionnaires) or qualitative tools (e.g., interviews) to assess the influence of displacement on individuals. However, a limitation of objective testing methods is that they can fail to address the depth of the experiences of individuals, as they are self-reported and they are prone to social desirability bias

(Van de Mortel, 2008). They can also fail to capture the depth of an individual's experience, as they have a ready set of questions and a set of answers which can be too leading. In contrast, qualitative studies can capture the unique experience and depth of an individual's subjective experience, cultural influences, and allows for the hidden aspects of their experience to come to the surface. Qualitative studies also have their limitations, they cannot easily be replicated or standardized, and are subject to bias by the researcher.

We were interested in getting an in-depth understanding of refugee mothers' experiences using a qualitative method with the help of a 'projective scale.' The scales that are used in projective testing methods that indirectly taps onto subconscious associations, conflicts, and emotional connections that the participant may not be able to disclose directly, or may be unaware of. This method requires participants to respond to stimuli (e.g., pictures, situations, or words) by telling a story about the stimulus. Their narratives and responses are then analyzed. These methods have widely been used in psychodynamic assessment. Some of these scales are the Thematic Apperception Test (TAT; Murray, 1943), the Rorschach Inkblot Test (Vernon, 1933), the Children's Apperception Test (CAT; Bellak, & Abrams, 1997), the Roberts Apperception Test (McArthur, & Roberts, 1982), and the Rotter Incomplete Sentences Blank Test (Rotter, 1950). Although these tests are primarily qualitatively analyzed, there have also standardized scoring systems for diagnoses. Thus, projective tests are widely used assessment methods in Turkey as they include both qualitative and standardized parts.

Despite their strengths, projective tools are not widely used in research today. However, they could be very useful in shedding light on the experiences, conflicts, and emotions that refugees face in their refuge process. The assessment of refugees should have refuge-specific items that are culturally sensitive. To fill this gap, the Children's Life Changes Scale (CLCS) and Adult's Life Changes Scale (ALCS) have been developed specifically for the refugee population. The

CLCS and ALCS include pictorial and narrative tools. Participants are given refuge-related pictures and are asked to write a story about the picture that they see. The scale also has a multiple-choice section. All mothers were asked to select an emotion for the character in the ALCS picture and to tell a story for each character.

The present study is an exploratory study that uses the ALCS to understand the experiences of refugee mothers. The study utilizes a qualitative method that looked at both mothers' narratives and as well as their emotion selections.

Research Questions:

1-What are the experiences of Syrian refugee mothers resettled in Turkey, as reflected in their ALCS narratives?

2- What are the emotion selections of Syrian refugee mothers for the pictures that depict migration scenes in the ALCS pictures?

2. METHOD

2.1. PROCEDURE

Ethical approval for this study was obtained from Istanbul Bilgi University Ethical Committee (approval reference number: 2017-40024-16). All data were collected with permission from Eyup and Sultanbeyli District National Education Directorates and the Turkish Directorate General of Migration Management. This study is part of a larger study of 'The Children's Life Changes Scale (CLCS),' conducted by Dr. Elif Göçek in Istanbul Bilgi University, Graduate Program in Clinical Psychology. In the first stage of the study, data were initially collected from elementary and middles schools in Istanbul. Participants consisted of 223 Turkish and 111 Syrian children. In the present study, which marks the second stage of data collection with the ALCS, data were collected from Syrian refugee mothers and their children who attended courses in the non-profit organizations in Istanbul. These organizations were Maya Vakfı, Association for Solidarity with Asylum Seekers and Migrants (ASAM), and Turkish Red Crescent in Bağcılar, Istanbul.

In the present study, data were collected by Istanbul Bilgi University Psychology students who speak Turkish and Arabic. All research team members were trained and took part in pilot studies before data collection. A convenience sample was used. The non-profit organizations reached mothers who used their services. Mothers were first informed about the study on the phone. Participants who agreed to take part were invited by the research team. In the meeting, the researchers gave detailed information for the study and asked for parental consent.

In the assessments, mother-child dyads and the researchers met one-by-one in a specific room that was reserved for the research. The dyads were asked to fill the questionnaire themselves if they were literate. For illiterate participants, researchers read the questions out loud and recorded the participant's answer on

paper. Participants were asked to complete the demographic form, the ALCS, the Beck Depression Inventory, and the Impact of Events Scale-Revised in a counterbalanced order.

2.2. INSTRUMENTS

The instruments used in this study were: The sociodemographic form, the Adult's Life Changes Scale (ALCS), The Beck Depression Inventory (BDI), and the Impact of Events Scale-Revised (IESR - R). See Appendix A for all study instruments. The demographic form was implemented first, followed by the ALCS.

Then, the BDI and IES-R were given to the mothers, in a counter-balanced order.

2.2.1. The Sociodemographic Form

Information related to sociodemographic characteristics of participants were completed by mothers. The sociodemographic form had items relating to mother's age, child's age, sex, grade, number of siblings, parents' level of education, income as well as questions regarding the family's refuge history.

2.2.2. The Adult's Life Changes Scale (ALCS)

The Adult's Life Changes Scale (ALCS) has been developed to understand the experiences of refugee adults. The scale consists of emotion selection and story writing parts. Projective measures, such as the Thematic Apperception Test (TAT; Murray, 1943) and Children's Apperception Test (CAT; Bellak, & Abrams, 1997) are based on the premise that individuals project their inner world on to stimuli that they see on paper. In these tests, narratives of the individuals constructed based on the pictures are assessed by clinicians to assess participants' personality structure and mental health. Similarly, in this research with the use of

the ALCS, it was aimed to assess the experiences and inner world of refugee mothers.

The ALCS has been specifically created to depict the process of displacement; including premigration, flight, and resettlement. It consists of seven pictures, which are 'Holding Hands,' Suitcase,' 'Fence,' 'Tent,'' Extended Family,' 'Nuclear Family' and 'Shouting.' Mothers were asked to write a story about each picture, as well as to pick an emotion that they associated with the picture. Emotions were selected in a multiple-choice format. The emotions are; happy, scared, guilty, excited, unhappy, safe, angry, comfortable, and 'other.' If participants selected the 'other' option, they were asked to specify their responses. The pictures were selected and designed to portray the sequence of events that a person might go through during the pre-migration, migration, and post-migration processes. All pictures were designed to make them appropriate to Eastern cultures (e.g., attire). The CLCS was developed in English, then translated into Arabic and back-translated to English for reliability.

2.2.3. The Beck Depression Inventory (BDI)

The Beck Depression Inventory was administered to mothers as a self-report measure of depression severity. The BDI, developed by Beck (1961) is a widely used instrument that can be administered to individuals aged between 13 and 80 and takes around 5-10 minutes to complete. The inventory contains 21 self-reported items. Each item has four statements, arranged in increasing severity of symptoms. Respondents are asked to choose the statement that fits them best. Each item is rated on a 4-point score ranging from 0 to 3. In this study, items 9 and 21 (i.e., items relating to suicidal ideation and sexual interest) were removed from the questionnaire, following the Ministry of Education's request. The Arabic version of the BDI had an internal consistency (Cronbach's alpha) of that ranged

between .67 and .89 (Abdel-Khalek, 1998). In our sample, item-total Chronbach's alpha score for 19 items was .84.

2.2.4. The Impact of Events Scale-Revised

The Impact of Events Scale-Revised (IES-R) was administered to mothers as a self-report measure of subjective distress caused by traumatic events. The IES- R was developed by Weiss and Marmar (1996), it contains 22 items assessing PTSD symptoms, rated on a 5-point scale. In this scale, respondents are asked to identify a stressful life event and indicate how much this event distressed them during the past week. Examples of items are 'I thought about it when I didn't mean to,' 'I felt irritable and angry,' 'I had trouble staying asleep.' The IES-R also yields three subscale scores; Intrusion, Avoidance, and Hyperarousal. The Arabic IES-R, developed by Davey, Heard, and Lennings (2015) had a = .93. In our sample, Cronbach's alpha score was .86.

2.3. DATA ANALYSIS

Total BDI-II scores were computed by reverse scoring and summing items. The total IES-R score was calculated as the sum of all items. The frequencies of emotion selections were calculated as valid percentages. All were conducted on IBM SPSS Statistics Software 20.

Narratives of mothers were translated from Arabic to English by trained undergraduate students who were native Arabic speakers. Narratives of mothers were analyzed using thematic analysis, as outlined by Braun and Clarke (2006). Thematic analysis is the process of identifying, analyzing, and reporting patterns (themes) within data. It organizes, describes, and interprets the data in rich detail. Following Braun and Clarke's (2006) guidelines, the steps that we followed were (1) familiarizing with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes and (6) producing

the report. An inductive approach was followed, where the themes were strongly linked to the data themselves. The analysis in this research had more of an exploratory nature and did not attempt to fit the data into a pre-existing coding frame or theory. All qualitative analyses were conducted on the Maxqda 20 Software.

2.4. TRUSTWORTHINESS

Trustworthiness was ensured through investigator triangulation (Denzin, 1978). The primary researcher, a clinical psychologist, and the primary thesis advisor worked together on the qualitative analysis of the data. Codes were shared, and themes and sub-themes were formed together.

2.5. REFLEXIVITY

Reflexivity refers to the researcher's positionally, active acknowledgment, and explicit recognition that their position may affect the research process and outcome (Berger, 2015). The primary researcher in this study is a Clinical Psychology master's student at Istanbul Bilgi University. She has previously studied Psychology at the University of Manchester and Health Psychology at Northumbria University. She has previous experience working with high-risk populations, such as children with cancer, as well as Syrian refugee children in Turkey. The researcher moved from Turkey to the UK at the age of 17 for her studies and returned home at the age of 22. She has experienced the stages of voluntary migration herself; including the decision to move, the process of moving, as well as the resettlement process. She has interacted with various cultures in the UK and experienced the acculturation process. Her own experiences of (voluntary) migration and her work experience with Syrian refugee children and their parents in Turkey may have made her more sensitive about

immigration. The researcher's experience is put forward to recognize the subjectivity and potential of bias.

3. RESULTS

3.1. SAMPLE CHARACTERISTICS

Thirty-four Syrian refugee mothers took part in the study. Mothers were aged between 20 and 50 (M = 33.97, sd = 7.73). Mothers' mean depression score, measured by the BDI was 22.97 (n = 34, sd = 10.31). Mother's trauma scores, measured by IES-R had a mean of 53.39 (n = 34, sd = 15.1). See *Table 1* for mean age, depression, and PTSD symptom scales. Since cut-off scores for the Arabic IES-R and BDI have not been devised in Turkey, it would be appropriate to use the American norms. The cut-off score for a diagnosis of PTSD in IES-R was found to be 33 (Creamer et al., 2003). In the BDI, scores of 0-10 indicate minimal depression, 10-18 indicate mild depression, 19-29 indicate moderate depression and scores of 30 and higher indicate severe depression. For psychiatric patients, a score of 13 was the cut-off score to detect depression (Beck, & Beamesderfer, 1974). This indicates that the mean score of the mothers in our study was above the cut-off score for moderate depression, and well above the cut-off score for a diagnosis of PTSD. However, since these are only screeners for mental health problems, and Arabic norms have not been established for refugees living in Turkey, scores on these scales were interpreted with caution.

Table 3.1. Mean age, depression and PTSD scores

	n	M	%
Age	32	33.97	7.73
BDI	34	22.97	10.31
IES-R	34	53.39	15.51

Note. BDI: The Beck Depression Inventory; The IES-R: Impact of Events Scale – Revised

The majority of mothers had more than two children, had elementary or Middle School education. The monthly familial incomes were around the minimum wage. None of the mothers had a university-level education. The majority of mothers arrived in Turkey for 4 years or longer. See *Table 2* for a detailed outline of sociodemographic characteristics.

