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A DECADE LATER: THE MENTAL HEALTH PICTURE

OF BOSNIAN REFUGEES LIVING IN THE UNITED STATES

A Dissertation in

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by

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ABSTRACT

The purpose of this study was to assess how Bosnian refugees are adjusting to life in the United States after a decade or more upon resettlement from Bosnia to the U.S. Study participants ($N = 166$) completed a demographic questionnaire and instruments related to depression (Centre for Epidemiologic Studies-Depression Scale), trauma (Impact of Events Scale-Revised), and acculturation (The Language Identity and Behavior Scale). The results indicate there is no relationship between depression and acculturation nor is there evidence to support the relationship between trauma and acculturation. The participants reported non-significant levels of depression and trauma contrary to past research findings (Craig et al., 2008; Miller et al., 2002). Future research recommendations for mental health and acculturative aspects of Bosnian refugees are discussed and implications for counseling and training are provided. Limitations of this study are also discussed.
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CHAPTER 1

INTRODUCTION

Adjusting to life as a refugee in the host country presents many difficulties such as unfamiliarity with the new environment, language, and people to name a few (Holtzman & Bornemann, 1990; Pumariega, Rothe, & Pumariega, 2005; Suárez-Orozco & Suárez-Orozco, 2001; Tribe, 2005). Struggles refugees experience are evidenced in many studies (e.g., Bemak, Chung, & Pedersen, 2003; Miller, 1999; Miller & Rasco, 2004; Pumariega, Rothe, Pumariega, 2005; Tribe, 2005) and their adjustment to the way of life in the host country is diverse and dependent on many different issues (Birman, 1994; Birman, Trickett, & Buchanan, 2005; Williams & Berry, 1991). These struggles range from seeking a better life, something more manageable than the one they left behind, to the after effects of terror and other traumatic life situations experienced in their homeland in addition to adjustment to the host country. These host countries and their people’s attitudes towards refugees can negatively or positively impact refugee well being. Refugee mental health hinges on their experiences from the past, which can have an effect on their success in adjusting to the new environment.

Prior to resettlement to another country, refugees can be confined to refugee camps where non-governmental organizations (NGOs) provide them with services, shelter, and food, and in some instances these provisions are scarce at best. Conditions of the refugee camps can negatively impact refugee health and subsequent resettlement. Upon arrival to the host country refugees experience short- and long-term challenges when approaching the new environment and those issues present themselves when they need to communicate since they may not speak the language of the host society. Next,
they may not know the basic skills of getting around in the host society such as finding grocery stores, orienting themselves, and obtaining transportation. Job preparedness is another challenge that does not allow refugees to transfer old skills into, in some cases, more Westernized ways of work, and they may lack necessary licenses and job certifications in the host country (Miller & Rasco, 2004; Wilson & Drozdek, 2004). At times the licenses, certificates, and education can all be obsolete if resettling to a highly industrialized nation where their employment knowledge is not relevant due to differences of work requirements. Further, the acculturation of refugees is influenced by cultural issues such as race and ethnicity, and can result in vast differences between host and ethnic backgrounds (Portes & Zhou, 1994). Refugees overwhelmed by the horrors of war or other forms of terror they escaped can become even more overwhelmed by the acculturation process making the adjustment in the new land difficult. Refugees’ experiences of war, trauma, and subsequent displacement make them prone to mental health problems (Bemak, Chung, & Pedersen, 2003; Miller & Rasco, 2004).

Researchers have shown that compared to the general population refugees have a higher percentage of mental health and psychiatric problems (Bemak et al., 2003; Gong-Guy, 1987; Kinzie, 1993). Diagnoses of depression, anxiety, and posttraumatic stress disorder (PTSD) are the primary diagnoses assigned to refugees (Bemak et al., 2003; Miller & Rasco, 2004). While undergoing acculturative changes, whether forced or voluntary, refugees are exposed to stressors making their wellbeing susceptible to further complications (Williams & Berry, 1991). During this time refugees are sent messages from the host society to celebrate their differences but also conflicting messages that are
influenced by the race and ethnicity related issues present in U.S. society (Portes & Zhou, 1994; Sue & Sue, 2008). An example of this can be the difficulty of becoming a minority group member in a new society who is experiencing discriminatory attitudes from the members of the host society after moving from a country where one may have enjoyed privilege and prestige based on an ethnic or social characteristic.

Definition of Refugee

According to the United States (U.S.) Department of Homeland Security (2004), a refugee is

any person who is outside of his or her country of nationality who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution. Persecution or the fear thereof must be based on the…[person’s] race, religion, nationality, membership in a particular social group, or political opinion. (p. 192)

Unlike immigrants who choose to move to countries such as the United States, often in search of better jobs or better education, refugees cannot return to their homeland. Immigrants can return to their home country if they chose to, but refugees do not have the option of returning to their home country once they have resettled elsewhere, in some cases because it would not be safe to return and in other cases because their home country no longer exists. In their attempts to move away from the threats and violence experienced in their hometowns, refugees may become displaced within their homeland and await resettlement. They may be gathered within refugee camps where NGOs provide them with services, shelter, and food. When people are living within the
boundaries of their homeland, typically in refugee camps, they are referred to as displaced people. Once they transition from their homeland to pursue life in a different country, then they become known as refugees.

The number of refugees worldwide was 21 million in 2005, however that number increased by 54% and by the end of 2006 the number was 32.9 million (United Nations High Commissioner for Refugees [UNHCR], 2007). Out of the 21 million refugees in 2005, the U.S. welcomed 53,813 people. Approximately half of all refugees are children. In recent years, the U.S. was among the top five countries hosting refugees from countries such as Myanmar, Somalia, Serbia, and Montenegro with an approximate number of 380,000 refugees (UNHCR, 2007). For the purposes of this study, the focus will be on Bosnian refugees who have been granted asylum in the U.S. Pertinent information about other refugees living in the U.S. and other asylum granting countries will be provided to give context to the study.

The resettlement in the new country can be difficult for refugees. Richman (1998) calls integration into the new society *secondary traumatization* due to the difficulties refugees can experience in the process to becoming residents and then citizens of the host country. Events prior to resettlement and acculturation all compound refugee lives, adding many additional stressors. When plagued by mental health difficulties, refugees tend to approach the medical system to help them relieve psychological distress, often because they are not aware that mental health services exist (Brainard & Zaharlick, 1989). In addition, refugee beliefs about mental health issues may significantly differ from beliefs inherent within the traditional Western counseling services offered to them.
in the U.S. (Kemp, 2006; Miller, 1999; Steel, Silove, Chey, Bauman, Phan, & Phan, 2005), which may explain why refugees seek medical assistance when presenting with psychological issues. For example, Colic-Peisker and Tilbury’s (2003) assessment of Australia’s reliance on medication to help refugees relieve the refugee experience, rather than other mental health services, fosters a more passive role in refugees reinforcing a more negative resettlement outcome. Refugees who are older when they resettle or who are women experience more disadvantage in adjusting to the new society (Majka & Mullan, 1992; Porter & Haslam, 2001, 2005; Weine, Vojvoda, Becker, McGlashan, Hodzic, Laub, Hyman, Sawyer, & Lazarove, 1998). Also, it does not help that there is a lack of training about counseling refugees among mental health professionals working in the U.S. (Spasojevic, Heffer, & Snyder, 2000), which further compounds the mental health needs of refugees who are seeking to lead better lives and impact their ability to fit in a society such as the U.S. (Chambon, 1989; Nann, 1982; Salvendy, 1983; van der Veer, 1992).

Moving to another country and experiencing discomfort in the new land is something refugees are embracing rather than staying in their homeland to experience violence, discrimination, and torture by their own compatriots. When learning new rules of the unfamiliar environment become difficult and uncomfortable, then the individual experiences distress (Castro, 2003; Gaudet, Clement, & Deuzeman, 2005). The experience of distress in new environments is even more pronounced if the person has distress related to the past environment (e.g., violence related to resettlement, torture; Eisenbruch, 1990; Sue & Sue, 2008). The resettlement process can be easier for refugees,
however, if more information is provided about the new environment (e.g., having career training, mortgage information; Miller & Rasco, 2004).

Research with refugees has been focused on identifying their needs, particularly mental health needs, as they arrive in the U.S. Their needs are signified by depressive symptoms, post-traumatic issues, and problems adjusting to their new environment (Hepinstall, Sethna, & Taylor, 2004; Miller & Rasco, 2004; Miller, Worthington, Muzurovic, Tipping, & Goodman, 2002; Pumariega, Rothe, & Pumariega, 2005). Other issues include grief and loss related to the nostalgia one has over the difficulty in feeling they belong in the new land and also missing the comfort and familiarity of their old home (Eisenbruch, 1990; Momartin, Silove, Manicavasagar, & Steel, 2004). Mollica, Sarajlic, Chernoff, Lavelle, Vukovic, and Massagli (2001) pointed to the fact that although the war ended for the Bosnian participants in their study, the consequences of the war are deeply felt within the individuals even in the years afterwards. In fact, Mollica et al. (2001) found that Bosnians who immigrated to other countries were more traumatized but had fewer mental health problems than those who stayed in Bosnia.

Refugees who chose to resettle chose to separate themselves from their ancestral homelands and histories to start a life in a new land where they typically do not know anyone and where there is no history existing to which they can ground themselves. Specifically, refugees leave their family grave sites and family homes where generations of their family members lived and died, and leave the home they may have even fought for, as is the case of former Yugoslavia, to preserve their ethnic identity only to leave all they believed and fought for so they can resettle in an unknown and unfamiliar place. The
resettlement process itself is not easy for refugees and they often reside in refugee camps for months and even years in order to be resettled to a foreign country. Most refugees leave their home with little possessions and have little preparation for or knowledge about resettlement, or language and culture preparedness for the new country (Miller & Rasco, 2004).

**Bosnian Refugees**

Between 1992 and 1996, the number of Bosnians who resettled to countries other than Bosnia was reported to be between one and three million. Such great resettlement of people from the former Republic of Yugoslavia was caused by the civil war, which created hate and perpetuated crimes against all members of ethnic groups living in the region (Croat, Muslim, and Serb Bosnians). Bosnians have a unique story in that more ethnic diversity existed in that region than in the other regions of former Yugoslavia and thus created a more complex picture of ethnic cleansing, especially due to the level of mixed marriages among ethnic groups. As much as 27% of marriages in Yugoslavia were believed to be mixed marriages (Keel & Drew, 2004).

The war was severe and traumatic for its people and the level of experiences ranged from witnessing killings and wounding to rape and torture. In particular regions of Bosnia such as Srebrenica 7,000 to 8,000 Muslim men, women, and children were tortured and killed and dumped in mass grave sites (BBC News, 2005, as cited in Brown & Cehajic, 2008). This author has a family member from Srebrenica who has yet to identify her brother and nephew since they were killed and left in a mass grave site making identification and proper burial 15 years after the heinous crimes impossible.
(Suhra Abdic, personal communication, August 4, 2009). The numbers of Bosnians killed in the war, depending on reports, makes it difficult to estimate and understand the level of movement of Bosnians within Bosnia, exodus to foreign countries, and unaccounted deaths. In that same timeframe, 200,000 Bosnian refugees were resettled to the U.S. after they were exposed to war and related traumatic events, refugee camps, prolonged separation from families and family loss, unemployment, and little or no financial resources (Mollica, Wyshak, & Lavelle, 1987; Weine et al., 2004). It is estimated that more than 250,000 Bosnians and Herzegovinians were killed and 2 million people became internally displaced people (Mollica et al., 1999). With the Bosnian economy and infrastructure severely damaged during the war, it makes return home for those who resettled that much more difficult and uncertain (Charney & Keane, 2007).

**Acculturation**

Acculturation takes place as two or more cultures come in contact. Particularly, the changes that occur as a result of the contact of two or more cultures are of both a cultural and psychological nature (Berry, 2005). For example, these changes can be individual such as the psychoeducation that Bosnian Americans experience by watching American TV and thereby learning about the harmful effects of smoking on the human body and thus implementing smoking cessation in their life (Helweg-Larsen & Stancioff, 2008). Acculturation can also occur on the group level where social structures or institutions are changed as a result of the acculturative contact. For example, in Canada certain geographic regions are given more federal funding depending on the influx of
refugees to that region (Simich, 2003) and in this way impacting the financial benefits of not only the refugees but also the residents of that region.

There are three dimensions of acculturation: attitude, behavior, and stress, and they occur as a direct result of contact with the host culture. Attitudes refer to the way refugees maintain their own identity and relate to the dominant culture, while behaviors are explained by changes in their actions as they work on being members of the new environment. Stress relates to the level of difficulty people experience as they navigate the new environment and the acculturative changes that come about from this stress. The non-dominant group and its members’ experiences are expected to take on the values and behaviors of the dominant culture, which can create acculturative stress for them (Berry, 2001). Poor acculturation means a significant increase in acculturative stress and may result in psychopathology (Zynep & Berry, 1996). Zynep and Berry suggest that depression, cultural loss, and anxiety may in a way mask themselves as poor acculturation. Life’s uncertainties and lacking a sense of belonging also add to poor acculturation effects not allowing refugees to connect with their new environment and adapt (Hamilton & Moore, 2004).

In the examination of Canadian immigrants, Zynep and Berry (1996) stress that better acculturated refugees are those who are satisfied with their employment conditions. Work provides refugees with income, purpose in life, defines status and identity, and allows them to interact socially with others. Zynep and Berry (1996) proposed that refugees who are employed may have a greater level of freedom to interact socially and may score better on mental health assessments, while Miller et al. (2002) found that
mental health was more negatively affected in those who were employed since it constricted their social activities. The present study was designed to investigate whether mental health and acculturation carry similar trajectories in the way Bosnian refugees develop and connect with the host culture. Zynep and Berry’s study as well as Miller et al. study were helpful in developing the hypothesis for this study.

Theoretical Foundation of the Study

The theoretical foundation for this study is based on Brofenbenner’s (1979) ecological model of human development. This model views human development as a social experience on the internal level since it is the way we define ourselves and also the external level or the way we perceive and define other people (MacCluskie, 2010). This model proposes two interdependent propositions: (a) development of a person occurs while in constant interaction with the immediate environment (proximal processes); and (b) characteristics of the environment and the person determine the direction, power, and content of the development for both (Bronfenbenner, 1994). This theory is helpful in understanding both how refugees are shaped by their new environment and also how the environment is shaped in its own interaction with the refugees.