Table 3.2. Sociodemographic characteristics of the sample

Number of Children	***n***	***%***
1	2	5.9
2	7	20.6
3	5	14.7
4	11	32.4
5+	9	26.5
Education level	***n***	***%***
No Education	1	2.9
Elementary School	13	38.2
Middle	14	41.2
High School	6	17.6
Years of arrival to Turkey	***n***	***%***
1	2	5.9
2	3	8.8
3	2	5.9
4	4	11.8
5	8	23.5
6+	15	44.1

Monthly familial income	*n*	*%*
0-1000 TL	3	8.8
1001-1500 TL	6	17.6
1501-2500 TL	18	52.9
2501-3500 TL	5	14.7
3501 TL +	1	2.9

The sociodemographic characteristics of each mother is outlined in *Table 3.*

Table 3.3. Sociodemographic characteristics of each mother

Participant Number	Age	Depression score	PTSD Score	Number of children	Education Level	Years of arrival to Turkey
Pt1	41	16	41	4	Highschool	3
Pt2	42	22	55	4	Highschool	6
Pt3	33	34	71	4	Middle	7
Pt4	50	20	54	11	Elementary	3
Pt5	23	8	32	2	Elementary	4
Pt6	n/a	25	61	0	Middle	5
Pt7	39	37	55	5	Elementary	2
Pt8	33	25	59	2	Middle	6
Pt9	42	32	67	5	Elementary	6
Pt10	39	28	66	4	Elementary	6
Pt11	30	18	43	3	Middle	4
Pt12	28	20	46	3	Middle	2
Pt13	23	29	47	3	Middle	4
Pt14	35	38	75	4	Middle	6
Pt15	23	42	50	5	Elementary	1
Pt16	44	12	43	5	Highschool	8

Table 3.3. Sociodemographic characteristics of each mother

Pt17	40	20	70	9	Middle	5
Pt18	20	8	24	2	Elementary	7
Pt19	27	35	62	4	Elementary	7
Pt20	46	17	39	6	No Education	5
Pt21	31	16	67	2	Elementary	6
Pt22	33	27	65	5	Highschool	6
Pt23	38	34	68	4	Middle	7
Pt24	27	8	47	5	Middle	5
Pt25	42	49	84	4	Elementary	5
Pt26	25	11	33	4	Middle	5
Pt27	32	18	63	3	Middle	5
Pt28	30	27	46	2	Elementary	7
Pt29	n/a	25	56	0	Elementary	5
Pt30	45	17	56	4	Middle	4
Pt31	37	21	49	2	Elementary	6
Pt32	29	18	15	2	Highschool	2
Pt33	30	15	67	3	Middle	6
Pt34	30	9	39	4	Highschool	1

3.2. EMOTION SELECTION FREQUENCIES

Emotion selection frequencies for each picture were calculated as valid percentages. *Table 4* outlines emotion selection frequencies (*n*) for each picture of the ALCS. *Figures 1-7* demonstrate the valid percentages of selected emotions for each ALCS picture.

Table 3.4. Emotion selection frequencies for each picture of the CLCS

	Total (*n*)	Happy	Scared	Guilty	Excited	Unhappy	Safe	Angry	Comfortable	Other
Holding Hands	33	8	10	0	0	5	4	1	2	3
Suitcase	34	3	7	0	2	7	4	3	1	7
Fence	33	2	13	1	0	4	2	4	0	7
Tent	32	5	2	0	0	12	3	2	1	7
Shouting	34	0	13	0	3	4	0	3	0	11
Extended Family	34	16	0	0	0	2	7	0	5	4
Nuclear Family	34	10	2	1	2	3	9	1	5	1

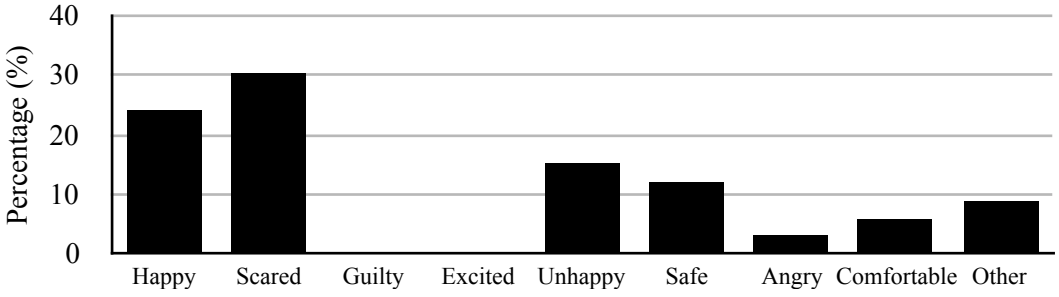

Figure 3.1. The frequency distribution of mother's emotion selections in the 'Holding Hands' picture. (*n*=33)

Figure 3.2. The frequency distribution of mother's emotion selections in the 'Suitcase' picture (n=34)

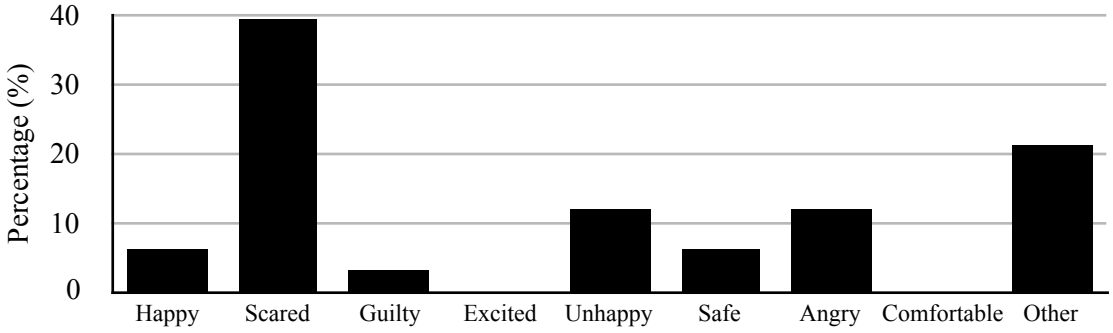

Figure 3.3. The frequency distribution of mother's emotion selections in the 'Fence' picture. (*n*=33)

Figure 3.4. The frequency distribution of mother's emotion selections in the 'Tent' picture (n=32)

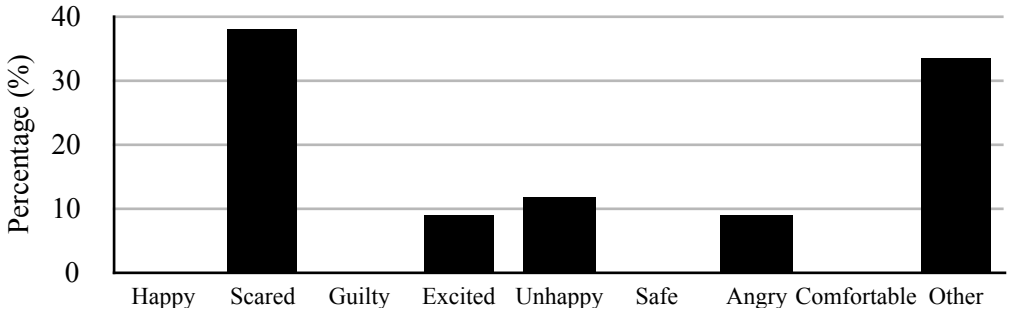

Figure 3.5. The frequency distribution of mother's emotion selections in the 'Shouting' picture. (*n*=34)

Figure 3.6. The frequency distribution of mother's emotion selections in the 'Extended Family' picture. (*n*=34)

Figure 3.7. The frequency distribution of mother's emotion selections in the 'Nuclear Family' picture (n=34)

3.3. THEMATIC ANALYSIS

Mothers' narratives on the ALCS were analyzed using a thematic analysis approach. Five main themes were identified; The Value of Family, Dealing with Uncertainty, Losing Everything, Finding Strength in Spirituality, and the Past and the Future. See *Table 5* for an outline of themes and sub-themes that have emerged in the narratives.

Table 3.5 The themes that have emerged in mothers' ALCS Narratives

Themes	Subthemes
The Value of Family	Need for togetherness
	Family means safety and happiness
	Need for a male figure
Dealing with Uncertainty	The only certainty is the hardship
	Loss of control
	Who is to blame?
Losing Everything	Loss of wellbeing, belonging and meaning
	Loss of loved ones
	Loss of safety and security
Finding Strength in Spirituality	Gratitude
	Praying for others
	Leaving it to God and fate
The past and future	Keeping the memories alive
	• Longing for good memories
	• The weight of past struggles in the present
	Thinking about the future
	• The future: full of questions
	• There is hope for the future

3.3.1. The Value of Family

3.3.1.1. The need for togetherness

The need to be united with their families was very salient for the majority of mothers. Many mothers were longing for the whole family to be together, and it was a priority for them. The separation was very painful for families, and mothers wished that reunion would push away and even reverse all adversity.

> *When I saw this photo, I remembered when we came from Syria and we had nothing, but my husband was always next to me and my children and that was enough. (Pt33, Age 30, Pos. 2)*

> *This photo reminded me of the day I and my daughter were reunited together here in Istanbul and it was really the happiest day for us as if we regained our lost money and properties and haven't lost anything in this life.*
> *(Pt6, Age n/a, Pos. 7)*

Mothers needed to be 'whole,' again, with no family members missing.

> *This picture explains happiness. The feeling of having the whole family with their children together, with no absence or traveling of anyone.*
> *(Pt23, Age 38, Pos. 7)*

3.3.1.2. Family means safety and happiness

When the family was in a union, mothers felt happy, safe, peaceful, and comfortable. These families were described as the lucky ones. The family was associated with festivities, gatherings, optimism, and pleasant feelings. Even if there were adversity, families, and unions were described to be able to push away

adversity by being together. When the family was separated, there were emptiness and ‘broken wings’

> *expresses the warmness the family we need for happiness and love and stability and family gathering is important this picture expresses with all of its meanings about happiness and love (Pt29, Age n/a)*

> *When we used to gather in my parent's house me and my sisters for eid, and our kids and relatives playing together and wishing the neighbors a happy eid. We used to live hard days but we used to push it away by being together. Not saying I was rich, but we were better than now and we were excited all of us, and happy. (Pt14, Age 35)*

> *When children have their mom and dad they feel safe no matter what happened. (Pt18, Age 20)*

3.3.1.3. Need for a male figure

Mothers described the male figure as a kind, giving figure who needs to be respected. Mothers were grateful for their husbands. Mothers expected the male figure to provide safety and stability, and support his wife and children. A male figure was needed to ensure the safety of his wife and children.

> *The picture feels safe because the father is with the kid and that gives a great feeling Thank God. My husband is alive and I respect him very much. My dad too, God bless him for me, and may I meet with him soon. Because a father is a symbol of giving May everyone be able to feel the father's kindness. (Pt13, Age 23)*

> *These moments when there is father's hug are great, it is the safety place for each person in the family, in his kind hands, warm and serene for his children, and from his cumbersome smile. He gives them a promise that there are bright days coming after such strong feelings. (Pt1, age 41)*

3.3.2. Uncertainty

3.3.2.1. The only certainty is the hardship

Many participants described that uncertainty was a central issue in their refuge process. Mothers reported uncertainty about their next destination, whether they will be able to go back home, whether they will be reunited with their loved ones, and whether the war will be over. Mothers also expressed uncertainty and worry over future generations. This uncertainty was a major source of anxiety and confusion. Life was full of uncertainty and questions, but only one thing was certain: hardship and adversity were to last longer. In a world full of questions, the only certainty that mothers expressed was a persistent struggle.

> *Of course not happy because it's obvious that the parents will lose their family and they're immigrating and traveling because our life has become a traveling suitcase, and we don't know where we will go. May God make the countries safe and replace everything they've lost. (Pt13, Age 23)*

> *They escaped with their children under heavy rains and cold weather, between rivers. When they reached safety and happiness, they were too scared to realize they had just lost a piece of them! And then a new suffering starts again, and it was expected. (Pt1, Age 41)*

There were multiple reasons for loss and hardship: separation, crossing boundaries, financial difficulties, difficulties in adaptation, divorce, or death. However, whatever the reason, the loss was certain, anticipated, and expected.

> *A mother lost her children maybe because of the war and bombing, or maybe because of divorce, either way, she is away from them. Maybe they are alive or they went to heaven.*

> *This is one of the hardest feelings that can happen across the history of humanity. (Pt32, Age 29)*

One mother expressed that this state of uncertainty and anticipation was worse than the destruction itself.

> *To cross borders and to leave your country is a sore feeling. I crossed the borders with my youngest child in my hands. Escaping your country and arriving in a foreign country that you have no clue what you're going to confront is a hard feeling. Our home in Syria got demolished, but waiting on borders not knowing where we're heading to was way worse. (Pt3, Age 33)*

3.3.2.2. Loss of control

Mothers described that external events were happening to them were sudden and unexpected, and they were persistent over a long time. This led to a loss of control and loss of autonomy in mothers. They were unable to make choices or decisions, as all choices were forced upon them. Many mothers thus had a passive role in their lives, and their loss of control was salient in their narratives. To cope with this loss of control, mothers were 'prepared' for everything that could potentially happen.

> *We enter homes different than ours and we organize it because we were expecting that it would belong for us forever, but when we came back to reality we saw different than this, we as refugees, we always have to be ready and have our luggage ready with us. Because we don't know when its time to leave from one place to another. (Pt1, age 41)*

Mothers were unable to do anything about unexpected events that were happening to them, and they were unable to make the situation better. A feeling of helplessness was present in many of the mothers' narratives.

> *En suite of wars and terrible accidents that took place on our Syrian lands, and the invasion of our lands by ISIS, the killings of innocents, their slaughtering and the destruction of our lives, a relative of ours -who had class, piety, and very fine manners- burnt her bridges and took the decision of going back to our lands after thinking that the situation was better. She didn't consider the possibility of the existence of a harsh enemy on our land. Those lands that never felt secure until today. That day was during the month of Ramadan and she was fasting and without pity they killed her. We went crazy when we learned about this, she was very important for us and words can't describe emotions. (Pt6, Age n/a)*

Some mothers also describe having lost control over their bodies and reactions.

> *A lot of life pressure and stress. the person is sick and tired and can't control her nerves and it can affect the children negatively. Life stress and pressure don't show mercy on humans. (Pt17, Age 40)*

3.3.2.3. Who is to blame?

Mothers were in search of an object as the source of their distress and were looking for an object to direct their anger at. There were inconsistencies and uncertainty among women over where to direct their anger, and about whose 'fault' their distress was. There were many different sources that women identified as the reason for their distress. For some women, there was a direct source, and for others, the source was unclear.

> *I have been through this scene in rainy and windy weather. I felt like I was invaluable and I was sad and scared because it's not my fault or their fault. what happened with us was a nightmare. (Pt31, Age 37)*

Whereas some women blamed the war, others blamed the boundary between countries.

> *I don't like looking at this picture because of its a barrier between countries and it is the reason for instability. without these barriers, we were not like this in our situation. (Pt29, Age n/a)*

Women also frequently blamed themselves for part of the adversity they faced, accompanied by feelings of guilt and a sense of being punished. Mothers felt particularly guilty for leaving their country and raising their children in this environment, even though they were forcibly displaced, and it was clear that they were the victim. Leaving their loved ones behind brought a 'baggage of guilt.'

> *Syria became filled with soldiers, every area you want to go back to has gates, all gates that you have to pass in fear, they want to capture your husband and they will take your children, we got sick of it, thank god for everything. I feel guilty because I brought my children to a world like this world. (Pt14, Age 35)*

> *Traveling and leaving the place you are used to is something disturbing like you are removing a tree from its roots and there is a possibility that you won't adapt to the new environment or death. Punishment of leaving your homeland (Pt17, Age 40)*

Some women expressed their anger at the nations in the host country, as well as the refugee camp in the host country. The blame was also directed at other victims in one case.

> *Now of course we feel sad for those who live in tents but also people are exaggerating a lot because the war has been happening for a long time. they said to them to find an*

alternative but a lot of people like to be humiliated. (Pt13, Age 23)

3.3.3. Losing everything

3.3.3.1. Loss of wellbeing, belonging and meaning

Mothers described that they lost their sense of belonging. They expressed that they were in an unfamiliar place and felt alienated. They express their need to belong to the land that they are in, and to the home that they live in. Mothers missed their feelings of belonging to their country and their family, which they were unable to find in Turkey. This was a source of fear, sadness, and anxiety. Some mothers describe having lost their prerogative as humans, and others talked about the destruction of their souls. Mothers, in general, described having lost their happiness, their dreams, and their mental health, as well as losing the meaning in their life. For many mothers, the physical loss of their home, as well as losing their feeling of 'being home' was evident.

their life became just a sad house that has no voice and no happiness. they carried their grief in a bag full of sorrows. is the death better or meaningless life? they wished if they send them and their children and did not let them live a life full of fear and oppression, however, they do not know how it will end (Pt22, Age 33)

Not happy, I want a lot of nice things in my life, I want to own a house that I can feel like its home, and a country that I feel like it is my country, even though they kick us out daily and giving birth to fear inside me. (Pt14, Age 35)

We don't have a nation. The nation is a father, a mother. Yes, we are laughing but inside we are crying. We laugh just for our kids. Every time I go to my kid's school and I hear the national anthem I cry and get sad for my nation and say if only war didn't happen, and I put my hands on my head and

recite my country's national anthem and I say I hope we can go back for six years. Except for god, nobody has real admiration for others. (Pt14, Age 35)

3.3.3.2. Loss of loved ones

The loss of loved ones was a very frequent and salient theme in mothers' narratives. The majority of women reported being separated from their loved ones. This was a source of great pain, sadness, frustration, and anger, as well as feelings of loneliness. Women emphasized that their losses were irreplaceable.

This situation which we reached in our country, nothing left for us, no humans, we lost everything, also our memories. What we saw was very hard, how many mothers lost their babies, and wives lost her husbands, sisters, and brothers. Whether it be by death or the destruction of our soul. (Pt10, Age 39)

He escaped with his son and he wants to migrate, he lost his family because of the war that happened, he reached the country that he escaped too, he is living a normal life but he is not going to be happy because he lost his family and son and they can not be replaceable.
(Pt12, Age 28).

Even when the families were together and in union and there was no danger, some mothers described anxiety over the potential loss of their loved ones in the future.

Her son is lost, she went out screaming and calling for him "hasan..hasan..hasan. "She is so scared and she can't find him. Hasan is playing with his friends in the street, later she found him. (Pt27, Age 32)

3.3.3.4. Loss of safety and comfort

Although all women were resettled in Turkey and had escaped the war, the majority described having lost their safety and security. Many women expressed that they do not have access to basic needs; such as food, hygiene, clothes, and warmth. Financial issues were also a source of insecurity and anxiety; some women reported that their members had lost their jobs. The loss of their house, homelessness, and loss of shelter was a frequent theme in women's narratives. The loss of shelter and the physical destruction of mothers' houses and towns were frequent.

> *I feel like I'm homeless having to turn to camps, we live in the streets there is no food or warmth. Constant war. When we came to Turkey and we had a home but my heart hurt for the people who live in the camps, with this abundant rain welcoming them. Nobody feels what we feel except the ones that lived through a war. We don't have a nation. (Pt14, Age 35)*

> *I picture someone standing and looking at the wall. the person is unsafe and wants comfort and can't find it. (Pt7, Age 39)*

> *This reminds me of when my kids go out to play in front of the house and I get scared a lot because it's not safe and because I'm not in my own country so now and then I call them inside. (Pt13, Age 23)*

3.3.4. Finding strength in spirituality

3.3.4.1. Gratitude

Many mothers seemed to be grateful for all adversity that has happened to them, and all that they have survived. Mothers were especially grateful for having resettled with their families. Many mothers compared themselves with other refugees who had worse conditions than them and expressed their gratitude after. If they were able to be united with their loved ones, they considered themselves lucky. A few mothers stated that their negative experiences made them stronger, with lessons learned from adversity. They stated that they were able to feel real happiness because they have gone through such hardship.

> *Very happy family, nothing that threatens their safety and their life, they have certainly lived hard days during the war, but God had mercy on them, that's why they feel very happy. The person feels the ultimate happiness when he has already lived in fear, deprivation, and insecurity before. (ASM017)*

> *The picture feels safe because the father is with the kid and that gives a great feeling Thank God. My husband is alive and I respect him very much. My dad too, God bless him for me, and may I meet with him soon. Because a father is a symbol of giving. May everyone be able to feel the father's kindness. (Pt13, Age 23)*

3.3.4.2. Praying for others

Mothers expressed their good wishes about the people around them and prayed for them. Mothers were both concerned about their close family's wellbeing, as well as other families of the same origin. They compared their living

circumstances with others and were concerned about the ones who were in worse conditions than them. They seemed to show great concern about people of similar origin, who had faced the same challenges as them and were explicit about their wishes for all families to reunite. One mother stated that she would not wish her enemies to live in camps.

> *A woman and her husband cuddling each other and holding their kids' hands, and if God allows it we also become like this and live a good life. And for what we saw, hopefully, nobody sees it (Pt14, Age 35)*

> *One of the most wonderful feelings I have ever experienced in my life when my small family was reunited and I was back with my husband and my children after my husband went away because of the war for two years. And I hope all the Syrians reunite and the whole humanity in their home country. (Pt32, Age 29)*

3.3.4.3. Leaving it to God and fate

After mothers expressed their wishes for the future, many of them added 'if God wills.' They were fighting with adversity and leaving the rest to God. This is called 'tevekkül' in Turkish and 'tawakkul' in Arabic. Many women seemed to have trust in God, and they were waiting for God to show them what is coming in the future. They believed that their fate was in God's hands, and turned to God for answers.

> *The girl in the picture is feeling sad during those days. She is worried about the coming days. Her children and their future... She is asking God, when will our souls feel better? (ASM017)*

> *They're playing and perhaps they're not comfortable in their sleep. Refugee camps help children. The end, if God's wills, will be a happy ending by going back to their country with their parents. (Pt24, Age 27)*

3.3.5. The past and the future

It seemed that mothers needed to tell their stories about their past. Although they were asked about the people in the picture, almost all women wrote about their story. Some women started the first sentence talking about the people in the picture but then continued the rest of the story about themselves.

3.3.5.1. Keeping the memories alive

3.3.5.1.1. Longing for the good memories

Almost all women had a longing for their good memories back at home. They were holding on to these memories and keeping these memories alive in the present day.

> *How beautiful is this family? I wish we could go back to as we were. I remember all the past, my father is alive and my mother is alive and the siblings and everything is there and gathered. There are festivals and happiness. (Pt9, Age 42)*

> *the whole family in one house together and the child is playing. I remembered the old days' life was safer and my country was safer the child and the husband and the children in the same house and the mother used to live with them and the love was everywhere in the house. (Pt5, Age 23)*

3.3.5.1.2. The weight of past struggles are in the present

The weight of the past struggles was also alive present at the moment. Memories about war, adversity, separations, and their journey to Turkey were salient and vivid, and mothers needed to share these stories. Mothers' memories and pain are carried around with them in the present moment, like 'a bag full of sorrow' and 'baggage of guilt.'

> *this sad family that escaped from bombing it lost their children nothing remains only memorial photo. their life became just a sad house that has no voice and no happiness they carried their grief in a bag full of sorrows. is the death better or meaningless life? they wished if they send them and their children and did not let them live a life full of fear and oppression however they do not know how it will ends (Pt22, Age 33)*

> *Fear and horror. I will never forget the night we immigrate and travel and we passed this boundary and it was a black night, with all the meaning of the word. Like the end of the world. This picture reminded me of that night and Oh how much I regret because the country is supposed to be safe. (Pt13, Age 23)*

While they wanted to express their stories, many women also wished to forget these memories, by erasing their memories, keeping themselves busy in the present moment, and distracting themselves with activities.