Bronfenbenner proposed that there are several structures pertinent to human development: microsystem, mesosystem, exosystem, macrosystem, and chronosystem (1994). Each substructure or group of the overarching model is nested within another. The innermost structure is the microsystem. On the microsystemic level changes in a person occur based on the interactions he/she has on a face-to-face basis or in her/his dyadic relationships with others (Bronfenbenner, 1994). Examples of those would be
relationships with important figures in person’s life; for an adult that would be his spouse, children, friends, and co-workers. An adult male refugee who arrived to the U.S. may experience changes in his interactions with others that may not be supportive since he may be forced to interact with more members of the host environment such as co-workers and not as much with members from his homeland due to their unavailability. At times the refugee male may be the only member of the family who resettles due to his active role in the military compared to his wife and children having a more benign role in their involvement in the war. In this case, the father will flee due to the fear of persecution and leave his wife and children to stay and perhaps come at a later time.

During this time in the new society, the father may experience difficulties in his interactions with new members of society as he is trying to reconcile pieces of his past and traumatic events experienced. He may also be distressed over leaving his family and how the enemy may treat them. Loss of familiarity of the country and unfamiliarity with the language may also complicate matters for the refugee dealing with difficult issues. This might be evident in his cognitive and emotional processing where his non-verbals show a sad and overwhelmed individual disconnected from self and reality. His co-workers might abstain from forming a friendship and understanding the refugee because of the inappropriately read non-verbals. Co-workers may find this individual as unfriendly and unapproachable due to his presentation and inadvertently reinforce a disconnect between two cultures making the refugee feel like he does not belong. This level of interaction has the strongest bi-directional impact since the interaction occurs in the most direct way (Bronfenbrenner, 1994). Therefore, the interaction or lack of it will
have the most profound impact on the refugee. Also, if the family has arrived to the host
country together, communication between family members may be unsupportive and
tenuous at best due to the level of uncertainty that resettlement causes as well as their
own processing of the past events such as trauma.

The next level is the mesosystem. The mesosystem is focused on the processes
that occur between two or more microsystems and the changes that occur as a result of
this interaction (Bronfenbrenner, 1994). Following the example with the adult refugee, the
relationship that the refugee has with his co-workers will further affect camaraderie that
happens within a workplace and instead of finding support that could be beneficial to him
at his place of employment the refugee may experience distress because he sits alone
having lunch while everyone else interacts and relates to one another. In addition he may
experience shame in maintaining his own cultural practices evident in his food selection
representative of his culture rather than the host society. These types of interactions or
lack of them may be significant since the refugee might experience feeling like an
outsider who does not belong and further engage his cognitive and emotional processing
away from socializing and into isolation, disconnect, and even disassociation.

The exosystem level addresses the systems that do not have to directly interact to
impact the person (Bronfenbrenner, 1994). Such a system may be regional or local
friendliness towards non-native speakers or overall interaction with those from another
culture. It can also be media fueled such as the post 9/11 suspicion of foreign people as
terrorists. In addition, it can also be acceptance of cultural practices. For example, the
adult refugee we are discussing may be Muslim and wanting to practice his religion but
the practice of praying five times a day may not be allowed by his employer during his
designated work times. Such an environment will further subdue the individual and his
own coping mechanisms.

The overarching structure of the micro-, meso-, and exo- systems having
characteristics of the person’s culture or subculture is entitled the macrosystem. For
example, the refugee discussed above does not connect with others in his environment, is
troubled by his past, and his cultural way of coping is thwarted by the necessity to work
to survive. These experiences may make the individual feel sad to have left the homeland,
unwilling to accept the new environment, and grieve over losses experienced in the
homeland. All these experiences may weaken a person’s ability to respond to the stress of
acculturation and make him susceptible to issues such as depression, complicated grief,
and anxiety-related disorders for example. On a macrosystemic level, the refugee is
impacted by all of the substructures and a thorough investigation of each substructure is
required to understand him (Bronnfrenbenner, 1994).

The final substructure is the chronosystem and it is concerned with the passage of
time. People need time to acquire new learning and process new information. The
refugee escaped the war but might not have escaped some of the war related experiences.
The refugee above may need a longer time period to understand and process past
experiences so he can trust and be comfortable in the new environment. He may need
time to reconcile his own cognitive and emotional processes and engage in a trusting
relationship with a representative of the host culture. The more time that passes from
exodus then the greater the connection he may feel to the new environment and the environment may feel toward him.

The ecological model of human development needs to be understood contextually when addressing the impact that other groups or substructures have on an individual. An individual is a member of the larger environment and his or her development is most intense at the microsystem level where the cultural roles and values are most intensely expressed (MacCluskie, 2010). The force of macrosystem support and cultural exertions will be rippling all the way down to the microsystem level influencing refugee self-perception. With the refugee discussed earlier, understanding of his interaction with his environment is crucial to achieve a better environment fit. The impact of the macrosystem support may impact the refugee in either a positive or negative way depending on the person’s own perceptions of available external support. So, it is essential to address all levels of the system in understanding human development.

**Significance of the Study**

This study serves to bridge the gap in understanding how acculturation influences mental health of refugees who have been resettled in the host country. The importance of this study is that it is the first study to focus on acculturation of Bosnian refugees who have lived in the U.S. between 7-14 years. Previous studies investigated the mental health issues of Bosnian refugees when they arrived in the U.S. (Craig, Sousso, Schnak, & Essex, 2008; Miller et al., 2002; Momartin, Silove, Manicavasagar, & Steel, 2004). The author was interested to see if the effects of acculturation and resettlement to a new culture either compounded their mental health issues or helped alleviate them. A
particular uniqueness of this study is that occurred an extended period of time after their immigration and residence in the new environment and both assessment of their mental health and acculturation were used to examine the role that acculturation plays in the mental health of Bosnian refugees.

Several studies were helpful in the development of the present study (Birman, Trickett, & Buchanan, 2005; Craig et al., 2008; Momartin et al., 2004). Birman et al.’s (2005) study on acculturation pointed out that with White Soviet Union adolescent refugees living in the U.S., acculturation was dependent on the context and culture. Further, their study added to the body of knowledge on acculturation because it showed acculturation was different for a similar group of people living in close proximity to one another yet being subjected to a different environment (more interaction with the host society compared to less interaction; Birman et al., 2005).

In a study by Craig et al. (2008), Bosnian refugees were found to be greatly impacted by complicated grief. This study found that 6% of poor mental health was attributed to complicated grief. Further, Bosnian refugees were found to be greatly impacted by posttraumatic stress disorder and complicated grief, even more so than anxiety and depression respectively (Craig et al., 2008). Momartin et al. (2004) found a link between depression and complicated grief but no such relationship existed between PTSD and complicated grief. Their research lacked a specific explanation for the relationship between acculturation and issues of depression, posttraumatic stress disorder, and complicated grief. The findings of the current study serve to fill the gap of information regarding the impact acculturation has on resettled refugees and adds new
information about the mental health issues for Bosnian refugees beyond their initial resettlement in the U.S.

This study focused on Bosnian refugees living in the U.S., specifically those who entered the U.S. during the time the conflict in Bosnia started to the time the Dayton Peace Agreement was signed, which resulted in cease fire and the end of ethnic cleansing in Bosnia. There are a few studies that focus on the mental health of Bosnian refugees and discuss mental health and acculturation, but there are no studies that specifically focus on the acculturation and mental health issues of Bosnians living in the U.S., particularly years after their resettlement.

Sue and Sue (2008) state that in order to work effectively with refugees there is a need for effective interventions. Refugee groups are as varied as the regions and ethnic backgrounds they represent so the effectiveness of interventions with different ethnic groups may not be relevant to Bosnians. This study was an attempt to look at the relationship between acculturation of Bosnian refugees with regard to the mental health issues they exhibit. It was hoped that by focusing on the acculturation and mental health issues of refugees, this study would allow counselors to emphasize acculturation and help create effective counseling strategies.

**Definition of Terms**

Provided below are definitions offered to increase the understanding of the study and offer operational definitions for the variables of interest.

_Acculturation._ This term refers to the changes that occur when refugees resettle to a new and unfamiliar environment and have to change their own psychological and
behavioral repertoire as a result of the change of the environment. For example, these changes can be evidenced in their attire, eating/cooking, socializing, and healing practices where they adopt dominant practices while their own practices have a lesser emphasis in their own behavioral repertoire (Berry, 2001).

*Complicated grief.* Normal grief is marked with instability in mood and thoughts yet this process is considered a normal part of mourning. However, when people’s mourning affects their ability to function normally after a period of time and normal processing does not return then the psychopathological aspect of the inability to return to previous level of functioning is labeled as complicated grief. A person experiencing complicated grief may be overwhelmed and engage in maladaptive behaviors (Horowitz, Siegel, Holen, Bonanno, Milbrath, & Stinson, 1997).

*Depression.* Depression is related to a number of symptoms such as pervasive sadness, hopelessness, tiredness, and a genuine lack of desire to participate in activities they used to enjoy. Person may also experience weight fluctuation, change in sleeping pattern, and overall displeasure with themselves. At times depression is accompanied by suicidal ideation (American Psychiatric Association, 2000).

*Immigrant.* People who move to another country seeking a better life due to issues such as financial or career aspirations that cannot be fulfilled in their own country of origin. For example, a nurse from India might migrate to the U.S. since employment opportunities might be better in the U.S. than in India.

*Mental health.* Mental health can be either good or poor evidenced through the person’s ability to cope with life’s pressures. Good mental health is the ability to cope
with life’s pressures both emotionally and cognitively and handling these stresses in optimal ways. The ability to handle adversity of resettlement while being able to function and perform well is an example of good mental health. Poor mental health is evident in impaired emotional and/or cognitive functioning when confronted with life’s pressures. The inability to perform daily activities and function normally in one’s own surroundings when faced with adversity of resettlement is the example of poor mental health.

*PTSD.* Stands for posttraumatic stress disorder and is caused by one’s exposure to a traumatic event where such an event threatens to harm the physical safety of the person. For example, a refugee might have PTSD symptoms after being exposed for an extended period of time to the effects of combat (American Psychiatric Association, 2000).

*Refugees.* People who arrive in another country seeking asylum because living in their own country of origin is hard if not impossible due to persecution based on either religion, ethnicity, race, or political opinion. They are different from immigrants because their emigration is typically forced with their and life of their children at risk (United States Department of Homeland Security, 2004).

**Purpose of the Study**

The purpose of this study was to investigate the mental health issues of Bosnian refugees 7-14 years after they entered the U.S. while examining their acculturation to the U.S. in order to better understand their counseling needs. Another aim of the study was to provide information to counselors working with this population. The author’s final goal was to use the information obtained and help Bosnian refugees who are working on adjusting to living in the American society. Investigating the mental health of Bosnian
refugees who have spent between 7 and 14 years residing in the U.S. led to the following research questions:

1. What is the relationship between acculturation and depression in Bosnian refugees who have lived in the U.S. between 7 and 14 years?

2. What is the relationship between acculturation and trauma in Bosnian refugees who have lived in the U.S. between 7 and 14 years?
CHAPTER 2
REVIEW OF THE LITERATURE

This chapter focuses on providing an in depth review of the literature regarding refugees. Of particular interest are Bosnian refugees living in the U.S. during the last decade or more since leaving Bosnia when their country was plagued by the effects of ethnic cleansing. In addition, a thorough literature review of particular issues affecting Bosnian refugees and refugees in general will be provided. The ecological model briefly discussed in Chapter One will be further discussed here as it applies to Bosnian refugees’ mental health and acculturation.

Refugee Socio-Emotional Experiences

Approximately 1% of world’s population is displaced from their home or native country at any time of year (UNHCR, 2007). There are currently about 40 million displaced people worldwide. They are trauma and torture survivors living in oppression because they have no control over their situation or their lives and they do not have other options for their life (Wilson & Drozdek, 2004; Whitaker, 2006). In 2005, the U.S. granted asylum to 53,813, refugees. In the last couple of years, the U.S. welcomed approximately 380,000 refugees (UNHCR, 2007). During these years, the U.S. was among the top five countries hosting refugees from countries such as Myanmar, Somalia, Serbia, and Montenegro (UNHCR, 2007).

Refugees leave their homes, communities, and homelands to come into a new land in search of a better life, something they are unable to have in their own homeland. As they leave their friends, family, and material possessions, refugees flee sometimes
with little to no time to pack their personal belongings only striving to get to a safer place somewhere else in a strange land, hoping for survival (Miller & Rasco, 2004; Wilson & Drozdek, 2004). What is left is the physical history passed on through the generations and a sense of belonging inherent within one’s culture. At the point when they are fleeing their homeland, refugees have been exposed to things such as destruction of their property, humiliation of family, friends and neighbors, and a prolonged sense of fear and vulnerability. Witnessing or experiencing physical or sexual violence, threats, humiliation, and fear are some of the reasons why refugees flee their homeland (Miller & Rasco, 2004; Whitaker, 2006; Wilson & Drozdek, 2004). Flight alone can provide challenges (e.g., walking on foot for miles through the enemy territories, escaping under life-threatening circumstances with great chance of being caught by the enemy; Pumariega, Rothe, & Pumariega, 2005). Additionally, refugees may be held in refugee camps where prolonged stay can impact individuals either through the risk of victimization, criminal activity, lawlessness, or the ill-equipped state of the refugee camp, which takes a toll on psychological adjustment, especially if the victims of violence and the enemy are placed within the same camp (as was the case in Rwanda; Carballo et al., 2004; Miller & Rasco, 2004).

Mollica et al., (1987) noted there can be four categories of pre-migratory trauma experiences: (a) lack and deprivation of basic needs such as water, food, and shelter; (b) physical injury as a consequence either of the flight or due to torture; (c) refugee camps that are poorly equipped in their ability to address basic needs; and (d) witnessing violence, aggression, and torture of a loved one or someone else. These experiences can
subsequently affect psychological functioning based on the survived experiences leading to depression, fear, anxiety, grief, guilt, despair, substance abuse and alcoholism, anger, hostility, and posttraumatic stress disorder (Bemak et al., 2003; Mollica et al.).