> *I don't want to remember this image, in it there is a lot of pain when I left my daughter in this place and since then I am crying because there is no treatment that will erase my memory. that memory is like baggage with guilt. Our minds became dragged. (Pt25, Age 42)*

> *The child became just like a toy, just wasting time with his friends and nothing more than this. There is a smile on his face, but it is just from the outside. He is just playing to forget what he faced every day and the suffering, his family, and friends that he lost. (Pt1, age 41)*

3.3.5.2. Thinking about the future

3.3.5.2.1. The future: full of questions

The mothers expressed their concerns about their future. For many women, the future was full of questions, uncertainty, anxiety, worry, fear, and further anticipated struggle.

> *This photo reminds me of the harshest day of my life when we left our nation. Is this going to end and will we go back to our country? (Pt25, Age 42)*

A frequent concern was for the future of their children and the next generations.

> *He's holding his child's hand, he's worried about his child especially from the condition they are passing through. All his worry in life is the future of his child. Fleeing war, his story is similar to mine. I've stayed in (..) for eight months hiding from the planes and bombs with my children. I wouldn't have come to Turkey if I wasn't scared for my children. (Pt4, Age 50)*

3.3.5.2.2. There is hope for the future

Although there were great uncertainty and fear about the future, many women still had hope for the future and expressed their hope. Their hopes were around the themes of reunion with their loved ones, reunion with their country and home, feeling better, and having better wellbeing, as well as their children's future and education.

> *I hope to go back to my country and look at it from far away after fatigue and long parting I hope to say bye to the days of war and devastation and fear to sit with my children under a home in my country that I feel in it hat I forgetting things we went through in a country, not ours and go back to the memory we left it under destruction and terrifying bombing. (Pt22, Age 33)*

If God wills we will come back to our country. (Pt24, Age 27)

It's as if they're standing to wait to travel. If their family is with them they will be happy, start a new life and build the future of their children, study and learn.
(Pt24, Age 27)

4. DISCUSSION

Refugee women face many challenges in the refuge process and are at risk of developing mental health problems. They have a role overload, are expected to take care of the household and their family. Their children's mental health is largely affected by their emotional availability and mental wellness. This makes them an important target for mental health interventions. There is a need to understand the experiences of refugees and a need for new culturally sensitive assessment tools to be used with refugees. The present study aimed to understand Syrian refugee mothers' experiences of refuge through their narratives and emotion selections in the Adult's Life Changes Scale (ALCS). We looked at emotion selection frequencies in each picture as well as the narratives. The thematic analysis pointed to five dimensions; 'the value of family,' 'dealing with uncertainty,' 'losing everything,' 'finding strength in spirituality,' and 'the past and the future.' The PTSD and depression screeners were also used in the study to describe the sample. It is important to note that the mean depression score in our sample was above the cut-off score for a diagnosis of moderate depression. The mean PTSD score was also above the cut-off for a diagnosis of PTSD. The high scores on these two scales reveal the need for immediate action for Syrian refugee mothers' mental health.

The first aim of this study was to examine the emotion selections of Syrian refugee mothers for the pictures in the ALCS. The frequency of emotion selections in the ALCS was devised to get a tone of the stories, get mothers' feelings for the refuge scenes, as well as aid mothers to express themselves. There were seven pictures: *'holding hands,' 'suitcase,' 'fence,' 'tent,' 'shouting,' extended family',* and *'nuclear family.'*

In the '*holding hands'* picture, there is an adult male figure and a child holding hands, however, it is not clear where they are and where they are going. Mothers most frequently selected scared feeling, followed by happy, and unhappy.

Although this picture was designed to be a pre-migration picture, it could be associated with peri-migration or post-migration as well. The ambiguous surrounding and the uncertain destination may have brought fear and unhappiness into conscience. Also, mothers who may have lost their fathers or husbands in their real-life may have felt scared or unhappy. Many mothers in their narratives associated the fatherly figure with happiness and safety, and being with family meant safety and happiness for them. The unity in this picture may have triggered happier feelings in some.

Secondly, the '*suitcase*' picture has a male and a female figure, standing next to a suitcase. This picture depicts a peri-migration scene. The most frequently selected emotions in the suitcase picture were scared, 'other' and unhappy. The frequent selection of the 'other' category may reveal that mothers had a range of emotions and they utilized the opportunity that allowed them to express their feelings. It is apparent from the emotion selections that the anticipation of dislocation and preparation is associated with unhappiness and fear. This was consistent with the narratives of mothers; they were anxious about having to be on the move. They also felt strong pain about their losses, especially their loss of memories, their loss of home, and their loss of belonging.

The third picture, 'fence,' had a fence in an ambiguous surrounding. In the '*fence*' picture, a great majority of mothers responded with fear. The fence picture could be perceived as either a protective fence or an unsafe border, depending on the responder's projection. The frequency of fear as a response was parallel to their stories. Many mothers perceived the fence as a border that separated countries, thus it was a scary border for them. Many mothers were also angry about the border, but only 12% of them responded with anger. Perhaps they may not be comfortable with articulating their anger, or fear might be more salient to them. Consistent with mothers' stories, many of them felt unsafe and insecure in life. Therefore it is not surprising that a fence is associated with fear in a great

majority of mothers; it possibly reveals their insecure inner representation of the outside world.

The fourth picture was the '*tent*' picture, which had two children playing football, and another child sat behind them with his back to the other children. In the '*tent*' picture, unhappiness was the most frequent response. The second and third most frequent responses were 'other' and happy, but their frequencies were very low compared to unhappiness. Perhaps the tent was seen as a refugee camp, as it appeared in the narratives as well. Mothers mostly stated that they had a negative experience of refugee camps. Some mothers in their stories responded to the isolated child in the picture, with narratives of social exclusion and alienation in the host country. This may have brought mothers feelings of unhappiness.

The next picture was '*shouting*,' which has a female figure standing alone, who looks like she is shouting. The '*shouting*' picture was associated with fear, perhaps because there is a female figure that is alone. The mothers may have identified with the woman standing alone, and it may have reminded them of the peri-migration period when their family may have been separated. As it appeared in the themes, the family was of great value for Syrian mothers. Family separations were very painful and anxiety-provoking. In contrast, the union of the family meant safety and happiness. The high frequency of happiness, safety, and comfort in both the nuclear and extended family pictures highlight that togetherness meant being safe, comfortable, and happy.

The final two pictures were the *'extended family'* and *'nuclear family.'* The *'extended family'* picture had 6 adult family members in a living room, and the *'nuclear family'* had four family members holding each other's backs. The two family pictures had very little emotional responses that were negative. Perhaps the family, home, and memories (i.e., gatherings) are seen as an idealized, 'all-good' life. This will further be discussed later in this chapter. All in all, emotion selections helped the reader understand the stories, and aid them to express their emotions about refuge. These emotion selections are also valuable in identifying

the salient emotional needs of refugee mothers, which can guide clinicians in designing psychological interventions.

The second aim of this study was to explore the experiences of Syrian refugee mothers resettled in Turkey'. The five main themes were *'the value of family,' 'dealing with uncertainty,' 'losing everything,' 'finding strength in spirituality,'* and *'the past and the future.'* The findings are discussed below.

The value of family

In the thematic analysis of refugee mothers' narratives, the first theme was the *'value of family.'* It had three sub-themes: the need for togetherness, family means safety and happiness, and the need for a male figure.

In the subtheme *'the need for togetherness,'* being in union with the family was very important, and 'missing' people gave mothers feelings of pain and emptiness. The need to be together was so salient that it seemed to exceed many other needs. A similar pattern was evident in refugees resettled in the UK, where a family reunion was a priority, and refugees were unable to settle in a new community without their family (Beaton et al., 2018). Their worries about their family distracted them from resettlement tasks such as learning English classes and volunteering, and their immediate need was to find out if their other family members were safe and to see them. When interpreting these findings, it is important to look at the value of family in the Syrian culture. Syrian culture is highly collectivistic (Hofstede, Hofstede 1984, & Minkov, 2010). Collectivist cultures assume that individuals belong to close 'in-groups' from which they cannot detach themselves (Hofstede, 1984). In a collectivist society, life quality is defined in family and group terms. In a study with Lebanese youth, the most highly endorsed self-categorization of social identity was the family, followed by national identification and religion (Harb, 2010). Since individuals in a collectivist society see themselves as 'part' of a larger structure, the family, this

might explain why many mothers expressed their needs to be in proximity to their family. They needed to be 'whole' but their parts were missing. Perhaps it is as though they have lost a part of themselves, rather than having lost an individual, leading to intense feelings of emptiness and pain. For many mothers, the loss was recent, and they were still in the process of grief and mourning, explaining the need to talk about their loss of loved ones.

The second sub-theme, *'family means safety and happiness'* might explain why mothers needed to be united with their family. After being exposed to such a dangerous outside world, mothers may need to tighten their in-group ties and create a sense of protection and unity against the outside world. Volkan (2001) also suggests that confrontation with traumatic events can strengthen group identity over individual identity. Moreover, in the country of resettlement, there is an unfamiliar environment for refugees. Following Sandler's (1960) theory, familiar people and environments create a 'background of safety' for individuals. This may be why mothers have an enhanced need for familiarity, which would provide them with a sense of safety, control, certainty, social support, and a sense of belonging. Importantly, mothers seemed to create a mental representation of the outside world as dangerous, and their family as full of happiness and safety. This creates a clear split between the outside world and the in-group world (i.e., family). This type of black and white thinking has been thought of as a defense mechanism in literature, named 'splitting' (Carver, 1979; Klein, 1946). It is as though the outside is all-bad and the inside is all good. In this type of thinking, there is a lack of integration of the good and bad aspects of the self and others in a cohesive whole. The projection of 'bad' aspects onto the outside world creates and protects the inner world as 'all good.' Thus, the need to view their family as an 'all good,' safe, and happy place may demonstrate their need to create a safe mental space that is protected from adversity. Although this type of thinking serves as a coping mechanism for refugees when confronted with hardship, the integration of good and bad, and the creation of a grey mental area, in the long

run, might play an important role in the healing of trauma and foster adaptation in the host country. Interventions should aim to promote the view that safety is not only present in the inner family, but also in aspects of the outside world, the host country. Seeing the host country as having both safe and unsafe aspects may promote a more coherent view of the world, and enhance adaptation. This would require them to also be able to see their families as a whole; with both positive and negative aspects.

The third sub-theme was the '*need for a male figure*.' Mothers referred to their husband as the 'head of the house,' and were thankful to him for providing a safe environment and shelter. In the traditional Syrian culture, the male figure in the family is often referred to as 'the head of the house' (Siraj, 2010). While the mother takes care of the children and the house, the father is expected to strive and earn, share, and distribute his earnings. In Islam, males are thought to be in a higher status than females (Siraj, 2010). In line with the cultural norms, mothers in our study looked at their husbands for providing them security, and mothers gave their husbands the credit of having kept their family alive. Since women in Syria are dependent on their husbands for the provision of safety and the fulfillment of basic needs, it is not surprising why many mothers expressed the need for a male figure for safety. Many mothers might see their husbands as the main person for their survival, and that is why many expressed gratitude for them. As many women depend on their husbands, they may not see themselves as autonomous, especially in terms of earning and taking care of the house. However, many refugee mothers have lost their husbands, or were temporarily separated from them during refuge; and many mothers have had to become the bread-winner in their family. The 'need for a male figure' theme may reflect mothers' increased need for support in terms of handling the 'male' duties that they have never encountered before. In line with these findings, interventions should support refugee women who have to take part in 'male' duties. Refugee women who have lost their husbands should be identified and provided support in

coping with the loss of their husbands as well as creating a sense of autonomy within themselves.

Dealing with Uncertainty

The second theme was '*dealing with uncertainty,'* with three sub-themes: '*hardship is certain,' 'the loss of control',* and *'who is to blame?'* In the first sub-theme, '*hardship is certain,'* mothers expressed uncertainty about many aspects of their life, including their next destination, the state of their home, questions about reuniting with the loved ones, and whether the war will be over. Afifi and colleagues (2016) referred to this as 'chronic uncertainty' (Afifi et al., 2016). A review of refugee literature has found that uncertainty is said to be an inherent trait of refugee populations (Schiltz et al., 2018). While there was great uncertainty in life, only one thing was certain: hardship was to stay for longer. Having confronted with great uncertainty, mothers had come to 'expect' adversity and normalized it. Perhaps this normalization is a coping mechanism that allows mothers to carry on with their daily tasks.

The second sub-theme was *'the loss of control.'* Since devastating external events were happening to refugees suddenly and persisting for a long time, refugees had no control over their lives and life decisions. Many interventions with refugees focus on restoring this sense of control (e.g., Benson, 2004; Pahud, 2008). The normalization of adversity, and 'expecting' adversity may be a coping mechanism that serves to create a sense of control. When individuals 'expect' hardship, it is no longer a surprise for them. This might give them a sense of control over uncertainty and adversity. Similarly, mothers expressed that they were 'prepared' for everything at all times. This might also be a coping mechanism that increases control, to be prepared for hardship when it arises. Although these coping mechanisms may be useful in the face of threat, it may prevent mothers from trying to act on the problem in the long term. Interventions

should aim to restore mothers' sense of control over their lives and their decisions, which may also increase their autonomy and self-esteem.

Mothers were also looking for a source to put their blame and anger on, as in the *'who is to blame?'* sub-theme. Whereas some mothers blamed the war for their hardship, others blamed the boundary between countries or the residents in the host country. Some mothers blamed the other victims, and some blamed themselves. Persistent distorted blame of self or others for causing the traumatic event or for the resulting consequences is a sign of PTSD (DSM-V; APA, 2013). The search for the source of blame was evident in other studies. Goodman's (2004) study, participants attributed negative events to God's will, on enemies, and being part of an 'unlucky generation.' In Mensah's study, refugees engaged in 'collective self-blame,' and felt that they were doing something against God (Mensah, 2009). There are a few suggested mechanisms behind the search for the blame source. Goodman (2004) suggested that this is a meaning-making mechanism, and participants trying to make sense of the external world and danger. Some researchers suggest that such a self-blame is an inward-focused coping mechanism (Hooberman et al., 2010). Self-blame may protect individuals from uncertainty and loss of control, as they might believe that if they change their behavior, they will be protected from further threat, giving them a sense of control (Wortman, 1983). Moreover, violence in our population often comes from external sources (e.g., war), but it is not uncommon for violence to come from within the family (e.g., domestic abuse) (Yücel et al., 2018). Thus the 'head of the house' is whom women depend on for safety and basic needs, but is also at times a source of threat. This may create confusion for mothers, perhaps making it difficult to distinguish between safe and unsafe. In this sense, it is understandable why women feel uncertain about where to put their blame and anger on. This may also explain why some women blame themselves for the adversity they face, even though it is clear that they are the victim in the case of refuge. Identifying a clear object as the source of blame may also reduce anxiety related to uncertainty, as

well as create mental representations of other entities as 'safe.' As such, when there is one source of adversity, other sources can be thought to be 'safe.' Interventions should aim to help mothers to have a coherent and integrated view of safety, and a low level of self-blame. Interventions with refugees should also identify healthy ways of expressing anger and blame, and reduce refugee's feelings of guilt and self-blaming thoughts.

Losing Everything

The 'losing everything' theme had three sub-themes: 'the loss of wellbeing, belonging and meaning,' 'the loss of loved ones,' and 'the loss of safety and security.'

The first sub-theme was *'the loss of wellbeing, belonging, and meaning.'* Mothers were searching for meaning in their life. Many stated that they were not psychologically well. Another theme that came up was that they did not feel like they belonged, they did not feel at 'home.' They needed a home where they felt like they belonged. Such intangible losses have been widely studied in the literature. Ryan, Dooley, and Benson (2008) identified a range of losses that refugees face. These included familiar cultural skills and knowledge, mother language, loss of life goals, loss of physical health (e.g., injury), loss of existential meaning, loss of psychological resources, the sense of dignity, self-esteem, and hope. Many of these intangible losses were also articulated by the mothers in our study. Akhtar (2010) describes this feeling of unfamiliarity and loss of belonging as 'just not feeling at home.' In Mbabaali's (2012) interviews with refugee youth, it was identified that refugees had a desire and need to belong in their new country, to be liked, respected, and included in the new society. Marlin (1994) suggests that for successful adaptation to take place, refugees should first mourn their losses instead of letting them go. The 'continuing bonds model of mourning' suggests that it is necessary to identify with the lost culture and maintain their bond with it when adapting to a new culture (Klass et al., 2014). Therefore,

feelings of homesickness and belonging nowhere may be an adaptive part of the mourning process. Refugees must maintain their own culture when adapting to the host country's culture, as in the 'integration' strategy of acculturation. Thus, interventions in resettlement need to allow for refugees to maintain their own culture, follow the pace of individuals in mourning their loss, and not to rush the adaptation process. Acculturation is a process that can take years, and conflicting feelings are expected. Interventions should allow room and space for refugees to feel homesick and help them express their difficult memories. Psychosocial interventions can support individuals in the acceptance of their mixed and difficult feelings, and support their mourning process.

The second sub-theme was '*the loss of loved ones*.' A great majority of mothers were separated from their loved ones. Perhaps their loss was so emotionally loaded and traumatic that the majority of refugees needed to talk about it. The loss brought refugees feelings of pain and suffering. The normal grief reaction to loss involves numbness, denial, pining, and yearning, preoccupation with the lost person, anxiety, emptiness, apathy, despair, and anger (Kaplan, 1998). As part of the adaptive mourning process, mothers in our study may be preoccupied with their losses. Many participants were scared about the loss of other people in the future, even though the threat of war was over. This is indicative of PTSD (DSM-V, APA, 2013). This anxiety is understandable, as refugees are constantly faced with the threat of deportation, further loss, and separation. Interventions should aid the mourning process of refugees. Authorities should be more accepting of refugees' negative feelings and thoughts.

The *'loss of safety and security'* theme was apparent in many narratives. Refugees stated that they did not feel safe during refuge or in resettlement. This was because of financial issues, In Maslow's hierarchy of needs, physiological and safety needs are the two fundamental needs of humans (Maslow, & Lewis, 1987). Before physiological and safety needs are met, individuals cannot move on to fulfilling their psychological needs, such as the need for intimacy, love, self-

esteem, and self-actualization. In the trauma work with refugees, it always important to make sure that safety and physiological needs are fulfilled. Mental health interventions are crucial for refugees, but for the success of these interventions, the safety needs of refugees should be established. Interventions, therefore, should first and foremost ensure refugees' safety. When safety in the outside world is ensured, refugees may still feel insecure and unsafe, which may be a mental state due to post-traumatic stress (DSM-V, APA, 2013). Further interventions should target the mental state of feeling safe and secure. However, as previously stated, feeling safe mentally has to be proceeded by the removal of outside threats and with the provision of basic needs like food and safety.

Finding Strength in Spirituality

The 'finding strength in spirituality' theme had three sub-themes: 'gratitude,' 'praying for others' and 'leaving it to God and fate.'

The first sub-theme was '*gratitude.*' Mothers were thankful for having survived, thankful for being in union with their family, and thankful to their husbands. Gratitude was often accompanied by comparisons of life circumstances with others, as well as feelings of guilt. Mothers often compared themselves with people who were still at war or people who had worse outcomes than themselves. This mechanism has been named 'downward social comparison' in the literature (Wills, 1987). It is a coping mechanism that serves to maintain or enhance the well-being; as it enhances the outcome of the event as favorable to the self. When mothers thought about others who were in worse situations, they expressed gratitude for being in the place that they are in. This gratitude may also be an effort to remind themselves of the positive things that they do have in their lives. This may be a coping mechanism to protect their wellbeing. Gratitude might also be a form of meaning-making and positive reframing. Some mothers were thankful for their experiences as adversity has taught them how to feel real happiness. This could be an indication of post-traumatic growth.

The second sub-theme was *'praying for others.'* Mothers expressed their concern about people close to them, as well as similar people who are going through the same adversity as them. They prayed for all families to be reunited, and for all families to be happy. In religion, prayers have been indicated to benefit mental health, especially in adversity situations. Religious practices during and after refuge can promote healing, lessen the effect of chronic grief, and help in making meaning in the face of adversity (McLellan, 2015). Religion can also create a sense of trust in the future. Many studies suggest that religion is a coping mechanism that can promote endurance and provide adaptation to life difficulties (e.g., El-Khani et al., 2017; Peisker, & Tilbury, 2003). In El-Khani and colleagues' (2017) study, many mothers reported that religion positively influenced their wellbeings as well as their parenting. In our study, prayers for others followed previously mentioned downward social comparisons. Downward comparisons can be accompanied by 'survivor's guilt,' which was evident in our study as well as others (Hooberman et al., 2010). Feelings of guilt for surviving when others could be part of the reason why some mothers prayed for others. Thus, praying rituals may have a healing effect in itself, maybe a coping mechanism, and may be associated with survivor's guilt. Since religious practices are found to be beneficial by research, for refugees' mental health, in their country of resettlement, they may have more opportunities to practice their religion. Interventions should aim to create opportunities and spaces for refugees to carry on with their practices. This may also foster their adaptation in the host country.

The third sub-theme was '*leaving it to God and fate.'* Mothers had trust in God. In other studies, refugees stated that surrendering their sense of control and responsibility to God gave them relief (El-Khani et al., 2017). Such a surrender to God and God's plans were also evident in our study. God provided a sense of meaning, control, and understanding. Perhaps trying to deal with challenges, trying to maintain control over one's own life and decisions, and having to deal with the questions about the future may be overwhelming for refugees.

Recognizing God as an absolute controller of all positive and negative events may bring a sense of security and relief. Trusting God's plan and their fate may also restore their sense of hope and faith in the future. In this sense, the use of religion may be beneficial for refugees. Moreover, religion and religious rituals may also enhance refugees' sense of belonging in the host country and foster their adaptation processes. As previously stated, religion is 'familiar and well known' to refugees. It is something that they brought from 'home' to their new life in their mind.

It is untouchable, and well protected. Having lost many of their belongings and loves ones, holding on to religion as a stable and familiar concept might enhance refugees well-beings. Religion may help them to sustain their new life, their integration to novelties, and sudden changes. Religion cannot be lost and is shared with the whole community. Holding on to an ideology and spirituality, that cannot be lost unless one wants to, may increase the sense of control and bring about feelings of the union, belonging, and safety.

The past and the future

The fourth theme was '*the past and the future*' consisting of two sub-themes: 'keeping memories alive' and 'the future.' The sub-themes were further classified into 'longing for the good memories' and 'the weight of past struggles in the present' as well as 'the future: full of questions,' and 'there is hope for the future.'