Refugees who were forced to leave their homes in search of safety soon realize that fleeing rarely leads to a new life free of worries about safety, security, and stress, and their leaving affects their daily existence and their cultural identity (Carballo et al., 2004; Whitaker, 2006). The consequences of fleeing home may not be within the realm of comprehension because of the stress that current events are holding them under. Further disappointment may come when they are not united with their family members who may have been separated due to tumultuous situations (Carballo et al., 2004). Researchers are now recognizing that forced or involuntary displacements such as those experienced by refugees may provoke psychological morbidity with severe and debilitating consequences for the refugees and the society in which refugees reside (Carballo et al., 2004; Heptinstall et al., 2004). Experiences of trauma leave permanent imprints on the refugees and affect their ability to reconstruct their own life. For example, although the war in Bosnia ended in 1995 the effects of that war are deeply rooted in those internally displaced within the country and those who resettled to another country (Carballo et al., 2004, Mollica, et al., 2001).

As a part of the initial adjustment period, refugees experience awareness that everything that was once familiar is now lost. Not only is there often a loss of immediate and extended family but also of friends and acquaintances. Refugees lose the social and cultural network that they used to turn to during times of crisis and now they must make
decisions by themselves. Moreover, their expectations also impact their adjustment in the new environment (Bemak et al., 2003; Oppedal, Roysamb, & Heyerdahl, 2005; Wilson & Drozdek, 2004).

Upon resettlement they may agonize over their own survival and the misfortune of others and they may experience feelings of guilt that they survived and someone else did not, making their post migratory experiences and adjustment that much more challenging. Also adding to this can be the culture shock accompanied when moving to the new country, adding to the feelings of hopelessness, helplessness, and disorientation (Bemak et al., 2003). There can also be dissonance between the former society and the new host society because the refugee now has to adjust to different levels of interaction and is forced to interact with people from cultural groups that are different and may have views that go against the practices of the refugees’ own culture (Bemak et al., 2003).

**Refugee Mental Health**

The mental health needs of refugees have largely been ignored (Gozdziak, 2004; Spasojevic, Heffer, & Snyder, 2000) and there is an increasing urgency in addressing them (Williams & Berry, 1991). In a number of studies, mental health was the number one concern with refugees living in different countries (Bemak, et al., 2003; Carballo, et al., 2004; Heptinstall, Sethna, & Taylor, 2004; Miller & Rasco, 2004; Mollica, et al., 2001; Wilson & Drozdek, 2005). As the number of refugees worldwide increases, the mental health community remains challenged to adequately address their needs (Bemak & Chung, 2000).
Clinically based research with refugees around the world reveals depressive disorders range between 4 to 89% (Heptinstall et al., 2004). Heptinstall et al. (2004) also stated that population-specific research in North America has similar percentages of depression with range between 15 to 80%. The literature also shows that common disorders with adult refugees include PTSD, depression, and various symptoms of anxiety and somatic distress. These findings for adults hold true for children as well (Miller et al., 2002).

Ringold (2005) stated that refugees are “at high risk for chronic mental health disorders because of the multiple stressors they experience before, during, and after their flight” (p. 646). Further, they added that refugees are susceptible to PTSD due to traumas they may experience either in their native country prior to displacement, during the displacement, or upon resettlement (Ringold, 2005). Fazel, Wheeler, and Danesh (2005) did a complete review of studies published from 1966 to 2002 with participants being refugees resettled in industrialized nations. Their primary focus was on PTSD, major depressive disorder, generalized anxiety disorder, and psychotic symptomatologies. Fazel et al. reported they only obtained information from those studies that used actual diagnostic assessment instruments rather than self-report measures and referrals to clinics where diagnosis was made in order to control for bias. Based on their systematic review, they found out that out of 6,743 adult refugees from seven countries (i.e., Australia, Canada, UK, Italy, New Zealand, Norway, and USA), 9% (numbers ranged from 3- 86%) were diagnosed with PTSD, 5% (range of 3-8%) with major depressive disorder with depression showing psychiatric co-morbidity (Fazel et al., 2005).
Fazel et al. (2005) also analyzed information about refugee children and found out that out of 260 children, 11% on average (variation from 7 to 17%) met the criteria for PTSD in children. Co-morbidity between depression and PTSD was high (e.g., 71% of people diagnosed with depression were also diagnosed with PTSD and 44% of those diagnosed with PTSD were also diagnosed with depression). In one particular study, Fazel et al. reported that out of 226 refugees, 2% met the diagnosis for psychotic illness. Four percent (numbers ranged from 3-6%) from five different studies (a total of 1,423 refugees) were diagnosed with generalized anxiety disorder. Compared to the general population in countries such as the U.S., refugees have a ten times higher percentage of diagnosis of PTSD. Fazel et al. cautioned that there are limitations to their study particularly since many different Western-based assessments were used with non-Western populations so validity of this research is concerning. Also, epidemiological studies are needed that use the same assessments with the same populations (Fazel et al., 2005). In addition, this study was analyzing research that uses assessments designed for general information purposes and not as diagnostic tools when working with refugees (Fazel et al., 2005).

Sack, Clarke, and Seeley (1996) found that among Cambodian adolescents those children who have PTSD symptoms prior to migration become susceptible to depressive symptoms after migration. This finding relates resettlement and new environment to the depressive symptomatology. Supporting Sack et al. (1996) findings, Heptinstall et al. (2004) suggested that PTSD is even more frequently found among refugee children than depression. There is a 50% and higher occurrence of PTSD disorder among refugees in
many countries (Heptinstall et al., 2004). Heptinstall et al. (2004) also state that population-specific research in North America for PTSD range from 3.5% to 86%. Uncertainty regarding their displacement and status adds further traumatizing effects where one is not sure if they may be sent back to the homeland to deal with the persecutory regime (Hepinstall et al., 2004).

Hepinstall et al., (2004) conducted a study with 40 refugee children living in London, United Kingdom and found that out of 40 children in the study, 76.9% had traumatic experiences in their past and almost all (39 children) were diagnosable with PTSD. Children, like their parents, reported worries related to acculturation and concern about their family’s financial situation (Hepinstall et al., 2004). In addition, Hepinstall et al. (2004) found that the parents’ financial problems related to significantly higher depression scores in their children. These authors suggest that mental health professionals need to be aware of the pre and post migratory experiences of their clients (Hepinstall et al., 2004). Ringold (2005) states that refugees may have poorer mental health upon resettlement if they were unprepared for refugee status and trauma, are of older age upon resettlement, have in the past entertained a higher socioeconomic status as well as higher level of education. Further, they summarize that refugees more susceptible to the poor mental health status are those who are female, living in the rural area upon resettlement, have unstable living arrangements, have less career related opportunities, and are subjected to be internally displaced prior to resettlement having no option of return to their country of origin. If the reason for leaving the homeland is the political state of unrest, violence, and experienced danger, and the actual conflict resolution does not
occur thus complicating the reason for fleeing, then the refugee status is even more compounded (Ringold, 2005, p. 646).

Porter and Haslam (2005) conducted an evaluation of published studies on topics of refugees and other groups (e.g., internally displaced people [IDPs], asylum seekers, stateless persons), in order to gather more information about their mental health. They found that out of fifty-six studies (67, 294 participants total), internally displaced refugees who have little opportunity for success have poorest mental health prognosis. Those refugees who resettled had poorer mental health than those who did not resettle (mean effect size is 0.41) with resettlement conditions mandating their mental health. In particular, demographics also played a role in refugee mental health prognosis. Supporting Ringold (2005), Porter et al. also found that those refugees who were older at the time of resettlement, female, acquired more education prior to resettlement, as well as enjoyed a higher socioeconomic status than after resettlement had an impact. Also, resettlement to a rural area impacted refugee mental health (Porter & Haslam, 2005).

In a review of mental health of Somali adolescent refugees living in the U.S., Ellis, MacDonald, Lincoln, Cabral (2008) assessed 135 English-speaking participants ages 11 to 20. Instruments included were the UCLA Posttraumatic Stress Disorder (PTSD) Index, the War Trauma Screening Scale, the Every Day Discrimination Scale, the Adolescent Post-War Adversities Scale, and the Acculturative Hassles Inventory. Acculturation and discrimination played a role in PTSD symptomatology. Length of stay in the U.S. in addition to perceived discrimination impacted depressive symptomatology (Ellis et al, 2008).
Summary

This section focused on discussing the immigration of refugees to the U.S. In addition, pre-migratory experiences of refugees such as trauma exposure and safety issues are discussed and how these can impact refugee health. Post-migratory experiences are discussed in terms of how they relate to refugees leaving their homelands in search of a better life in a foreign land. In the literature, thus far there is little consideration for the effects that new culture can bring for refugees who settle. In addition, acculturation and trauma history are discussed and how they relate to refugee resettlement elsewhere.

Bosnian Refugees

Approximately 3 million people were resettled to other countries as a result of an ethnic cleansing war (Mertus, Tesanovic, Metikos, & Boric, 1997). Ethnic cleansing occurring in the former Yugoslavia prompted many changes within that region and many lives were lost. A former republic of Yugoslavia, Bosnia saw this warfare during its 4 year reign (1992–1995) which has left more than 200,000 people dead and many more wounded (Spasojevic, et al., 2000). The horrible effects of the war were organized rapes, torture within concentration camps and prisons and some relate it to the brutal nature of World War II (Spasojevic et al., 2000; Ullman, 1996). The Bosnian population was within a 3 million ballpark figure prior to the war when many of those citizens were forced to leave their home country and become refugees (Mertus et al., 1997). In pursuit of ethnic cleansing and a desire to separate and “purify” Bosnia, many refugees fled to the U.S. Even though the Dayton Peace Agreement that put a stop to the war in Bosnia was signed in 1995, the conflict and nationalistic tensions were still strong and left
citizens of Bosnia feeling that such animosity cannot be overcome to lead to a peaceful life (Spasojevic et al., 2000). Consequently, this led to the resettlement of the Bosnian people.

Between the years of 1992 to 1996, more than one million Bosnians were resettled around the world due to the war and ethnic cleansing taking place in that region of the world. As a consequence approximately 200,000 Bosnian refugees resettled in that time frame to the U.S. (Weine, 1999). What is unique to Bosnian refugees is the religious orientation and it is also the greatest level of contention among the Bosnians. Bosnia is a small country, which used to be a republic of former Yugoslavia home to three major religions: Muslims who are in majority, Serbian Orthodox, and Croatian Catholics. During the time of the republics held together by the federation of former Yugoslavia, Bosnia enjoyed power and resources exchanged among the republics. With war and civil unrest occurring in both Slovenia and Croatia, such unrest led to the lack of production in Bosnia and subsequent civil unrest in Bosnia. The war that occurred made tensions among those of different religious orientations and in turn affected emigration to other countries (Weine, 1999). The former country of Yugoslavia held many republics with many different ethnicities existing within former Yugoslavia. Sekulic, Massey, and Hodson state that there are 40 different nationalities within former Yugoslavia (1994; as cited in Keel & Drew, 2004). In fact, there are a lot of marriages in Bosnia considered to be two different ethnicities joined in marriage. For example, when people from Serb and Croat ethnicities marry, they are considered to be a mixed marriage). Prior to the horrors of ethnic cleansing and turmoil of 1990s, Eastmond (1998 as cited in Keel & Drew,
states that 27% of the Bosnian population were considered to be in mixed marriages prior to the horrors of ethnic cleansing and turmoil of 1990’s. The identity of people from the Bosnian region was strong; people did not consider themselves “Bosnian” but rather Yugoslavian due to their greater level of connection to Yugoslavia as their country and people as its countrymen, a remnant of a previous identity. They had little connection to the Bosnian ethnic identity (Sekulic, Massey, & Hodson, 1994 as cited in Keel & Drew, 2004). After the war, the relationships and marriages as well as ethnic identities became of significant value and division among ethnic groups is now affecting this population economically (Phuong, 2000 as cited in Keel & Drew, 2004).

**Bosnian Refugee Mental Health and Related Literature**

Thirty thousand Bosnians relocated to Chicago from former Yugoslavia and community services were put into place to attend to their mental health needs. An intervention involving networking, support and education was offered to Bosnian refugees living in the Chicago area and the vast majority of refugees chose not to participate (Weine et al., 2004). This intervention was developed to attract those families who did not seek mental health care for members who needed mental health services. Weine et al. (2004), have followed Bosnian populations for a number of years and chose to employ a CAFES (Coffee and Family Education and Support) multifamily education intervention. This intervention operated from the grounding principle that family is the primary social unit for refugees, which guides person in making choices leading to their adjustment, recovery, and health. The stressors of immigration can have a negative impact on the strength of a family structure. Another grounding principle entailed the
belief that support, and education can aid refugees in adjustment and their acculturation. Primary goals were to offer networking, support and education to refugee groups offered by Bosnian refugee paraprofessionals. All sessions included a manual so as such they were pre-planned. This intervention led to increased family communication and overall improvements in understanding and utilization of psychiatric and mental health services. Authors (Weine et al., 2004) report that actual effectiveness of this CAFES approach is still under investigation; however, the differences for those groups that received CAFES and the control group (which was only provided with treatment opportunities in the Chicago area) were associations of higher psychiatric and mental health service utility, greater knowledge and attitude about trauma and mental health, increased family communication, and symptoms of depression for the CAFES group (Weine et al., 2004, p. 286).

Bosnians, who were living in one of the southeastern states in the U.S., were participants in a study that assessed their levels of depression, experiences of traumatic events, PTSD, complicated grief, and an assessment for the psychological distress and wellbeing (Craig, Sossou, Schnak, & Essex, 2008). There were 126 participants, who have been living in the U.S. from six to twelve years. This is the only study found that assessed Bosnians after a longer period of time following their resettlement to the U.S. They examined anxiety, depression, PTSD, and complicated grief. The complicated grief with refugees is viewed as the bereavement process that has intensified so that refugees engage in maladaptive behavior like negative effects on their sleeping or eating and the ability to work, reports of feeling overwhelmed, and for whom the mourning process
potentially never ends (Worden, 1991). The results indicated the following percentages regarding their mental health; PTSD had the highest percentage at 66.6%, complicated grief was second with 54%, and anxiety (40%) and depression (31%) followed respectively. An average of traumatic events reported by participants was 5.2. The results indicate that although they are no longer living in war-torn Bosnia, their mental health is reminiscent of the past. Further, their positive self-being was reported by half of the participants and more than half reported to have mental health in fair to good range. As suspected, those refugees who were fifty-five and older reported lower rates of well-being and lower rates for mental health, suggesting that compared to younger refugees, for them, resettlement is more problematic (Craig et al., 2008). Authors suggest that the new environment and different culture exhibit a negative impact on refugees’ coping abilities (Craig et al., 2008). In this study, higher education is found to serve as a protective factor. This finding is opposite from what Ringold (2005) reported. Bosnian women reported experiencing more complicated grief than men and only with complicated grief was higher education not offering protective features. In addition, men report lower levels of depression than women. Complicated grief was found to be highly correlated to other variables assessed but the highest correlations exist between complicated grief and PTSD. Authors also state that findings suggest that complicated grief was a good predictor of poor mental health and urge that assessments with refugees should include assessment for complicated grief (Craig et al., 2008). This study offered a lot of information about refugees and of benefit is its examination of refugee mental health after a number of years upon resettlement. This study would offer another
important element if it also assessed refugee acculturation. In addition, it is difficult to compare the mental health of this group of people to any other group; so, of benefit is a longitudinal assessment to ensure that mental health is assessed at arrival, after six years, and then also after fifteen perhaps is suggested. With this kind of involvement with the population more information yielded would allow us to understand if mental health issues are due to resettlement or are the remnant effects of the war experiences in Bosnia. It may also suggest information regarding regional variations in exposure to political violence and how it impacts a group of people. The psychological distress and wellbeing scale should be contextualized within the Bosnian cultural understandings rather than generalized as it may inhibit understanding for refugees and their subsequent reports.

Miller, Weine, Ramic, Brkic, Bjedic, Smajkic, Boskailo, and Worthington (2002) conducted a study in order to assess effects of the war-related experiences compared to those of resettlement. They created two groups, one was the clinical sample that was in treatment with refugee mental health program and another was the community sample created by convenience sampling. Assessments used with both groups were the Posttraumatic Stress Disorder Interview (PSS; Foa, Riggs, Dancu, & Rothbaum, 1993), the Centre for Epidemiologic Studies-Depression Scale (CES-D; Radloff, 1977), the War Experiences Scale (WES; Weine, 1999), and the Quality of Life Scale (Lehman, Ward, & Linn, 1982; They only used five items from this scale pertaining to the social isolation and the 15-item subscale pertaining to their daily activities.) (Miller et al., 2002). The clinical sample was administered these assessments within the first three weeks after completing the intake and the community sample took the same assessments either in
their home or in the office of the program that supported the refugees. This study took place during 1997 and 1998, the time with the highest rate of resettlement of Bosnian refugees in the U.S. Both groups offer results that indicate that the level of trauma exposure for Bosnians and existence of political violence is related to their PTSD symptomatology (Miller et al., 2002). Also, there was a relationship between social isolation and PTSD with the community sample. Authors suggest that those who were subject to political violence may choose to self-isolate in order to avoid stressful stimuli or that trauma may have an impact so that it prevents refugees from experiencing social interactions as supportive (Miller et al.). In addition, they found that refugees in the clinical sample reported daily activities and depression to be linked while those in the community sample reported that there is a link between social isolation and depression. Authors assume that those who are in the community are employed; therefore, their psychological situation is predicatively more positive because work makes their reports vary from those who were in the clinical sample, whose employment was much lower than the employment for the community sample (<2% vs. 50%). In addition, being employed affected their level of social interaction and therefore contributed to isolation (Miller et al., 2002). This study had a small sample size and that is its biggest drawback. This study would provide more information about Bosnian refugees if it included the whole Quality of Life Scale rather than just the twenty items that were used (e.g., compared to 143 items for the complete assessment; Gladis, Gosch, Dishuk, & Crits-Christoph, 1999) since it measures both objective and subjective information.
Mollica, McInnes, Sarajlic, Lavelle, and Massagli (1999) conducted a study with Bosnian refugees living in the U.S. and found that PTSD and depression were commonly seen with psychiatric comorbidity of these two disorders and high rates of psychosocial disability. For this reason, they assert that greater evaluation is needed to address treatment, and culturally sensitive interventions (Mollica, et al., 1999). The trauma instrument used is a self-report and as such lacks ability to offer rated severity of the experiences. While disability is related to trauma initially, after experiences of more than five traumatic events, the disability and trauma are no longer related, thus prompting research to utilize more sensitivity in the instruments. The trauma assessment also asks the participants to imagine a traumatic event that happened to them and respond to the questions based on the recalled event. This instrument may affect the participant’s well being; therefore, it is necessary to have emotional support for the participant when utilizing this instrument. It is possible to re-traumatize a person who is acculturating to a different way of life. Supporting these findings is another study by Mollica et al.(1999), at the Harvard Program in Refugee Trauma where they conducted a longitudinal study with Bosnian refugees. Results revealed that there is more chronic depression in those refugees who have been traumatized and there is an association of the depression to chronic disability, which may lead to the premature death of refugees who have resettled into the U.S. later in life (Mollica, Sarajlic, Chernoff, Lavelle, Vukovic, & Masagli, 2001).

Spasojevic, Heffer, and Snyder (2000) conducted a study with forty Bosnian couples living in the U.S. All of the couples were married prior to their resettlement into
the U.S. and even prior to the war in Bosnia. These refugees have been resettled and living in the U.S. for about half a decade or less. The PTSD Symptom Scale—Self Report (PSS-SR; Foa, Riggs, Dancu, & Rothbaum, 1993) was used to measure PTSD symptomatology, the Behavioral Acculturation Scale (BAS; Szapocznik, Scopetta, & Kurtines, 1978) was used for acculturation and the Marital Satisfaction Inventory-Revised (MSI-R; Snyder, 1997) was used to measure marital functioning in addition to the demographic questionnaire. In this study, authors found that there was a positive relationship between the couple’s marriage satisfaction and level of PTSD symptomatology. In addition, PTSD was negatively related to the couple’s acculturation. After taking a closer look, researchers found that husband’s PTSD symptomatology was related to the wife’s marital satisfaction. PTSD symptomatology did not have an effect on the husband’s marital satisfaction. In addition, for women, the acculturation of their husband was also significantly predictive of their marital satisfaction as was their own PTSD symptomatology. All forty couples reported to have been exposed to a traumatic event related to the war in Bosnia. The mean age of refugees was 36.3 years. The couples were married for a mean of 10.6 years and the time in the U.S. was 3.3 years (Spasojevic, et al., 2000). The drawback of this research was a lack of randomization since participants were recruited by the main author’s communication and discussion of the study. If there was a more randomized sample, perhaps a different picture would exist in regards to acculturation and PTSD. Also, authors suggest that it is possible that less traumatized individuals were more likely to consent to participation since they are less distrustful and as a result of the lesser degree of trauma, they have an easier time in
acculturating to the host society. The instruments utilized were in a multiple-choice format and were not familiar to the Bosnian population since this format is more representative of the U.S. tradition (Spasojevic, et al., 2000). There is potential for error since all of the instruments were translated to Bosnian and all participants chose the translated version. In addition, the marriage instrument used may not take into account the actual cultural aspects of marital functioning. It would have been interesting to see the findings of this study if it assessed Bosnian refugees at arrival and compared it to how they are a decade later. While this study addressed acculturation it did not focus too much on the level of acculturation (i.e., bicultural, assimilated, marginalized, separated; Berry, 2001) and relationship it has with the PTSD and marital satisfaction. A more in depth examination of this relationship is needed.

Slobodnjak, Kos, and Yule (2002) conducted a study in Slovenia (one of the former Yugoslavian republics) two years after the war in Bosnia started in which they assessed 265 Bosnian 8th-graders (14 to 15 years of age) and 195 Slovenian 8th-graders. They used the Child Depression Inventory (CDI; Kovacs, 1992) and the Impact of Events Scale (IES; Weiss & Marmar, 1996). In this study, Bosnian children had better mental health outcomes with significantly lower depression rates, higher self esteem, and greater feelings of adequacy in the academic field. However, Bosnian youth had significantly higher rates of PTSD symptomatology and reported worries about the future, sadness and worries about physical pain. Authors postulate that associations between traumatic and depressive symptoms is not as strong as we would like to assume and that cultural influences could be attributing to the greater overall wellbeing of refugees compared to
It is possible that resettlement helped Bosnian children to acculturate quickly as in the Birman, Trickett, and Buchanan (2005) study due to the competitive nature of being a refugee and the effects it has on self-efficacy, particularly regarding discrimination. This study would be more beneficial if it included more academic information and at least one acculturation measure. This way the results could show all aspects of academic functioning and level of acculturation for refugees. Although caution should be present since there are a lot of similarities among Bosnian and Slovenian cultures.

Momartin et al. (2004) conducted a study with refugees from Bosnia displaced in Australia and attempted to explore the complexities of grief with refugees. They coined the term “complicated grief” and defined it as an intense feeling of bereavement which affects a person’s normal functioning and leads to maladaptive behaviors. As a part of the symptoms of “complicated grief,” they include a person who relentlessly questions life’s meaning and is fragmented in their daily interactions and who is detached from their daily functioning. Authors assumed that PTSD and depression would be related to complicated grief, but they found that only depression and complicated grief could be associated while PTSD and complicated grief were not related to other intrusive thoughts. They found complicated grief and PTSD to be clearly distinct issues allowing appropriate diagnosis with use of appropriate assessments. Authors also state that there is a lack of scientific query about the role grief plays in promoting psychological disorders (Momartin, et al., 2004). Assessment of their complicated grief after a number of years since resettlement would offer more information about the role that grief plays regarding
depression and PTSD. Assessing acculturative levels would address the issue of the lack of participation in the host culture and maintenance of native culture is related to a greater degree of complicated grief. In review of the complicated grief instrument (*Core Bereavement Items*; Burnett, Middleton, Raphael, & Martineck, 1997) the missing piece is instrument’s sensitivity to nostalgic emotions a refugee may have so further review of a better suitable instrument would better capture the acculturative aspects.

**Acculturation**

Acculturation is the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members. At the group level, it involves changes in social structures and institutions and in cultural practices. At the individual level, it involves changes in a person’s behavioral repertoire. … Acculturation is a process of cultural and psychological changes that involve various forms of mutual accommodation, leading to some longer-term psychological and sociocultural adaptations between both groups (Berry, 2005, p. 698).

There are three dimensions of acculturation. They are attitude, behavior, and stress as a direct result of contact with the dominant culture (Berry, 1990). Attitudes refer to the way refugees maintain their own identity and relate to the dominant culture, while behaviors are explained by changes in identity because the refugee is a part of the new society. Stress relates to the level of difficulty one has in being in a new environment and the acculturation that comes about from this stress (Berry, 1990). Acculturation is a process which occurs when two or more culturally distinct groups come into contact with
each other. The non-dominant group and its members’ experiences are expected to take on the values and behaviors of the dominant culture, which can create acculturative stress for the individual (Berry, 2001). More specifically, the degree of acculturative stress accounts for the variable mental health outcomes observed among refugees (Williams & Berry, 1991). Poor acculturation means a significant increase in acculturative stress and may result in psychopathology. Zynep and Berry (1996) further state that manifestations of acculturative stress are depression veiled by cultural loss and anxiety further exasperated by the refugees’ life uncertainties. Sense of belonging involves physical change of location, the need to acquire a different language, and the issues of culture and the minority status (Hamilton & Moore, 2004). For refugees, there is a loss of attachment to a physical place, and the increased demand of needing to orient one’s self in an unfamiliar place. Cultural origins impact the way refugees interpret events and how that impacts their styles of coping. Due to their involuntary migration, the way they acculturate can turn out negative or positive, impacting their process of adaptation (both pre and post migratory experiences) (Hamilton & Moore, 2004). And, Oppedal et al. (2005) offer an assumption that the more different the refugees’ home culture is to the one in which they arrive, the harder the acculturation will be for the refugees.

Further, Dimun Yost, and Lucas (2002) discussed several important aspects of the post-migratory issues occurring with the immigrants, including culture shock, loss of status, and related health concerns. Culture shock is the anxiety or the stress people experience as they come into the new environment and experience loss, confusion, and powerlessness due to an inability to understand social and cultural norms of the new
society (Dimun Yost et al., 2002). This stress impacts their ability to make decisions and solve their problems, which ultimately makes their adaptation to the new environment stressful. Due to the lack of familiarity with the language or not knowing where to go to seek information, even gathering basic information is complicated (Dimun Yost et al., 2002).

Acculturation is specific to the individual rather than able to be discussed on a more global level (Berry, 2005). It is also important to point out that stress is not specific to only two different cultures coming in contact but occurs also among family members where acculturative changes and level of adaptability are a cause of conflict (e.g., Parents may become angry with their children for speaking the English language in the home, although they spend more time speaking and interacting in English rather than in their native tongue.) (Berry, 2005). Acculturative stress can lead to a negative impact on refugee mental health (Smart & Smart, 1995). In fact, in a meta-analytic review of literature Moyerman and Forman (1992) found that there is a positive relationship between acculturative stress and overall refugee well-being.

**Refugee Acculturation**

Not only are the needs of newly arriving refugees not met, but mental health issues can also affect families across several generations. More specifically, the *Immigrant Health Paradox* documents that even after three generations of residing in the U.S., children and adolescents are still not adjusting well (Oppedal, Roysamb, & Heyerdahl, 2005). Oppedal et al. (2005) found that once in the U.S., their grandchildren suffer from poorer mental health than their grandparents originally had suffered. The
authors asserted that there may be more to ethnic identity than the acculturation issues that add to such results, but perhaps there are also issues relating to the lack of mental health services that first generation refugees received upon arrival to the U.S. (Oppdal et al., 2005). Also, it is important to find out the variations of cultural beliefs that generations of refugees may have regarding physical and mental health. Conducting a qualitative study to investigate mental health beliefs of different generations of refugees (within the same culture) may be helpful.

Trickett and Birman (2005) conducted a study with 110 refugee adolescents from the Soviet Union to assess their level of adaptation to the new culture in the U.S. They defined school adaptation through grade point average as well as the number of behavioral issues students had measured through school reports. In addition, they measured student’s sense of belonging to the school environment and its relatedness to the acculturation in both Russian and American cultures. They found that those adolescents who identified strongly with American culture did well in school adaptation. They also found that female students were more acculturated to the American culture than males. For students who were well acculturated in the Russian culture school performance was insignificant. However, they did have more support from their culture unlike the students who were less acculturated. This same level of greater Russian acculturation led to greater problems of fitting in and also these students were found to have more behavioral problems than the students who were more acculturated to the American culture (Trickett & Birman, 2005). It appears that the American school environment is not supportive to the Russian-acculturated refugees. In addition to
working to learn more about support in place for adolescents, assessing school administration’s understanding of refugee acculturation could add another element to inform the training of school personnel.