In the 'keeping memories alive' sub-theme, it was evident that participants needed to talk about their past. Although mothers were asked to write a story about the characters in the picture, they mostly told their own stories. Both their good memories from their homeland as well as memories of their struggles were very much alive in their narratives. In the 'the weight of the past struggles in the present' sub-theme, mothers talked about their past stories. They talked about the

struggles that they faced during refuge and in the resettlement process. Similar findings appeared in Erdener's (2017) study, where Yezidi women in Turkey also needed to verbalize their stories. Erdener suggests that this could be a coping mechanism and an adaptive resistance against oppressive forces. The presence of traumatic memories in the present may also be a sign of 'intrusive thoughts and memories,' which are 'intrusive symptoms' of PTSD (DSM-V; APA, 2013). They may also reveal mothers' need to tell their stories and their need to be heard. Many mothers also articulated their wish to forget these memories, and they engaged in distracting activities to forget their memories. Such an active avoidance might be signs of 'avoidance symptoms' of PTSD, where memories of the traumatic events or emotions were avoided (DSM-V; APA, 2013). This could also point to an avoidant coping mechanism that could be adaptive or maladaptive depending on the situation (Zautra et al., 1996). The severity and frequency of such avoidant behaviors may reveal whether this is a healthy or unhealthy mechanism. Memories of the past, as well as the need to forget, were coexisting in the present stories. Robjant and Fazel (2010) suggest that such intrusive thoughts and avoidant strategies are caused by maladaptive processing of traumatic events, where the coherency of an individual's autobiographical memory is disrupted, lacks contextual information, and results in a sense of current threat. As a result, the traumatic event is indistinguishable from the present context. The importance of narratives in trauma survivors is well studied by Narrative Exposure Therapy, which was initially created for people living in refugee camps and with victims of mass violence (Schauer et al., 2005). This therapy model aims to change incoherent narratives of trauma and construct a more coherent, chronological autobiographic representation of traumatic events. Theoretical models suggest that the entire memory of the traumatic event is activated when exposed to one or more cues (Robjant & Fazel, 2010). In this study, with the presence of the ALCS pictures, various incoherent memories of Syrian mothers might be activated. The two conflicting needs that were observed in mothers' narratives, the wish to

remember and the wish to forget might be due to the inconsistencies found in the trauma narratives.

Moreover, good memories of the past also persisted in mothers' memories, as in the 'longing for the good memories' sub-theme. Many mothers reminisced about their past life, their memories at home, especially with their families. They talked about their 'home' and the nice gatherings they used to have. Many mothers also had a wish to go back to those memories, their home, and have those gatherings again. Akhtar (2010) describes this as the 'fantasy of return,' which is a 'someday' fantasy, with the date of return in the distant future. He suggests that refugees have an idealized view of the home, where their country of origin is 'all good.' He puts forward that this is a defense mechanism that has aspects of denial in it. It consists of the denial of refugee status. This is a normal step in the early stages of resettlement, and can later give its place to acceptance and growth. In our study, mothers also described the home as an all-good place before the war. Their all-good memories from back home were contrasted with the present hardship and adversity. Mothers had a deep longing for their memories and the things they have lost. Thus, the past/home was idealized and contrasted with the bad present/host country which was devalued. Mothers did have a fantasy of returning to home. However, similar to Akhtar's view, there were perhaps aspects of denial in this view, as 'home' is often no longer the same as mothers left. Thus, returning home was perhaps merely a fantasy. This fantasy may be an attempt to deny and reverse the loss that has happened, which may be part of a normal mourning process. Interventions may support mothers in their grief and mourning and perhaps allow for the idealization of their home. When this mourning and loss are supported and worked through, refugees would be more able to move on to acceptance and resettlement.

The future was also a salient theme in the mothers' narratives. In the sub-theme 'the future: full of questions' mothers were anxious about the future. There

were uncertainty and questions. Other studies yielded similar findings. For example, in Iraqi refugees, the uncertainty of the displacement process created a present with instability and full of suffering (El-Shaarawi, 2015). Mothers worried and needed to think about the possibilities of future. Mothers' high levels of anxiety about the future were evident. This finding is not surprising, as the events that have previously happened to them have been sudden and unexpected. Constant thinking about the future and planning might be an attempt to prepare for all possibilities and restore their sense of control. Perhaps mothers needed to share their anxieties, as they may have been expecting some sort of support for themselves.

Many mothers also articulated their hopes about the future, as in the 'there is hope for the future' sub-theme. Some mothers articulated their wishes and dreams for the future, as well as wishes for their families. Mothers were hopeful about the future of their children and their education. Similar to our study, mothers in other studies found hope through the education of their children (Afifi et al., 2016; Gladden, 2012). Some studies have conceptualized the move from hopelessness to hopefulness as a coping mechanism (e.g., Goodman, 2004). Many refugees in our study also held onto the hope that they would return home. While this hope may foster growth, it may also indicate the denial of refugee status (Akhtar, 2010). Research reveals that hope may be a facilitator in the post-traumatic growth; to make peace with the present and grow into the future (Umer & Elliot, 2019). Since hope is associated with post-traumatic growth, interventions with refugees should aim to restore hopefulness. Interventions can target having a more balanced view of the future in the present: negative events may persist in the future, but positive events may also happen. An increased sense of hope can promote resilience and wellbeing.

4.1. STRENGTHS, LIMITATIONS AND FUTURE RESEARCH

Firstly, in the present study, the ALCS used a new method that allowed for the analysis of the unique experiences of refugee mothers. The ALCS is a stimulus-based narrative tool. The pictures shown to the partcipants allowed some consistency and an in-depth understanding of the responses. This would allow the replication of the study with other groups, as well as the widespread application of the scale. The use of the ALCS showed the surface and latent material in the refugee narratives to be analyzed. Another strength of the scale was the use of emotion selections. The emotion selections helped determine the tone of the narrative, and added value to the qualitative analysis. The narratives also helped the researchers make meaning of the emotion selections. Thus, there was a bidirectional effect between the narrative and emotion selection parts of the scale; both added value to the other. The use of depression and PTSD screeners allowed to control the data for high-risk groups and was another strength of the study.

A limitation of the study, as with any qualitative research, is that results were not generalizable to the population. Our findings only reflect the experiences of the 34 mothers. It would be better to apply the ALCS to a high number of refugees and non-refugees to better understand and compare their experiences. Qualitative research does not allow for the comparison of different populations and is not statistically representative. It is also prone to bias because of the subjectivity of the researcher. Another limitation of the study was that Arabic narratives were translated into English, and then analyzed by a native Turkish speaker. Thus, some meanings in the narratives might be lost in the translation and analysis process. To minimize errors of interpretations, the researcher worked closely with translators in the qualitative analysis process. Another limitation of the study was that we were not able to analyze the ‘other’ emotion selection in the ALCS. Many mothers had left the ‘other’ option blank or replied with various emotions.

We used the ALCS to qualitatively analyze the content of narratives. In many cases, participants projected negative emotions, fear, and traumatic memories onto the pictures. In the future, to better distinguish refugees who are at high risks for mental health problems various trauma scales can be used. The language skills of the participants were not controlled in the study. Moreover, the language features of the participants were not examined. In the future, structural, linguistic, and quantitative elements of the stories should be further studied. These include elements related to the form (e.g., articles, prepositions, verb tense, pronouns) and content (e.g., nouns, verbs, descriptive elements) of the speech. In literature, the use of higher cognitive words, higher religious words, higher first-person singular pronouns and fewer anxiety words were found to be related to chronic PTSD (D'andrea et al., 2012). In another study with psychiatric inpatients, the higher use of body words and fewer insightful words were related to a high level of trauma (Marshall et al., 2017). When validating the ALCS, future studies should quantify these narratives using structural elements, and quantitatively analyze the relationship between these variables and symptom severity. For example, it would be helpful to investigate whether the word count on the ALCS stories was related to PTSD symptom severity. A study suggested that 53% of the variance in PTSD symptom severity was explained by linguistic features (Papini et al., 2015). Analyzing such features can help researchers to distinguish participants with high vs. low PTSD symptoms. This can also help clinicians to decide on the type of intervention to be used.

The main study examined children's experiences on refuge through the use of the CLCS. The data were collected from mother-child dyads. However, for the scope of this study, we were unable to analyze children's narratives. It would be very interesting and useful to look at the narratives and emotion selections of mother-child dyads. This could provide researchers with a new way of analyzing the mother-child experiences on refuge. Similarly, in the future it would be very important to look at the father-child experiences. The scale could indeed be

applied to the whole family; and convergences and differences between individuals in the family would be very valuable to analyze. The ALCS could also be applied to other populations; refugees, non-refugees, voluntary migrants, and internal migrants. The study can also be replicated with participants with high mental health problems and low mental health problems, to compare their experiences and coping styles in negative life events.

In summary, the present study pointed out many problems of refugees. There is an urgent need to design intervention programs for better refugee mental health. Interventions should be systematically designed and empirically tested to support the needs of Syrian refugees in Turkey.

The first and most important area of action should be the safety of refugees. Their basic needs should be met; including the provision of shelter, financial support, education, and employment. Only once these needs are met, the governments can focus on their mental health needs. Many refugees had symptoms of PTSD. Their memories intruded with their narratives of the pictures. PTSD should be worked through in psychotherapy. The ALCS and narrative exposure therapy could be a tool to put their traumatic experiences into a more coherent, chronological perspective. Creating a coherent, chronological account of their experiences, where thoughts about traumatic events neither intrude nor are avoided, would be important to heal the trauma. Where other psychotherapeutic tools are unavailable, the ALCS may be used to achieve this, with more research. Interventions should target the perception of the war and unsafely as a past struggle, rather than a threat in the present. Interventions should also aim to restore the sense of control of refugees. Interventions can be provided in various settings, such as community centers, homes, clinics, hospitals and schools.

Refugees need to be reunited with their family members. Interventions should aim to bring family members and relatives together. In cases where this is not possible, refugees should be provided with social and psychological support in their mourning process. New relationships in the host country should be

encouraged in community centers, where individuals are brought together. Refugees need to hold on to their religious practices. In the host country, refugees should be allowed and encouraged to practice their religion in the community. It is also evident that refugees have a need to express their emotions, a need to be heard and understood. Long term psychological interventions should target high-risk populations and they should be allowed for their mourning process. Group psychotherapy may allow for refugees to meet with individuals of the same background with similar struggles. Sharing their experiences in a safe group environment might be important to provide feelings of being understood, as well as for post-traumatic growth and acceptance. Moreover, since refugees feel alienated in the host country, interventions should target their integration with the community. This requires work with refugees themselves as well as the residents of the host country. Interventions should aim for individuals to be more accepting of cultural differences living in the same community. Psychoeducation in the community on acculturation, trauma and refuge may be an important tool in achieving this.

CONCLUSION

The present study looked at the experiences of refugee mothers resettled in Turkey, as reflected in their ALCS narratives and emotion selections. The mean depression score was above the cut-off score for moderate depression, and the mean PTSD score was well above the cut-off for a diagnosis of PTSD. The depression and PTSD scores indicated that mothers in the resettlement process urgently need psychosocial support. Mothers are confronted with devastating traumatic events throughout their refuge process and face more structural challenges than males. Children's mental health are also influenced by the mental wellbeing of their mothers. As evident in their narratives, mothers in the resettlement process have various problems and needs. Interventions should support the mourning process of mothers and help them move toward acceptance and post-traumatic growth at their own pace.

It would also be important for interventions to support the intrafamilial structure of Syrian families in Istanbul. Since mothers have an overload in their family roles with additional responsibilities that they have never had before (e.g., earning money), they need extra support in achieving their new responsibilities. To decrease the burden of mothers, it is would be important to work with other family members like sisters, mothers in-laws, and fathers. The importance of maternal mental health and mother-child relationship quality should be explained to the whole community. The heavy burden on mothers should be alleviated by sharing household duties in a culturally sensitive way.

This research was also an exploratory study of the use of the newly developed the ALCS scale. Our research demonstrated that the ALCS could be used with the refugee population. It is easy to apply, is cost-efficient, and reveals valuable data without having to analyze large chunks of text. The ALCS could be used in the school settings with children and their families in order to identify high-risk populations. Taking the ALCS even further, a standardized scoring

system for the narratives in the ALCS should be developed, just like in other projective testing methods. Once standardized, the scoring system could be computerized and used with larger populations to identify individuals who are at risk of developing mental health problems, as well as to identify areas of intervention for refugee populations.

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APPENDICES

Appendix 1. The Consent Form

استمارة موافقة الوصي

عزيزي المشارك

نود أن نشكرك على السماح لطفلك بالمشاركة في بحثنا, في الجزء الثاني من هذا البحث سيتم فحص تصور الوصي لأحداث الحياة.

بناء على موافقتك على المشاركة في هذه الدراسة، سيتم تقديم استمارات يجب عليك تعبئتها. لن يطلع على المعلومات الشخصية التي قمت بتعبئتها سوى الباحثين المشاركين في الدراسة. وستبقى جميع هذه المعلومات في غايه السرية . سيتم إدخال جميع المعلومات في قاعدة بيانات الكمبيوتر بدون أسماء وسيتم الاحتفاظ بجميع النماذج في خزائن مقفلة. لن يتم استخدام المعلومات التي قمت بتعبئتها إلا لأغراض علمية.
من أجل القيام بهذا البحث تم أخذ الموافقات الرسمية اللازمة، تملكون حق الانسحاب حتى بعد توقيعكم على هذه الاستمارة.

إذا كنت ترغب في الحصول على مزيد من المعلومات حول الدراسة الخاصة بجامعة بيلجي، يمكنك الاتصال إما بالدكتورة المساعدة إليف أكداغ غوتشيك (العضو في برنامج الماجستير لعلم النفس) على البريد الالكتروني (elif.gocek@bilgi.edu.tr)
او تستطيع التواصل مع الدكتورة النفسية سيرا كوبتشو اوغلو البريد الالكتروني (serra.kupcuoglu@bilgiedu.net)

تستطيع وضع اشاره لقرارك في الاسفل:

لقد قرأت وفهمت هدف الدراسة وأنا أشارك على أساس طوعي.

انا موافق: ☐

انا غير موافق: ☐

إذا كنت موافقا على المشاركة في الدراسة يرجى تزويدنا برقم هاتف للتواصل.

رقم مدرسة الطفل: .....

رقم الهاتف: .....

التوقيع: .....

التاريخ: .....

Appendix 2. The Demographic Information Form

ورقه المعلومات

لام ☐ **الاب** ☐ **غير ذألك (اوضح):** _____ **درجة العلاقة:**	
والدة الطفل:على قيد الحياة ☐ **متوفي** ☐ **والد الطفل: على قيد الحياة** ☐ **متوفي** ☐	**العمر** :
تاريخ مواليد الطفل : ...../...../.....	جنس الطفل: ذكر / انثى
في اي مرحلة دراسية طفلك:_____	عدد اطفال عائلة :_____ ترتيب الطفل : _____
مستوى دخل العائلة الشهري: ☐ 4501 – 6000 TL ☐ 0 – 1000 TL ☐ 6001 – 7500 TL ☐ 1000 – 1500 TL ☐ 7501 – 9000 TL ☐ 1501 – 2500 TL ☐ 9001 – 10500 TL ☐ 2501 – 3500 TL ☐ اكثر من 10501TL ☐ 3501 – 4500 TL	**مستوى الدراسة الخاص بكم :** ☐ لم تذهب الى المدرسة ☐ التعليم الإبتدائي ☐ المرحلة المتوسطة ☐ المرحلة الثانوية ☐ الجامعة ☐ ماجستير / دكتوراه
جالسين في الايجار☐ صاحبين منزل ☐	**عدد الاشخاص الذين يعملون في العائلة** :_____
عدد الاسخاص في المنزل : _____ من هم الاشخاص المقيمين في المنزل (الام , الاب , الاخ , الخالة , العم.....الخ) :	
منذ كم عام وانتم مقيمين في هذا العنوان ؟	

خلال ال 5 سنوات السابقة هل غيرتم ؟ نعم ☐ لا ☐ اذا كانت الاجابة نعم ؛ نرجوا اخبارنا من اين تم تغير الاقامة والى اين وعدد المرات : في نفس المقاطعة 0 .....1.....2.....3.....4.....5.....6..... او أكثر: ..... غير مقاطعة 0.....1.....2.....3.....4.....5.....6.....او أكثر: ..... غير محافظة 0.....1.....2.....3.....4.....5.....6..... او أكثر: ..... غير بلد 0 .....1.....2.....3....4.....5.....6..... او اكثر : ..... **اكتب سبب تغير السكن**. (مثل : عائلة ، عمل ، كوارث طبيعية ، حرب ، الارهاب)او ما شابة ذالك:
هذه الدراسة للأشخاص المهاجرين، ان كانت الأسئلة في الأسفل لا تناسبكم تستطيعون تركها فارغة. اذا قمتم بتغير مكان سكنكم الى تركيا من بلد اخر : ماهو البلد او البلدان التي قدمتم منها ؟ _____ سنه قدومكم الى تركيا : _____
إن بقيتم في المخيمات، ما هي فترة بقائكم:

Appendix 3. The Adult's Life Changes Scale

ALCS

هناك العديد من الصور، أريد منك ان تضع اشارة حول الاحساس الذي يقابل احساس الشخص في كل صورة, وسأطلب منك كتابة قصة لكل صورة تراها لأول 6 صور. انظر الى الصورة بدقة، باستعمالك لقوة خيالك يمكنك كتابة القصة الخاصة بك. لن يكون هناك جواب صحيح او خاطئ في هذا التمرين، يستطيع الكل كتابة القصة التي يريدها.

العمر:

تاريخ الميلاد:

تاريخ اليوم:

1.الـ
صورة

ماذا يشعر الشخص في هذه الصورة؟

قم برسم دائرة حول واحد من الأحاسيس التي تعتقد ان الشخص يشعر بها في الصورة. إذا كنت تعتقد ان المشاعر المكتوبة لا تناسب الصورة، اشرح الإحساس الذي تعتقد انه يشعر به أو تشعر بها بوضع دائرة حول (أخرى).

أ) سعيد ب) خائف ت) مذنب ث) متحمس ج) غير سعيد ح) تشعر بالأمان خ) غاضب ش) مرتاح

س) أخرى:

اكتب قصة عن هذه الصورة:

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2. الصورة

ماذا يشعر الشخص في هذه الصورة؟

قم برسم دائرة حول واحد من الأحاسيس التي تعتقد ان الشخص يشعر بها في الصورة. إذا كنت تعتقد ان المشاعر المكتوبة لا تناسب الصورة، اشرح الإحساس الذي تعتقد انه يشعر به أو تشعر بها بوضع دائرة حول (أخرى).

أ) سعيد ب) خائف ت) مذنب ث) متحمس ج) غير سعيد ح) تشعر بالأمان خ) غاضب ش) مرتاح

س) أخرى:

اكتب قصة عن هذه الصورة:

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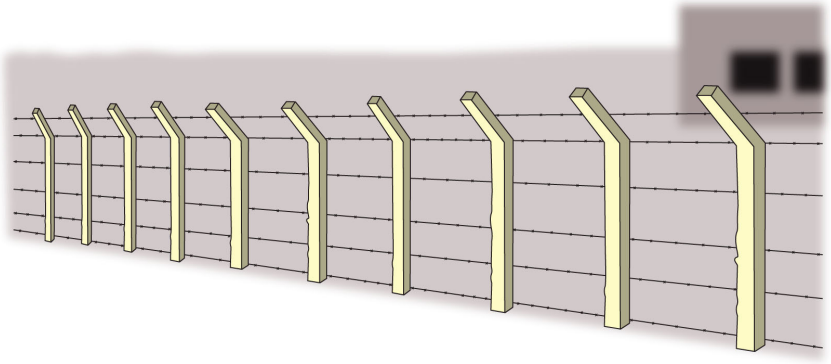

3.الصورة

ماذا تشعر عند النظر الى الصورة؟

إذا كنت لا تشعر بأي من المشاعر المكتوبة، ضع اشارة على اخرى.

أ) سعيد ب) خائف ت) مذنب ث) متحمس ج) غير سعيد ح) تشعر بالأمان خ) غاضب ش) مرتاح

س) أخرى:

لا يوجد انسان في هذه الصورة, انظر الى الصورة من جديد واستخدم قوة خيالك لكتابة قصة تتعلق بالصورة.

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4.الصورة

ماذا يشعر الشخص في هذه الصورة؟

قم برسم دائرة حول واحد من الأحاسيس التي تعتقد ان الشخص يشعر بها في الصورة. إذا كنت تعتقد ان المشاعر المكتوبة لا تناسب الصورة، اشرح الإحساس الذي تعتقد انه يشعر به أو تشعر بها بوضع دائرة حول (أخرى).

أ) سعيد ب) خائف ت) مذنب ث) متحمس ج) غير سعيد ح) تشعر بالأمان خ) غاضب ش) مرتاح

س) أخرى:

اكتب قصة عن هذه الصورة:

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5.الصورة

ماذا يشعر الشخص في هذه الصورة؟

قم برسم دائرة حول واحد من الأحاسيس التي تعتقد ان الشخص يشعر بها في الصورة. إذا كنت تعتقد ان المشاعر المكتوبة لا تناسب الصورة، اشرح الإحساس الذي تعتقد انه يشعر به أو تشعر بها بوضع دائرة حول (أخرى).

أ) سعيد ب) خائف ت) مذنب ث) متحمس ج) غير سعيد ح) تشعر بالأمان خ) غاضب ش) مرتاح

س) أخرى:

اكتب قصة عن هذه الصورة:

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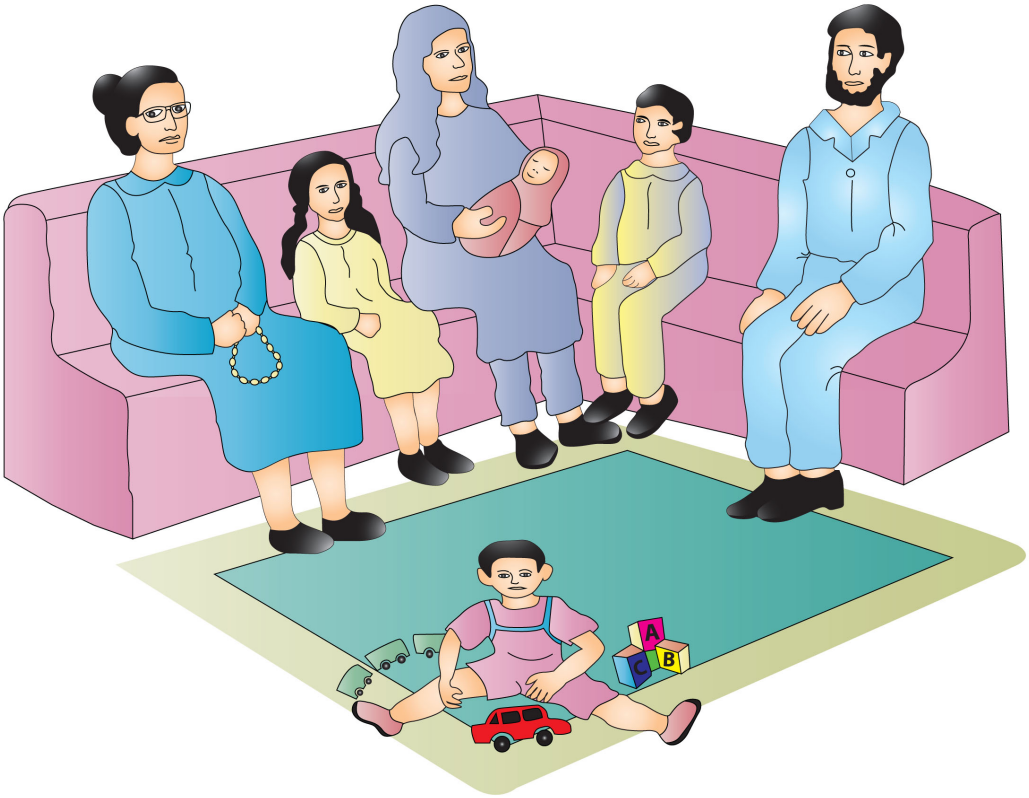

6.الصورة

ماذا يشعر الشخص في هذه الصورة؟

قم برسم دائرة حول واحد من الأحاسيس التي تعتقد ان الشخص يشعر بها في الصورة. إذا كنت تعتقد ان المشاعر المكتوبة لا تناسب الصورة، اشرح الإحساس الذي تعتقد انه يشعر به أو تشعر بها بوضع دائرة حول (أخرى).