Birman, Trickett, and Buchanan (2005) conducted an acculturation study with refugee adolescents from the Soviet Union and the results of the study state that community plays a big role in adaptation but particularly in acculturation. Those high school students who lived in the communities saturated with Soviet Union refugees were pressured to excel in school, which is an American cultural value, while simultaneously discouraged to attach to their Russian values. Further, those students who lived in the communities that are not represented by Soviet Union refugees did better in school (higher GPA, less school absences, more school involvement, and supportive relationships from the American peers) and confirmed that negative stereotypes (if discriminated by Americans will perform negatively and those from saturated communities performed better since their identity was accepted) impact Soviet refugees who live in the saturated communities (Birman, Trickett, Buchanan, 2005). A qualitative study investigating experiences of the refugee adolescents may be helpful to understand how to intervene and improve student culture and work on combating refugee discrimination.

In another study, Birman and Taylor-Ritzler (2007) investigated the effect that acculturation can have on psychological distress and family relationships. The findings indicate that those Soviet Union students who were more acculturated to the American culture experienced less distress and better family relationships. Further, they also add
that American acculturation is an indicator of less psychological distress (Birman & Taylor-Ritzler, 2007). The drawback of this study was that self-reports included were only collected from the adolescents and did not include parental reports. It may be that the parents’ reports would suggest something different than what is currently reported.

In their inquiry of the level of acculturation among the Mexican American immigrants Lau, McCabe, Yeh, Garland, Wood, and Hough (2005) wanted to find out if those parents who had acculturated more like their children have a lesser degree of stress. The results surprised authors since those children who were less acculturated than their parents had the greatest level of stress. In spite of the thought that parents would have a difficult time rearing their children when these children were more acculturated than them and more adapted to the U.S. system of child rearing, it was found that those children who are more traditional than their parents have the greatest level of difficulty (i.e., conduct related issues). The main dependent variable in this study was the reported conduct disorders of the children. They also used Berry et al. (2001) as a model, which proposes a four quadrant definition of acculturation (acculturated, assimilated, marginalized, separated) that has been criticized to be very rigid in regards to refugee acculturation (Rudmin, 2003). It would be helpful to examine the current literature regarding the fluidity of acculturation and replicate this study with a different acculturation instrument and additional dependent variables (i.e., to define problem behaviors such as mental health, trips to the nurse’s office, etc.). Also, perhaps there should be a study that utilizes several acculturation measures to see how they compare to each other to determine the validity of the measures across acculturative definitions.
**Bosnian Refugees and Acculturation**

A qualitative study using interviews to communicate with refugees in Australia found that refugees from former Yugoslavia and in a mixed marriage (marriage of people from two different ethnic backgrounds) experienced stress upon resettlement. Responses varied regarding acceptance of Australian and rejection of the native values (Burgess-Limerick & Burgess-Limerick, 1998). Many showed a desire to be a part of the host culture and all of them operated successfully in both cultures. They attribute experiencing stress to their lack of English proficiency, lack of employment opportunities, and dependence on governmental support to name a few. They support the notion that it is difficult to feel safe in the host environment since dealing with the past is compounding dealing with the stresses of the present. In the preliminary interviews, the themes of acculturation, social support, and ethnic identity were identified. Participants had to speak English well to communicate with the interviewer and had to be in the country for more than two years. The drawback of this study was that the researchers interviewed only those individuals who had sufficient English speaking skills. So, offering an alternate study format in the native tongue would have been a better option since investigators may have inadvertently attracted only participants who are already well acculturated (Burgess-Limerick & Burgess-Limerick, 1998). In addition, this study would be more interesting if the researchers attended to the buffering effects that marriage can have on a relationship such as spousal support.

Sometimes acculturation needs to be understood in the cultural context by examining phenomena individually. For example, acculturation played a big role in
understanding the risks related to smoking where the more acculturated the person, the greater level of perception among smokers that they are at high risk of getting lung cancer and/or having a heart attack (Helweg-Larsen & Stancioff, 2008). Among Bosnians, this understanding of the risk of cancer and heart attacks was not strong if the person was not highly acculturated to the American culture. It is possible that there is more available education within the American culture about the health risks of smoking that higher acculturated refugees obtained. Meanwhile, the Bosnian culture may not be as adamant or have the means to disseminate this information among its people.

Schmidt, Kravic, and Ehlert (2008) did an interesting study in which they compared the self concept of Bosnian women. They assessed self-concept, which they define through assessments using the Self-Esteem Scale (Bezinovic, 1990), Scale of Perceived Incompetence (Bezinovic, 1990), Locus of Control Scale (Bezinovic, 1990; Rotter, 1966), and The Scale of Persistence (Bezinovic, 1990). In addition, they administered the Bosnian Trauma Questionnaire. What is so interesting is that they assessed: (a) Bosnian refugee women living in Switzerland, (b) Bosnian women who are residing in Bosnia, and (c) the internally displaced who resettled throughout northern region of Bosnia. What they found is that internally displaced women (IDP =26) reported higher levels of PTSD symptoms than Swiss refugees (n = 29) or Bosnian residents (n = 29). In addition, the locus of control was prevalently external with Bosnian internally displaced women (Schmidt et al., 2008). It can be understood that Bosnian women that live in Switzerland and those that are residents of their own hometown in Bosnia are feeling more in control of their lives than internally displaced Bosnians. Internally
displaced women also had lower levels of self esteem than Swiss refugees and Bosnian women who were not displaced. Higher level of education was found to be negatively related to the PTSD symptom severity, type of displacement, and the level of exposure to violence. Overall, refugees are shown to have better mental health symptomatology than internally displaced women (Schmidt et al., 2008). This seems to suggest that trauma of Bosnian residents is affecting them the most since they did not resettle and experience a chance for a new life. There may have been other reasons that prevented resettlement (i.e., old age, disability). Also, it is important to investigate the reasons for resettlement and staying internally displaced. Those who stay within their homeland are possibly constantly reminded by the past since they are living in the same environment so the capacity for containment (Wilson & Drozdek, 2004) cannot be experienced. Assessing their quality of life would reveal more about their health and personal perceptions regarding their own well-being.

Ecological Model

Since this study deals with refugees from one culture resettled to a new and different culture, the ecological model is addressed as it offers the best way to conceptualize refugee issues. This model is based on many different theories; however, Bronfenbennner’s (1979) description of human ecology helps consume all of refugee life. Bronfenbennner discusses four systems that interact with an individual. They can either be close or far away from the individual but still have an impact on the life of the individual. Microsystems is the closest to the individual and may be explained as the relationship of refugee with their loved ones such as the husband and the wife. Mesosystem is next and
is considered to include social support such as friends and more distant relatives.

Exosystem includes government, social policy and as such impacts the refugee. The last one is the macrosystem and it involves things such as ethnic group, country of origin, etc. (Bronfenbrenner, 1979; Coyne & Cook, 2004). In particular, this model seeks to address the environment of the refugees and not just the refugees alone as the only subject of examination. Addressing the environment such as the U.S. and its cultural background allows us to see the individual to be impacted by their environment rather than existing separately from it.

This model takes into account the meaning that refugees get from their environmental interactions. As refugees cannot exist without interacting with their community, so the community cannot exist without interacting with the refugees. In Birman et al. (2005), study Russian-acculturated refugees were impacted by the American culture and experienced discrimination as a result of it. American-acculturated Russians were also impacted and were more competitive in academics as a result of their host environment. For both, the process of interaction is dependent needing a common bond to live and survive.

The ecological model offers multiple contexts to explain behavior. The PTSD with Bosnian refugees in Miller et al., (2002) study was specifically defined so that the refugees can reflect either their present experiences or their past experiences. They were able to explain PTSD to be due to past trauma exposure rather than losing a person or due to their resettlement to the U.S. This study sought to address the multiple contexts in order to explain the symptomatology and behaviors.
This model is constructivist stating that people create meaning through their capacities. The experience can be interpreted in both subjective and objective ways. As in the Spasojevic et al., (2000) study, Bosnian refugees varied in their level of connection to Australia and Bosnia. While some wanted to forget the past since it reminded them of the war and relating that to giving power to the past and not allowing them to live in the present, others chose to keep their home country in the forefront in order to enjoy their new chance at life reminded that they are Bosnian.

This model sees individuals as integrated beings and addresses their thinking, feeling and behavior as a part of an ecosystem. The ecosystem means that all of the interacting influences are considered and not excluded in understanding the person. This idea relates to the complicated grief phenomenon among Bosnians where those assessed in the Craig et al. (2008), and Momartin et al. (2004), studies showed complicated grief while each had sought to explain and relate it to depression, anxiety and PTSD. Their past experiences can never be excluded in understanding their well being now.

This model seeks to address time in that it can address refugees within the time of their exodus and strife as well as addressing their efforts toward change. It conceptualizes the whole person, not just one aspect, and seeks to see an individual who is integrated and changing through time while also carrying with self the impact of the particular time they are living in. So, it is not possible to understand refugees within the American context they live in now but also it is necessary to consider all of the impact that the war and their Bosnian heritage have on where they are today and what they are doing. While one individual with a similar background may interpret things one way, the
next individual may interpret things another way. This relates to Berry’s (2001) suggestion to treat acculturation as an experience unique to the individual rather than the community. Hence, the ecological model supports the understanding that each individual’s meaning is valued and supports the provision of their reality. Herr (2004) states that the life in the U.S. is not static but ever-changing and undergoing changes within the context and systems such as the economic, political, and also social. With these changes, the lives of refugees are impacted but so are the lives of the Americans.

The ecological model values change and explains that change also contributes to the harmony of the environment and person. In its intervention, ecological model uses targets that address all of the levels of the human ecology discussed by Bronfenbrenner (1979). To effect change for the individual, it has to be promoted on individual and environmental level. Changes cannot just occur within the individual but rather be visible in group (e.g., greater communication among refugees) and society (e.g., better mental health services and screenings to address the needs of refugees).

Conclusion

This chapter provided a review of the existing literature on three variables for this study: depression, PTSD, and acculturation. Research studies that focused on refugees and these variables were presented; specifically, those findings were shared as they relate to the Bosnian refugees. Theoretical background was also shared. These empirical and theoretical backgrounds offered foundation for this study. It also solidified importance and need for this study.
CHAPTER 3

METHODOLOGY

The purpose of this chapter is to present the methods used in this study. Solicitation of participants, data collection procedures, and measures used for the study are discussed. The research questions, hypotheses, and data analysis procedures are also presented.

Participants and Procedure

Participants in this study were Bosnian refugees. The author is also Bosnian and made connections with Bosnians living in the U.S. asking them for help with recruitment. One contact person provided over 500 names and addresses of the organization’s members to the author, appreciating the fact that a Bosnian individual was working on completing her Ph.D., giving them a sense of pride in Bosnian culture and a sense of accomplishment. The criteria for participation were: (a) refugees had to be from Bosnia, (b) 18 years of age and older, (c) living in the U.S., and (d) had to be living in the U.S. between 7 to 14 years. The reason for choosing to include only this sample of participants was because the refugees who arrived in the U.S. during the ethnic conflict share unique characteristics and experiences that are not comparable to other immigrants who may have arrived earlier or later in the U.S. (e.g., the Bosnian ethnic conflict of the 1990s is not comparable to the characteristics that WWII refugees shared when they last fled in large numbers from that region). The official dates of the war are 1992-1995 but the largest resettlements continued until 1998.
Some members on the address list were from Canada and European countries, so they were removed from the mailing list because those countries have different ways of handling refugee issues compared to the U.S. At this point the investigator sent a recruitment letter along with the survey packet (see Appendix A [English version] and B [Bosnian version]) and an envelope with the investigator’s address. Anyone who wished to participate needed to fill out the survey and mail it to the investigator in an enclosed envelope.

A total of 391 people living in the U.S. were initially contacted by sending them a packet including the instruments and a letter explaining the study, asking for their participation. Based on the cultural beliefs in the Bosnian patriarchal society, primarily males were listed on the mailing list. The author sent two copies of each instrument, for a total of 782 surveys sent, in order to include the spouse as well. Due to a low response rate, the author resorted to snowball sampling method. She attended a gathering of Bosnians from her hometown and spoke about the study to a group of over 500 people. Attending this event provided only 5 additional completed surveys that evening but it informed people at the event about ways to tell other Bosnians about the study. A few of the people at the event went back to their respective communities and helped gather more surveys from their neighbors and friends and this contact contributed greatly to the sample size. Another issue that affected the response rate was that many people had moved since the list of names and addresses was updated, which resulted in 36 returned mailings.
In addition to the paper survey, the author posted the survey on PsychData (www.psychdata.com). After uploading the data from PsychData, a problem became evident where only two responses were gathered for one of the instruments so all 34 participants had to be eliminated. There was no way to ascertain the answers from participants who utilized Psychdata.com because of a skewed recording of responses.

The intent for the proposed study was to have approximately 200 Bosnian refugees involved, making it sufficient to make generalizations about the population. This number was achieved by following a recommendation offered by Tabachnik and Fidell (2007) where they state the minimum number of participants should follow the formula of \(50 + 8(m)\), with \(m\) representing the number of independent variables. In addition, Tabachnik and Fidell recommend including a larger number of participants since that will allow for measurement errors. This author decided to aim to get 200 participants in this study, although the \(N = 50 + 8(m)\) comes out to be 66 participants, since some error in measurement was anticipated. After inputting all the data the number of participants came out to 166. Approximately 10 surveys had to be eliminated either because the participant did not fill out the complete survey (not completing one of the assessments) or in two instances the participants were in the U.S 2 and 4 years, respectively.

Based on the demographic data provided in Table 1 the average age of participants \((N = 166)\) was 44 years and ages ranged from 19 to 79. In terms of sex, 84 (51%) of participants were female and 78 (47%) were male, while 4 (2%) participants did not answer this question. All of the participants were Caucasian since this was a composition of Bosnia refugees, all of whom are Caucasian. An ethnicity question was
not included in the survey. In terms of length of time spent in the U.S., the years ranged from 7-14 with the highest percent of participants (32%) having been in the U.S. for 12 years. Age of arrival varied among participants where the youngest participant arrived to the U.S. at 6 years of age and the oldest participant arrived to the U.S. at 67. The mean age for arrival was 32 years old.

Most of the participants reported having a high school education \((n = 92)\) and the second highest level of education was a bachelor’s degree \((n = 24)\), followed by participants reporting that they held an incomplete high school education \((n = 20)\). Three participants did not share their educational level. Income ranged from less than $10,000 to $100,000 with the mean income being $20,000 to $35,000 \((n = 54)\). Most participants reported living in the following states (in alphabetical order): Arizona \((n = 3; 1.8\%)\), Florida \((n = 2; 1.2\%)\), Idaho \((n = 2; 1.2\%)\), Illinois \((n = 41, 24.7\%)\), Indiana \((n = 13, 7.8\%)\), Iowa \((n = 8, 4.8\%)\), Louisiana \((n = 1; 0.6\%)\), Michigan \((n = 29, 17.5\%)\), Missouri \((n = 10, 6.0\%)\), New York \((n = 46, 27.7\%)\), Ohio \((n = 5, 3\%)\), Pennsylvania \((n = 38, 1.2\%)\), Tennessee \((n = 2, 1.2\%)\), and Virginia \((n = 2, 1.2\%)\). Most participants were from New York and Illinois respectively.

One-hundred-twenty-eight participants were married \((77\%)\), and those single and in a relationship were equal at 13 participants for each category \((7.8\%)\) as the next highest responses. With respect to their religious affiliation, the majority \((n = 140; 84.4\%)\) identified as Muslim. Fifteen participants \((9\%)\) identified as “other,” listing responses of either atheist or Yugoslavian as their religion even though citing Yugoslavian is an example of ethnic identity rather than religion. Serbian/Orthodox
was the next highest rating \((n = 8; 4.8\%)\) and last was Croatian/Catholic \((n = 2; 1.2\%)\). One person did not provide an answer regarding religious affiliation. One-hundred-thirty-six participants \((81\%)\) reported being U.S. citizens while 29 participants \((17.5\%)\) reported not being U.S. citizens and one participant did not answer this question. Participants reported spending from no time \((12.7\%)\) to 8 years \((0.6\%)\) participating in an ESL classroom. Mean time spent in ESL education was reported to be seven months. It is extremely difficult for this author to process the information offered by the participants regarding their past home in Bosnia since responses ranged from nearby cities to small villages unknown to the author. The ranges of responses for this category were from all over Bosnia but predominant responses were representative of the western part of Bosnia familiar to the author.

**Measures**

Two measures were used to assess the independent variables (i.e., depression, PTSD) and one was used to measure dependent variable (i.e., acculturation). Below the author identifies and discusses each measure in more detail.

**Demographic questionnaire.** The demographic questionnaire (see Appendix F and G) assessed age, sex, years of residence in the U.S., age at arrival to the U.S., level of education, income level, state in which refugee resided, relationship status, religion, citizenship, and the length of time in ESL (English as a Second Language) classes. The reason for including questions pertaining to the years of residence in the U.S. was embedded in the study specifics—length of time was related to the mental status and acculturation of the refugees. In addition, age of arrival was included to track the ages of
the individuals and their overall well being, as was their acculturation level, citizenship status, and the level of education within the ESL classroom. Finally, tracking the region of Bosnia was important considering that the addresses of the individuals from the Bosnian organization were focused predominantly on the western part of Bosnia. This tracking allowed the author to ascertain if the refugees who responded were also predominately from that part of Bosnia and how effective the snowball method turned out to be. It was shown that most participants were from western part of Bosnia, as was the author, and more effective than mailings was the communication that author had with key individuals who helped disseminate information about the study. This information was gathered through phone calls rather than formal methods of response.

**Center of Epidemiologic Studies-Depressed Mood Scale (CES-D).** The CES-D (Radloff, 1977), which was used to assess depressive symptoms, is a 20-item self-report scale developed as a screening tool for depression. Participants are asked to indicate how often they experienced depressive symptoms in the past week. The responses range from 0 (rarely or none of the time [less than 1 day]) to 3 (most or all of the time [5-7 days]). Representative items include, “I did not feel like eating; my appetite was poor” and “I felt that I could not shake off the blues even with help from my family or friends.” Scores range from 0 to 60 with higher scores being indicators of more depressive symptoms (Radloff, 1977).

Radloff (1977, 1991) stated the CES-D has been validated with clinically depressed and non-clinical populations. This measure is reported to have a reasonably high internal consistency for non-clinical population with Chronbach’s alpha coefficients
being at .85 and .90 for clinical populations and reported moderate test-retest reliabilities (from .51 to .67) within 2 to 8 week intervals (Radloff, 1997). The reason for choosing this scale was because it is utilized widely across ethnically diverse populations (Rahman & Rollack, 2004) including with a Bosnian population by Miller et al. (2002).

The CES-D is correlated with similar depression measurement scales such as the SCL-90 (Derogatis, Lipman, & Covi, 1973), the Hamilton Rating Scale (Hamilton, 1960), and Raskin Depression Rating Scale (Radloff & Rae, 1979; Raskin, Schulterbrandt, Reatig, & McKeon, 1969). Radloff and Rae warned that a group with high average scores may be interpreted to be “at risk” of depression and needing treatment. They added this instrument is a good tool for identifying people in high risk groups and can be used to study the relationships that depressive symptoms may have with other variables. This view complements the current study where the goal was not to diagnose for depression but to report depressive symptomatology (refer to Appendix H and I to review the instrument). The Chronbach’s Alpha for this study was .90.

**Impact of Event Scale-Revised (IES-R).** The IES-R (Weiss & Marmar, 1997) was used to assess PTSD-like symptoms and traumatic experiences Bosnians would have experienced in Bosnia during the time of conflict and ethnic cleansing. The IES-R, which is a 22-item self-report measure, purports to measure three subscales: Intrusion, Avoidance, and Hyperarousal (Horowitz, Wilner, & Alvarez, 1979; Weiss & Marmar, 1997). Participants were asked to rate their recent (last 7 days) experiences of distress. The IES-R uses a 4 point scale (0 meaning “not at all” to 4 meaning “extremely”). Total scores can range from 0 to 88, and higher scores indicate higher levels of distress. Scores
of 44 and higher are considered to be within a severe range while total scores that fall within 26 to 43 are considered in the moderate range of distress (Horowitz et al., 1979; Weiss & Marmar, 1997). For this study the total score was utilized only and scores ranged from 0 to 88.

Weiss and Marmar (1997) reported high internal consistency of the three subscales (Intrusion Chronbach alpha range was .87 to .92; Avoidance alpha range was .84 to .86; and Hyperarousal alpha range was .79 to .90) and a “homogeneous construct.” Weiss and Marmar (1997) also found the test-retest reliability to be .57 for Intrusion and .51 for Avoidance for a participant sample who experienced a traumatic event within the previous 3 years. The second participant sample, who experienced a traumatic event 6 weeks prior to testing, were retested 6 months later with reliabilities being .94 and .89 respectively. This means that the shorter time interval indicated higher stability of the instrument than when the longer time interval was used (Weiss & Marmar, 1997).

In another analysis with a sample of 197 participants, the correlation coefficients were considerably higher: Intrusion = .94, Avoidance = .89, and Hyperarousal = .92. When there was a shorter time span between the traumatic event and completing the assessment, then a higher coefficient of reliability was reported (Horowitz et al., 1979). With the current study, the posttraumatic experiences may not have as much stability with this instrument since it has been at least seven to eight years since the last traumatic “refugee-related” experience may have taken place. The predictive criterion for Intrusion and Avoidance is reported to be sensitive enough to detect change in participant’s overall well being. The two original subscales of Intrusion and Avoidance purport to measure
what they say they measure up to 85% of the time (content validity; Horowitz et al., 1979). All three subscales were used in this study, and the instrument has been used with Bosnian and Croatian refugees (Herceg, Melamed, & Pregrad, 1996; Kuterovac, Dyregov, & Stuvland, 1994; see Appendix J and K to view this instrument). The Chronbach’s Alpha for this study was .96.

The Language Identity and Behavioral Acculturation Scale (LIB). The LIB (Birman & Trickett, 2001), used to assess acculturation, is a 54-item self-report scale developed to indicate level of acculturation. This instrument has been used with immigrants from the Soviet Union in a number of studies (Trickett & Birman, 2005; Trickett & Buchanan, 2005) and it purports to measure independent acculturation of the Russian and American cultures. In the Trickett and Birman (2005) study with Russian immigrants the reliabilities were .90 with the AAI and .94 with the RAI. This instrument has not been used with Bosnian refugees because it is a fairly new instrument, however Russian and Bosnian languages are highly similar because they are both Slavic languages so the reliabilities are expected to be similar (refer to Appendix L and M to view this instrument). This instrument has two indices: American and Bosnian. Within each of the indices this instrument assesses language, identity, and behavior as a reflection of level of cultural acceptance. Participants were asked to evaluate their own level of language competence, identity, and behavioral acculturation respective to the two cultures (American and Bosnian; Birman & Trickett, 2001).

The American Identity Questionnaire (Phinney & Devich-Navarro, 1997) was the basis for the development of the Identity Acculturation with questions like “I consider
myself American” or “I am proud to be American.” The responses range from 0 (not at all) to 4 (very much). Total scores can range from 0 to 216 with higher scores signifying higher level of biculturalism (existing and successfully integrating in both cultures—American and Bosnian). For this study scores ranged from 100 to 215. Representative items for Behavioral Acculturation ask if participants read American newspapers or Bosnian, or if they enjoy more American food or Bosnian food. The Language Competence subscale asks questions pertaining to the ability to speak and understand Bosnian and English languages. The Language Competence scale asks questions about how well the participants can speak each of the two languages (Bosnian and English) and how well they rate themselves in terms of their proficiency (“not at all” to “very well, like a native”; Birman & Trickett, 2001).

In a study using this instrument with Russian refugees (Trickett & Birman, 2005), Cronbach alpha reliability coefficients were .95 (Russian) and .90 (English). The Identity Acculturation subscale is concerned with the level of both American and Bosnian identity. Previously, alpha reliability coefficients with Russian refugees were .92 (American) and .93 (Russian). Behaviors that one engages in are associated with culture so the Behavioral Acculturation scale/subscale seeks to assess level of engagement in behaviors of each culture (e.g., TV, radio, newspapers). With the Russian refugees in Trickett and Birman’s (2005) study, reliabilities were .76 (American) and .86 (Russian). For this study, however, the focus was not to assess the level of particular indices but rather the total score for the instrument so as to assess overall level of acculturation. Both
indices (American and Bosnian) were used in this study but only the total score is reported. The Chronbach’s Alpha for this study was .87.

**Marlow-Crowne Social Desirability Scale, Short Form (MCSDS-SF).** The MCSDS-SF (Reynolds, 1982) is a 13-item self-report questionnaire that solicits information from the participants about their desire to make a good impression. For the social desirability scale, scores range from 0 to 13, with higher scores signifying higher social desirability. For this study the scores ranged from 0 to 13. Participants have two possible answers: “true” or “false.” It is possible that participants may want to answer differently from their true response to present themselves in a positive light, or they may become fatigued by the questions so this measurement was selected to control for response bias that sometimes occurs with self-report instruments. One representative item in MCSDS-SF area is “I have never deliberately said something that hurt someone’s feelings” (Crowne & Marlowe, 1960; Reynolds, 1982).

The short version of the MCSDS has good psychometric properties with a Chronbach alpha coefficient at .76 and it is shown to correlate well to the longer version of this scale, with a coefficient of .93 (Crowne & Marlow, 1960; Reynolds, 1982). The test-retest reliability for this scale within six weeks was reported to be .74 and internal consistency ranged from .62 to .76 (Ballard, 1992; Loo & Thorpe, 2000; Reynolds, 1982; Zook & Sipps, 1985; See Appendix N and O to view this instrument). The Chronbach’s alpha for this study was .68.
Proposed Research Questions, Hypotheses, and Analysis

Two research questions were proposed for this study. The research questions, hypotheses, and analyses are listed below. This study utilized Pearson coefficient to calculate correlations. Regression was not used since it is necessary to have 50 or more cases for every independent variable thus creating a prediction equation that has a reduced amount of sampling error (Glass & Hopkins, 1996). There were not enough participants for each independent variable to run regression analysis. Pearson coefficient of determination indicated the magnitude and direction of the linear relationship (Glass & Hopkins, 1996). The data analyses included the use of basic descriptive statistics (means and standard deviations) and inferential statistics.

Research Question 1: What is the relationship between acculturation and depression in Bosnian refugees who have lived in the U.S. between 7 and 14 years?

Hypothesis 1: Bosnian refugees who report lower total depression scores (CES-D) will have higher total acculturation scores (LIB).

Analysis of Hypothesis 1: Mean differences between CES-D and LIB were compared. The difference was considered significant if a p value of .05 or less was identified. A .05 value is viewed as a standard p value within the field of social sciences (Tabachnick & Fidell, 2001).

Research Question 2: What is the relationship between acculturation and trauma in Bosnian refugees who have lived in the U.S. between 7 and 14 years?

Hypothesis 2: Bosnian refugees who report lower total traumatic scores (IES-R) will have higher total acculturation scores (LIB).
Analysis of Hypothesis 2: Mean differences between the IES-R and the LIB were compared. The difference is considered significant if a p value of .05 or less is identified.

**Statistical Analyses**

First, descriptive statistics were analyzed. The means and standard deviations of the following demographic variables were obtained: age, education level, sex, and years in the United States. For all dependent and independent variables, means and standard deviation were calculated. Finally, all possible correlations between the aforementioned variables were assessed. Two correlations, using Pearson r, were conducted to determine the relationships among the variables in question (depression, PTSD, and acculturation). These relationships were then examined.
CHAPTER 4

RESULTS

In this chapter, the author presents the results of the study involving Bosnian refugees who are now living in the U.S. Prior to discussing the findings, the author presents the pre-analysis data screening procedure and participant demographics. Following that will be a discussion of the correlation between acculturation and depression as well as acculturation and PTSD symptoms as they relate to the research questions.

Pre-analysis Data Screening

This study utilized two ways of gathering data, pencil-and-paper survey and Psychdata.com. The second collection of participant responses was compromised due to the inaccurate recording of the responses on Psychdata.com, which resulted in the elimination of 34 participants who used the online software to record their answers. This elimination had an impact on the study because the online format attracted younger Bosnians who had access to the Internet and were computer savvy. These particular participants were recruited using Facebook.com, a social networking website.