أ) سعيد ب) خائف ت) مذنب ث) متحمس ج) غير سعيد ح) تشعر بالأمان خ) غاضب ش) مرتاح

س) أخرى:

اكتب قصة عن هذه الصورة:

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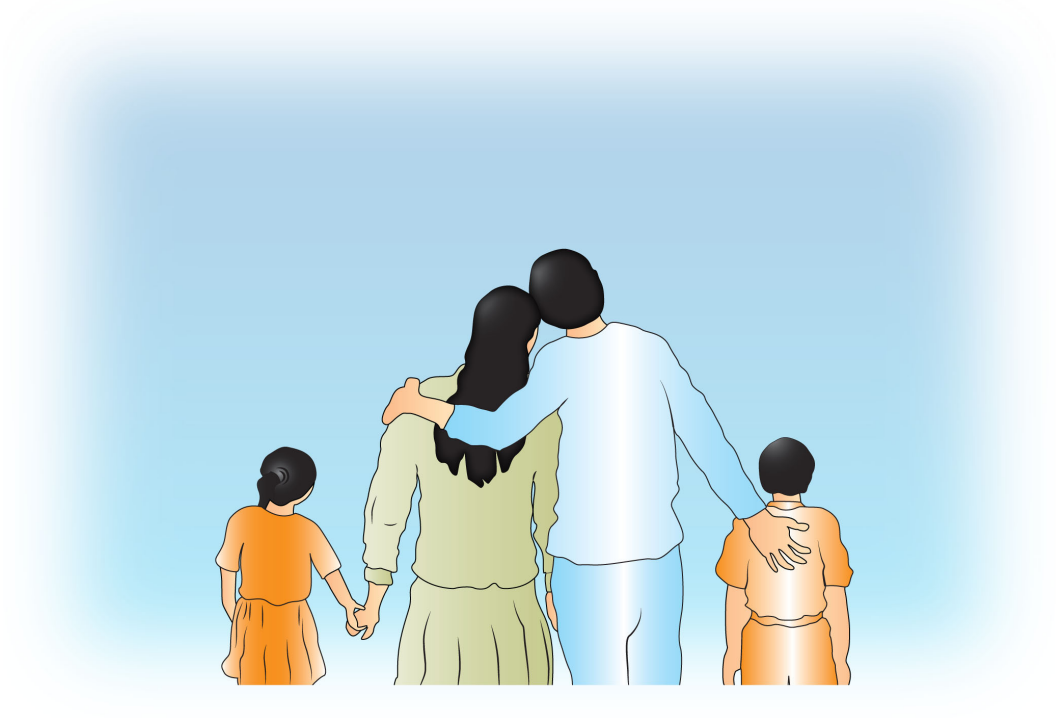

7.الصورة

ماذا يشعر الشخص في هذه الصورة؟

قم برسم دائرة حول واحد من الأحاسيس التي تعتقد ان الشخص يشعر بها في الصورة. إذا كنت تعتقد ان المشاعر المكتوبة لا تناسب الصورة، اشرح الإحساس الذي تعتقد انه يشعر به أو تشعر بها بوضع دائرة حول (أخرى).

أ) سعيد ب) خائف ت) مذنب ث) متحمس ج) غير سعيد ح) تشعر بالأمان خ) غاضب ش) مرتاح

س) أخرى:

اكتب قصة عن هذه الصورة:

Appendix 4. The Beck Depression Inventory

عزيزي المجاوب لقد تم إعطاء الجمل في الأسفل على شكل مجموعات. اقرأ الجمل بعناية في كل مجموعة، قم باختيار الجملة المناسبة التي تصف ما أحسست به خلال الأسبوع الماضي بما فيه اليوم أيضا.

1- 0. إنني لا أشعر بالحزن.
1. انني أشعر بالحزن في بعض الأوقات.
2. اشعر بالحزن طيلة الوقت ولا أستطيع التخلص من هذا الشعور.
3. انني اشعر بالحزن والتعاسة لدرجة لا أستطيع احتمالها.

2- 0. إنني لست متشائما بشأن المستقبل.
1. أشعر بالتشاؤم بشأن المستقبل.
2. أشعر انه لا يوجد لدى ما أطمح للوصول إليه.
3.أشعر بأن المستقبل لا أمل فيه وان هذا الوضع من غير الممكن تغييره.

3- 0. لا أشعر بأنني فاشل بشكل عام.
1. أشعر بأنني أواجه من الفشل أكثر مما يواجه الانسان العادي.
2. عندما انظر إلى حياتي الماضية، فان كل ما أراه الكثير من الفشل.
3. اشعر بأنني إنسان فاشل فشلا تاما.

4- 0. ما زالت الأشياء تعطيني شعورا بالرضى كما كانت عادة.
1. لا أشعر بمتعة في الآشياء على النحو الذي كنت أشعر به عادة.
2. لم أعد اشعر بأية متعة حقيقية في أي شيء على الإطلاق.
3. لدي شعور بعدم الرضى والملل من كل الأشياء.

5- 0. لا يوجد أي شعور بالذنب.
1. أشعر بالذنب في بعض الأوقات.
2. أشعر بالذنب في معظم الأوقات.
3. أشعر بالذنب في كافة الأوقات.

6- 0. لا أشعر بأنني أستحق عقابا من أي نوع.
1. أشعر بأنني أستحق العقاب أحيانا.
2. كثيرا ما أشعر بأنني أستحق العقاب.
3. أحس بأنني أعاقب وأعذب في حياتي وأنني استحق ذلك.

7- 0. لا أشعر بخيبة الأمل في نفسي.
1. أشعر بخيبة الأمل في نفسي.
2. أشعر احيانا بأنني أكره نفسي.
3. إنني أكره نفسي في كل الاوقات.

8- 0. لا اشعر بأنني أسوأ من الآخرين.
1. إنني انتقد نفسي بسبب ما لدي من أخطاء وضعف.
2. ألوم نفسي طيلة الوقت بسبب اخطائي.
3. ألوم نفسي على كل شيء يحدث حتى لو لم يكن لي علاقة مباشرة بذلك.

10- 0. لا أبكي أكثر من المعتاد.
1. أبكي في هذه الأيام أكثر من المعتاد.
2. إنني أبكي طيلة الوقت هذه الأيام.
3. لقد كانت لدي قدرة على البكاء ولكنني في هذه الايام لا أستطيع البكاء بالرغم من أنني أريد ذلك.

11- 0. لا أشعر في هذه الأيام بأنني سريع الغضب أكثر من المعتاد.
1. أصبح غضبي يستثار بسهوله أكثر من المعتاد هذه الأيام.
2. أشعر بسرعة الإستثارة طيلة الوقت في هذه الأيام.
3. أشعر بان مشاعري قد تبدلت ولم يعد شيئاً يغضبني.

12- 0. لا أشعر بأنني قد فقدت اهتمامي بالناس الآخرين.
1. اصبحت أقل اهتماما بالناس الآخرين مما كنت عليه.
2. فقدت معظم اهتمامي بالناس الآخرين.
3. فقدت كل اهتمام لي بالناس الآخرين.

13- 0. أقوم باتخاذ قراراتي على أفضل ما أستطيع القيام به.
1. أميل إلى تأجيل القرارات أكثر مما كنت أفعل عادة.
2. أصبحت أجد صعوبة كبيرة في اتخاذ القرارات عما قبل.
3. لم تعد لدي أية قدرة على اتخاذ قرارات في هذه الايام.

14- 0. أشعر بأن مظهري مناسب كما كان عادة.
1. يزعجني الشعور بأنني أبدو كهلا أو غير جذاب.
2. أشعر ان هنالك تغيرات دائمة طرأت على مظهري تجعلني أبدو غير جذاب.
3. اعتقد بأنني أبدو قبيحا.

15- 0. أستطيع العمل بنفس الكفاءة كما كنت أفعل عادة.

1. احتاج إلى جهد إضافي كي ابدأ العمل في أي شيء.
2. عليَّ أن أحث نفسي بشدة كي أقوم بعمل أي شيء.
3. لا أستطيع عمل أو انجاز أي شيء على الإطلاق.

16- 0. أستطيع النوم جيدا كالمعتاد.
1. لا أنام جيدا كالمعتاد.
2. أستيقظ من النوم أبكر بساعة أو ساعتين من المعتاد وأجد من الصعب العودة ثانية إلى النوم.
3. استيقظ من النوم أبكر بساعات عديدة من المعتاد ولا أستطيع العودة ثانية إلى النوم.

17- 0. لا أجد أنني اصبحت أكثر تعبا من المعتاد.
1. أصبحت أتعب أكثر من المعتاد.
2. أصبحت أتعب من عمل أي شيء تقريبا.
3. أنا متعب جدا لدرجة لا أستطيع معها عمل أي شيء.

18- 0. شهيتي للطعام هي كالمعتاد.
1. شهيتي للطعام ليست جيدة كما هي بالعادة.
2. شهيتي للطعام سيئة جداً هذه الأيام.
3. ليست لدي شهية للطعام على الاطلاق في هذه الايام.

19- 0. لم أفقد كثيرا من وزني مؤخرا أو بقي وزني كما هو.
1. فقدت من وزني حوالي ٢ كغم.
2. فقدت من وزني حوالي ٤ كغم.
3. انني اتعمد محاولة إنقاص وزني أكثر من ٦ كغم.

20- 0. ليس لدي انزعاج يتعلق بصحتي أكثر من المعتاد.
1. انني منزعج بشأن المشكلات الصحية مثل آلام المعدة أو الامساك، أو الآلام والاوجاع الجسمية عامة.
2. انني متضايق من المشكلات الصحية ومن الصعب أن أفكر في شيء آخر.
3. انني قلق للغاية بسبب وضعي الصحي بحيث لا أستطيع التفكير في اي شيء آخر.

Appendix 5. The Impact of Events Scale - Revised

في الأسفل يوجد قائمة بالمصاعب التي يواجهها الناس في بعض الأحيان بعد أحداث مجهدة في الحياة. اقرأ كل حالة وحدد مدى معاناتك أو معاناتكي منها **خلال الأيام السبعة الأخيرة**.

		أبدا	قليلا	أحيانا	معظم الأوقات	دائما
1	كل ما يذكرني بالذي حصل، يوقظ لدي أحاسيس قوية					
2	لدي صعوبة في البقاء نائما، أستيقظ باستمرار					
3	أشياء في محيطي (حولي) تذكّرني بالذي حصل					
4	أشعر بأني غاضب، مغتاظ وسريع الانفعال					
5	أحاول ألا أغضب عندما أفكر بالذي تعرضت له، أو عندما يذكرني شخص ما بذلك					
6	أُفكّر بالذي حصل باستمرار رغم إرادتي					
7	لدي إحساس بأن الذي حدث ليس واقعيا وأنه في الحقيقة لم يحصل أبدا					
8	أحاول تجنب المواقف والأماكن وكل ما يذكرني بما حدث					
9	صور عما حدث تخطر في ذهني وكأني أراها أمامي					
10	أشعر بأني مرتعش (مرتجف)، سريع الخوف والانفعال					
11	أبذل جهدي لتجنب التفكير بما حدث					
12	أنا أدرك بأنه لا يزال لدي أحاسيس قوية لها علاقة بالذي حدث، ولكن لا أتعامل معها أو أركز عليها					
13	أحاسيسي بما حدث هي نوعا ما متخدرة					
14	أجد نفسي أتصرف أو أشعر وكأني رجعت إلى ذلك الوقت عند حدوثها					
15	وجدت صعوبة في النوم					

16	أتضايق من أحاسيس قوية تعود باستمرار عندما أفكر بالحوادث					
17	أحاول أن أنزعها من ذاكرتي					
18	لدي صعوبة في التركيز					
19	الأشياء التي تذكّرني بالذي حصل تسبب لي أعراض كالتعرق، صعوبة في التنفس، دوخة أو خفقان في القلب					
20	أرى الذي حدث في الحلم					
21	أشعر بالانتباه والحذر باستمرار					
22	أحاول تجنب التكلم عما حدث					