Prior to inputting the data, the surveys were first visually inspected and those that did not meet the inclusion criteria were eliminated. There were two surveys that had to be eliminated at this time because the participants spent only 2 and 4 years in the U.S. so they did not meet pre-established criteria for years of residence in the U.S.

Next, six surveys that did not have most of the questions completed were eliminated. Dropping cases from analyses is one accepted procedure for dealing with
missing data (Tabachnik & Fidell, 2007). An example of one case that was eliminated was a participant who completed the demographic questionnaire and the acculturation measure (LIB) but did not complete the depression (CES-D) and/or PTSD measure (IES-R). Participants either filled out all of the survey (with one or two questions missed at times) or they skipped an instrument altogether such as CES-D or IES-R. In the end, there were 166 usable surveys and they became the sample for this study.

The next step involved coding each instrument corresponding to its SPSS code number. A code number was created for each response from the survey and described in the variable view of SPSS. This helped provide greater context for the author in understanding the data. After coding, data was loaded manually into an SPSS spreadsheet. Missing data was handled by creating a dummy variable (Tabachnik & Fidell, 2007).

The next step was to create boxplots for each of the instruments used to examine outliers. Boxplots are useful in providing information about outliers in the data since outliers are not representative of the other values in the data set (Yockey, 2007). Examination of the variable boxplots showed that there were no outliers in the data since no values were presented outside of the data sets. For the CES-D, the boxplot showed that there were no outliers and data were concentrated at the lower level of the boxplot, closer to the 25th percentile. The same held true for the IES-R, with data showing no outliers. For the LIB, the data suggested there was one outlier for just one case, but it was within the range of acceptable values (Yockey, 2007).
To examine the distribution of the variables the author created histograms that indicate frequency or number of observations for the continuous variable (Yockey, 2007). The histograms for each of the scales revealed distribution with no discernible patterns for either the CES-D or the IES-R but a bell-shaped distribution for the LIB. No outliers were revealed in these graphs (see Figures 1, 2, and 3).

**Participant Demographics**

Table 4.1 presents descriptive statistics for the sample. As noted in chapter 3, the number of men and women completing the survey was almost even. Most of the participants reported having a high school diploma or GED equivalency diploma as their highest level of education. The most frequently occurring household income was in the $20,000 to $35,000 range per year. Most participants were married, U.S. citizens, and Muslims.

Table 4.2 presents the means, standard deviations, and statistics for all of the instruments. Instrument means suggest the participants experienced lower levels of depression, PTSD symptomatology, and higher levels of acculturation. For CES-D, scores range from 0 to 60, with higher scores being indicators of more depressive symptoms. Scores for participants in this study ranged from 0 to 37 with a mean of 18.85, indicating the participants had low levels of depressed mood (see Table 4.2 for univariate levels).

For the IES-R, scores range from 0 to 88, with higher scores indicating higher levels of distress. Scores for participants in this study ranged from 0 to 88, with a mean of 32.79. According to the IES-R, participants had low levels of traumatic experiences.
The acculturation scale, the LIB, has a range of scores from 0 to 216, with higher scores signifying higher level of biculturalism. Participant scores ranged from 100 to 215, with a mean of 153.7 meaning that the participants were moderately to highly acculturated. For the Marlowe-Crowne social desirability scale, scores range from 0 to 13, with higher scores signifying higher level of social desirability in participant responses. Participant scores ranged from 0 to 13 with a mean of 5.5, indicating that participants did not generally respond in socially desirable ways when completing the survey.

**Bivariate Analysis**

Following data screening, correlations among the three variables (depression, traumatic events, and acculturation) were calculated. Table 4.3 presents the Pearson correlation matrix with relationships between socio-demographic features (age, marital status, ESL attendance) and scales utilized (CES-D, IES-R, LIB). The Pearson correlation matrix showed that there are a number of statistically significant relationships between traumatic impact and demographic variables, and acculturation and demographic variables (i.e., age, citizenship, gender). A statistically significant relationship exists between traumatic events and age, age at arrival to the U.S., marital status, and depressive mood. Relationships also exist between acculturation and age, age at arrival to the U.S., marital status, and religion. Specifically, age of the participants and the acculturation coefficient was negative \( r = -.340, p = .0001 \). In addition, age at arrival in the U.S. and acculturation coefficient was negative \( r = -.368, p = .0001 \), meaning that as the age at arrival increased the acculturation scores decreased. Also, marital status and
acculturation coefficient was negative, $r = -.269$ ($p = .003$). The coefficients for traumatic events and age were found to be significant ($r = .291$, $p = .384$), as were the coefficients for traumatic events and age at arrival ($r = .290$, $p = .001$). Also, the following intercorrelations among socio-demographic variables were found to be statistically significant: gender and income ($r = .237$, $p = .002$), and age and marital status ($r = .384$, $p = .0001$). Also, ESL education had a significant correlation coefficient with age ($r = -.169$, $p = .034$), age at arrival to the U.S. ($r = -.195$, $p = .014$), education ($r = .169$, $p = .036$), and marital status ($r = -.207$, $p = .010$).

Table 4.4 presents correlation matrix for CES-D and subscales of IES-R and LIB. The Pearson coefficient indicates statistical significance that exists among depression and the American Acculturation Index (AAI) ($r = -.242$, $p = .006$), depression, and all three subscales of IES-R: hyperarousal ($r = .699$, $p = .000$), intrusion ($r = .584$, $p = .000$), and avoidance ($r = .560$, $p = 000$). The Bosnian Acculturation Index (BAI) and all three subscales of IES-R: hyperarousal ($r = .193$, $p = .013$), intrusion ($r = .262$, $p = .001$), and avoidance ($r = .218$, $p = .005$) and AAI, and all three scales of IES-R: hyperarousal ($r = -.246$, $p = .001$), intrusion ($r = -.205$, $p = .008$), and avoidance ($r = -.159$, $p = .041$) were found to be statistically significant also. IES-R subscales were also found to be statistically significant: hyperarousal and intrusion ($r = .883$, $p = .000$), hyperarousal and avoidance ($r = .723$, $p = .000$), and intrusion and avoidance ($r = .697$, $p = .000$).

**Research Question 1**

The first research question asked: What is the relationship between acculturation and depression in Bosnian refugees who have lived in the U.S. between 7 to 14 years?
The author utilized a measure of linearity of relationship (Pearson r) to answer this question. To answer the question addressing depressive symptomatology and acculturation, the author used PASW statistical software to determine the degree of linear relationship between these two variables (Yockey, 2008). The null hypothesis in this case stated there is no relationship between acculturation and depression, and the alternative hypothesis stated that there is an inverse positive relationship between depression and acculturation.

The author created a scatterplot (see Figure 1) that showed a normally distributed sample. In addition, she calculated a Pearson correlation coefficient to determine the relationship and the magnitude of the relationship between depression and acculturation. The results of this correlation were not statistically significant, \( r = -0.112 \) \((n = 128, p = 0.264)\). The results showed no relationship between acculturation and depression, and the null hypothesis was accepted.

**Research Question 2**

The second research question asked: What is the relationship between acculturation and trauma in Bosnian refugees who have lived in the U.S. between 7 to 14 years? To answer the question addressing traumatic life events and acculturation the author used PASW statistical software to assess the degree of linear relationship between these two variables (Yockey, 2008). The null hypothesis stated there is no relationship between the two variables in the sample.

The author created a scatterplot (see Figure 2) that showed a normally distributed sample. In addition, she calculated a Pearson correlation coefficient to determine the
magnitude of the relationship. The results of this correlation indicate $r = .069$ ($n = 121$, $p = .498$), which was not significant. There was no relationship between traumatic life events and acculturation, so the null hypothesis was accepted.

**Further Analyses**

The data for this study were also analyzed to see if there are differences in reports for men and women. This analysis yielded findings that were not significant. In addition, this study had two large samples from different locations uncharacteristic of one another (e.g., access to Bosnian-speaking television, physicians who speak Bosnian in one location and not the other) so the findings for these were compared to assess if there were differences in their level of depression, traumatic experiences and acculturation. These correlations did not have significant findings. Also, correlations for sex and these two locations yielded non-significant findings.
Table 4.1

Participant Demographics Description

<table>
<thead>
<tr>
<th>Demographics</th>
<th>n</th>
<th>% of sample</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>166</td>
<td></td>
<td>44.39</td>
<td>11.60</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>84</td>
<td>51</td>
<td></td>
<td></td>
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<tr>
<td>Male</td>
<td>78</td>
<td>47</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Time in the USA</strong></td>
<td>166</td>
<td></td>
<td>11.98</td>
<td>1.60</td>
</tr>
<tr>
<td><strong>Age at arrival</strong></td>
<td>166</td>
<td></td>
<td>32.43</td>
<td>11.50</td>
</tr>
<tr>
<td><strong>Education Level</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Some High School</td>
<td>20</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School Diploma/GED</td>
<td>92</td>
<td>55.4</td>
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<td></td>
</tr>
<tr>
<td>Some College, University, or Technical School</td>
<td>17</td>
<td>10.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Associates Degree</td>
<td>7</td>
<td>4.2</td>
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<tr>
<td>Bachelor’s Degree</td>
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<td>14.5</td>
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<td></td>
</tr>
<tr>
<td>Master’s Degree</td>
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<td></td>
</tr>
<tr>
<td><strong>Household Income</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 10,000</td>
<td>18</td>
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<td></td>
</tr>
<tr>
<td>$10,001-20,000</td>
<td>36</td>
<td>21.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$20,001-35,000</td>
<td>54</td>
<td>32.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income Range</td>
<td>Count</td>
<td>Percentage</td>
<td></td>
<td></td>
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<td>-------</td>
<td>------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$35,001-50,000</td>
<td>31</td>
<td>18.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$51,000-75,000</td>
<td>17</td>
<td>10.2</td>
<td></td>
<td></td>
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<tr>
<td>$75,001-100,000</td>
<td>9</td>
<td>5.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above $100,000</td>
<td>1</td>
<td>0.6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Marital Status**

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
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<td>7.8</td>
</tr>
<tr>
<td>In a relationship</td>
<td>13</td>
<td>7.8</td>
</tr>
<tr>
<td>Married</td>
<td>128</td>
<td>77.1</td>
</tr>
<tr>
<td>Widowed</td>
<td>4</td>
<td>2.4</td>
</tr>
<tr>
<td>Separated</td>
<td>3</td>
<td>1.8</td>
</tr>
<tr>
<td>Divorced</td>
<td>1</td>
<td>0.6</td>
</tr>
</tbody>
</table>

**Religious Affiliation**

<table>
<thead>
<tr>
<th>Affiliation</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Croatian/Catholic</td>
<td>2</td>
<td>7.8</td>
</tr>
<tr>
<td>Serbian/ Orthodox</td>
<td>8</td>
<td>4.8</td>
</tr>
<tr>
<td>Muslim</td>
<td>140</td>
<td>84.8</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>9.0</td>
</tr>
</tbody>
</table>

**U.S. Citizenship**

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<thead>
<tr>
<th>Citizenship</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>136</td>
<td>81.9</td>
</tr>
<tr>
<td>No</td>
<td>29</td>
<td>17.5</td>
</tr>
</tbody>
</table>
Table 4.2

Summary of Univariate Analysis for Study Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 128**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowne-Marlow Scale</td>
<td>5.5</td>
<td>2.3</td>
<td>0-13</td>
</tr>
<tr>
<td>N=123*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Center of Epidemiologic Studies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depressed Mood Scale (CES-D)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total CES-D Score</td>
<td>18.8</td>
<td>10.9</td>
<td>0-36</td>
</tr>
<tr>
<td>N = 128**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impact of Events Scale (IES-R)</td>
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<td></td>
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</tr>
<tr>
<td>Total IES-R Score</td>
<td>32.79</td>
<td>20.07</td>
<td>0-88</td>
</tr>
<tr>
<td>N = 121***</td>
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</tr>
<tr>
<td>Language, Identity Behavior Scale (LIB)</td>
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<td></td>
</tr>
<tr>
<td>Total LIB Score</td>
<td>153.7</td>
<td>21.45</td>
<td>100-216</td>
</tr>
</tbody>
</table>

Note: M = Mean, SD = Standard Deviation
* 43 participants did not respond to all of the questions.
** 38 participants did not respond to all of the questions.
***45 participants did not respond to all of the questions.
Table 4.3

Correlation Matrix of Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age</td>
<td>_</td>
<td>.193</td>
<td>.122</td>
<td>.989**</td>
<td>-.088</td>
<td>-.124</td>
<td>.384**</td>
<td>-.031</td>
<td>-.026</td>
<td>-.169*</td>
<td>.078</td>
<td>.291**</td>
<td>-.340**</td>
<td>.078**</td>
</tr>
<tr>
<td>2. Gender</td>
<td>_</td>
<td>.039</td>
<td>.181</td>
<td>.083</td>
<td>.237**</td>
<td>.012</td>
<td>-.067</td>
<td>-.068</td>
<td>.025</td>
<td>.025</td>
<td>.036</td>
<td>-.130</td>
<td>-.080*</td>
<td></td>
</tr>
<tr>
<td>3. Time in the U.S.</td>
<td>_</td>
<td>-.003</td>
<td>.145</td>
<td>.065</td>
<td>-.080</td>
<td>.062</td>
<td>-.116</td>
<td>.121</td>
<td>.101</td>
<td>-.046</td>
<td>.123</td>
<td>-.060**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Age at arrival to the U.S.</td>
<td>_</td>
<td>-.111</td>
<td>-.135</td>
<td>.402**</td>
<td>.045</td>
<td>-.010</td>
<td>-.195*</td>
<td>.066</td>
<td>.290**</td>
<td>-.368**</td>
<td>.076*</td>
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<tr>
<td>5. Education</td>
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<td>-.055</td>
<td>.025</td>
<td>-.131</td>
<td>.169*</td>
<td>-.168</td>
<td>-.127</td>
<td>156</td>
<td>.200**</td>
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<td>6. Income</td>
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<td>.006</td>
<td>-.040</td>
<td>-.009</td>
<td>-.149</td>
<td>-.034</td>
<td>.125</td>
<td>.190**</td>
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<tr>
<td>7. Marital status</td>
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<td>-.250**</td>
<td>-.123</td>
<td>-.207**</td>
<td>.080</td>
<td>.175*</td>
<td>-.269**</td>
<td>.273**</td>
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<tr>
<td>8. Religion</td>
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<td>-.051</td>
<td>-.029</td>
<td>-.103</td>
<td>-.032</td>
<td>.231*</td>
<td>.209**</td>
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<td>9. U.S. Citizenship</td>
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<td>.129</td>
<td>.163</td>
<td>.156</td>
<td>-.020</td>
<td>.222**</td>
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<tr>
<td>10. ESL education</td>
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<td>-.059</td>
<td>-.147</td>
<td>.048</td>
<td>.360**</td>
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<tr>
<td>11. Depression</td>
<td>_</td>
<td>.665**</td>
<td>-.112</td>
<td>.390**</td>
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<td>12. Traumatic events</td>
<td>_</td>
<td>.069</td>
<td>.349**</td>
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<td>13. Acculturation</td>
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<td>.045**</td>
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<td>14. Social Desirability</td>
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Table 4.4

*Correlation Matrix of Variables Subscales*

<table>
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<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<tbody>
<tr>
<td>Depression</td>
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<td>.102</td>
<td>-.242**</td>
<td>.699**</td>
<td>.584**</td>
<td>.560**</td>
</tr>
<tr>
<td>Acculturation subscales</td>
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<tr>
<td>Bosnian</td>
<td>_</td>
<td>.094</td>
<td>.193**</td>
<td>.262**</td>
<td>.218**</td>
<td></td>
</tr>
<tr>
<td>American</td>
<td>_</td>
<td></td>
<td>-.246**</td>
<td>-.205**</td>
<td>-.159*</td>
<td></td>
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<tr>
<td>PTSD subscales</td>
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<tr>
<td>Hyperarousal</td>
<td>_</td>
<td></td>
<td>.883**</td>
<td>.723**</td>
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<tr>
<td>Intrusion</td>
<td>_</td>
<td></td>
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<td>.697**</td>
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<tr>
<td>Avoidance</td>
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</table>

*p < .05, **p < .01
Figure 4.1. Histogram depicting normality of distribution for the CES-D
Figure 4.2. Histogram depicting normality of distribution for IES-R
Figure 4.3. Histogram depicting normality of distribution for LIB
Figure 4.4. Scatter plot demonstrating linearity between CES-D and LIB
Figure 4.5. Scatter plot demonstrating linearity between IES-R and LIB
CHAPTER 5

DISCUSSION

In this chapter the results presented in Chapter 4 are discussed. The author provides an overview of the research findings and then discusses refugees as they relate to the studied variables: depression, trauma, and acculturation. Following this discussion she provides research findings regarding mental health and acculturation of 166 Bosnian refugees who participated in this study. Further analyses are also included. Then the limitations of this study are addressed. Implications for counseling, practice, and research follow.

Overview of Research Findings

Refugees experience stressors in their home country such as violence and unrest and because of the destruction they witness or are a part of they are affected by trauma and may experience depressive moods (Miller & Rasco, 2004; Ringold, 2005; Wilson & Drozdek, 2004). The unrest and violence prompts them to seek refuge at another location, which inherently holds more stressors such as poorly equipped refugee camps (Carballo et al., 2004). The resettlement to a host country occurs as refugees seek a new life. The resettlement can present difficulties such as unfamiliarity of the host country’s people, language, and customs. These challenges are understood as acculturative stressors that inundate refugees’ experiences in the new environment. While studies have shown that acculturation presents challenges (Birman, 1994; Birman et al., 2001; Birman et al., 2002; Birman et al., 2005; Birman et al., 2007) very little is known about these
experiences and the mental health of refugees a decade after their exodus to another country.

It is known that acculturation presents challenges but it has not been explored how acculturation affects the mental health of refugees. This study sought to address the mental health of Bosnian refugees a decade after their arrival to the U.S. Specifically, since most of the research identified depression and PTSD to be the most prevalent diagnoses for refugee populations, this study sought to measure those variables in relation to the degree of refugee acculturation. It was hypothesized that there would be a relationship between depression and acculturation, as well as a relationship between PTSD and acculturation. This study solicited participation from Bosnian refugees living in the U.S. during the last decade after the conclusion of the Bosnian war conflict of 1992-1996.

**Refugees and Depression**

In the research literature, depression has been consistently shown to be a prevalent diagnosis among Bosnian refugees (Craig et al., 2008; Miller et al., 2002; Momartin et al., 2004; Mollica et al., 1999; Mollica et al., 2001). For this study CES-D was used to measure depression with the sample. The overall mean score for study participants was 18.85 ($SD = 10.96$), which indicates that participants did not experience significant depressive symptoms. In the Miller et al. (2002) study, which also used the CES-D to assess level of depression in Bosnian refugees, the mean score for community group was 19.68 ($SD = 11.63$) and 43.67 ($SD = 9.74$) for the clinical sample. Miller et al. (2002) suggests that clinical sample in their study still experienced the severe range of
depressive mood while the community sample did not experience the same level of severity. The clinical group was the group seeking mental health treatment. The findings for the sample of participants in this study is similar to the findings in Miller et al.’s (2002) study sample for their community participants, however the results were not similar to the clinical sample.

In the Craig et al. (2008) study, the authors found that Bosnian refugees who participated in the study had depression scores that indicated a need for treatment. Craig et al. (2008) reported that refugee scores fell one standard deviation below the norm. The Bosnian refugees in Craig et al.’s (2008) sample had been living in the U.S. for an average of 9 years. Like the Craig et al. study with Bosnian-native participants who were living in the U.S. for about a decade, the findings for the current study are similar. Craig et al.’s study with Bosnian refugees did not utilize the CES-D, however, but the Mental Health Inventory (MHI; Veit & Ware, 1983), which purports to assess psychological distress and well being in the general population.

Craig et al.’s (2008) findings suggest that women experienced more depressive symptoms than men. Miller et al. (2002) did not assess differences related to gender. For this study, depression was not found to have a significant correlation with any of the demographics solicited; however, it was positively correlated to the degree of trauma.

Refugees and Trauma

In addition to depression, the research literature supports that refugees experience PTSD (Craig et al., 2008; Miller et al., 2002; Mollica et al., 1999; Mollica et al., 2001; Momartin et al., 2004). For this study the overall mean score was 32.79 (SD = 20.7),
which indicates that participants in this sample did not experience PTSD related symptoms in the last seven days. In the Miller et al. study, (2002) PTSD was assessed using the *PSS* (Foa et al., 1993) and they found that those refugees who were exposed to political violence had diagnosable PTSD symptomatology compared to the experiences of people not exposed to political violence. The primary goal of the Miller et al. study was to ascertain the relationship between political violence and PTSD symptomatology so further elaboration on the results was not provided. They also found that social isolation was related to the PTSD symptomatology and the authors hypothesized that occurred either because participants who have PTSD select not to socialize due to the traumatic symptoms impairing their social skills or because the social stimuli may worsen their trauma-related symptoms (i.e., overwhelming traumatic imagery and flooding of emotions).

The Craig et al. (2008) study used the *PSDS* (Kubany, 2004) to assess PTSD symptomatology and found that 66.6% out of 126 participants reported PTSD symptomatology in the clinical range. This implies that these participants would be diagnosed with PTSD since symptomatology is more representative among these participants than among the general U.S. population (Craig et al.). The Craig et al. study found that the participants who were older fell in the severe range for PTSD diagnosis.

In the current study, traumatic events were positively correlated with the participants’ age, their age at arrival to the U.S., their marital status, and the level of depression. These results indicate that the older the participant then the higher the probability for traumatic experiences. This finding indicates that the age of the
participants at arrival to the U.S. is related to the level of trauma experienced. The marital status was also related to the traumatic experiences indicating that refugees who experienced more traumatic emotions in the last 7 days were more likely to be divorced or widowed, for example. Depression and trauma were also related indicating that if participants reported trauma then they also reported depressive mood thereby supporting previous research findings (Craig et al., 2008; Miller et al., 2002; Mollica et al., 1999; Mollica et al., 2001; Momartin et al., 2004).

This study was focused on two of the DSM IV-TR diagnoses (PTSD and depression) common among refugee populations and it may be possible that there are other mental health issues affecting the participants of this sample at this point of their exiled status. In addition, the author has concern about whether the instruments utilized in this study provided enough sensitivity to capture the mental health issues Bosnian refugees are dealing with. With this, the issue of translation could have contributed to the instruments being less sensitive. Her concern with the IES-R is that it did not translate well to address the past experiences of the Bosnian refugees, for example by failing to relate questions to the horrors of the ethnic cleansing, nor did it address the issues of abandoning all that is familiar and seeking refuge in a non-familiar territory. The IES-R asks about traumatic and intrusive experiences and thoughts but there is no specificity as to what that experience is, in other words, the Bosnian war conflict. If this instrument were sensitive enough to address the horrors of ethnic cleansing that Bosnians experienced then perhaps the results would be different. There were also no questions on the IES-R related to the possible challenges experienced in the move to the U.S. such as
the unfamiliarity of a new environment or crime and discrimination related experiences. While the validity and reliability of the constructs represented in the instrument are representative of the PTSD diagnosis it may fail to capture the uniqueness of the refugee experiences in question.

**Refugees and Acculturation**

The overall acculturation mean for participants in this study was 153.7 (SD = 21.45). The Bosnian refugee participants indicated that they were acculturated well to life in the U.S. The Mollica et al. (1999) study assessed internally displaced refugees and those who never moved from their home in Bosnia and found that their mental health was more impacted than the mental health of those who resettled to the U.S. The finding in this study suggests that mental health improves for those who resettle to the U.S. If refugees leave the place of trauma exposure and violence then they are better able to adopt and adapt to the new environment as opposed to the people who stay within the dangerous environment. Oppdal et al. (2005) also suggests that the mental health of children who are resettled is at a greater risk because their parents do not indicate the same level of severity of acculturative challenges as their children. While the current study with Bosnian refugees did not address parent-child acculturation, the results suggest that age and acculturation have a negative relationship so that as age increases acculturation decreases. This finding is supporting by Berry’s (1990) belief that older refugees have a harder time adjusting and are at risk for being marginalized from both their own culture as well as the host culture. Also, it is possible that childrens’ view of self is more fragile than their parents’ so they may be more impacted not to fit in well
with both cultures while parents are not as sensitive to this idea due to a more established view of self.

In this study, acculturation was found to be negatively related to the age at arrival to the U.S. and marital status. Marriage can be a buffer from embracing the new environment, allowing people to maintain their native heritage through marital contact. In the Spasojevic et al. (2000) study, they found that acculturation and PTSD shared a negative relationship. The current study did not support this finding.

There is also a concern with having used the LIB since it measures proficiency in behaviors, language, and understanding in both Bosnian and English languages. The total score for the LIB indicates the level of biculturalism more so than the level of isolation/participation in the mainstream society. While one can argue it addresses isolation/participation in the host and native culture the questions related to these are vague in that they seek to address behaviors such as eating in host culture’s restaurants and seeking host culture’s physicians. While it may be possible to eat at host culture’s restaurants it may be difficult to go and see a physician who is not a part of the dominant culture since there may be no physicians who are fluent in Bosnian in that person’s respective community. As a result participants are forced to see an American physician therefore impacting their reports. It is not because of the desire that one chooses to see an American physician but due to impossibility to chose otherwise. An assessment that was more sensitive to which culture the participant desires to identify with and practice would provide more specific information.
Another issue the author found interesting was the use of the word “Bosnian.” Since all of the republics of the former Yugoslavia were just that, republics without a particular ethnic identity representing the republic before the war, some participants had a hard time calling themselves Bosnian just because they lived in the republic of Bosnia and Herzegovina. For them, the relation to Bosnia is more related to the current oppressor, the Bosnian government, which pushed them out towards the life in the U.S. For some, that identification of Bosnian is also synonymous with the Muslim religion so some were also hesitant to identify themselves as such and thought of themselves as Yugoslav (relating it to the identity existent prior to the split of former Yugoslavia). When they had to fill out the acculturation instrument (LIB), it is possible that there is a lower level of connection with the nomenclature used within the instrument although the author explained in the instrument that while they may not “feel” Bosnian this term is meant to be a general term to describe people who lived in Bosnia. In fact, she communicated with an individual who indicated that this is what prevented her from doing the survey since she always sees herself as Yugoslav and not Bosnian (as described in the acculturation instrument, in spite of the explanation provided).

**Ecological Aspects of Acculturation and Mental Health**

This study used the ecological model to understand the experiences of Bosnian refugees upon resettlement. While the past for the refugees may appear distant, recent research with Bosnian population has suggested that even upon arrival in the U.S. refugees experienced the impact of the past environment preventing them from adopting and adapting to the new life in the U.S. The environmental emphasis of the ecological
model allowed study participants to conceptualize their past experiences involving violence and loss, and the new experiences of acculturative stressors of language acquisition and unfamiliarity with the new life. The ecological model allowed for a greater understanding of refugees within both contexts.

It is important to mention that this study had a lot of participants from two different locations. One location was a suburban town in the Northeast. The other was a big city in the Midwest. Employment characteristics for these two groups were different in that people from the suburban area worked in small factories and had jobs that were more representative of the dispersion of job availability in the suburban area. Some individuals in the suburban area were employed working with refugees in an interpreter capacity or housing coordinator capacity, for example. These occupations are reflected in the influx of refugees to the area and creation of these new occupations to respond to the refugee influx. The occupational structures were created as more people were arriving to the area and local authorities were figuring out ways to respond. As a contrast, the occupations of those in the Midwestern city were more in the service industry where people worked at the airport, shopping malls, and hotels. Since a big city already had structures in place to respond to the influx of Bosnian refugees, refugees occupied jobs that were available necessary to provide service to the large city. These two locations were examined to see if there were differences in acculturation and mental health for these two groups. The results yielded findings that were not significant. However, it is important to point out that these two groups had different characteristics regarding their environment. People in the small town worked as entrepreneurs in a way while people
from the larger community were able to find a fit for themselves in an already created community and respond to its unique needs.

The microsystem of the ecological model addresses the relationship of refugees to their nuclear family. Marital status for Bosnian refugees was found to be related to the microsystemic level of acculturation suggesting that having a significant other may decrease the level of acculturation in the new country. This supports Bronfenbennner’s (1994) assertion that microsystemic changes are the most powerful. Perhaps the relationship with another person isolates refugees to participate fully in either host or native culture. This model is empowering stating that individuals can change in spite of their exodus and strife and support for this is evidenced in the research with their overall improvement of mental health from beginning until a decade later. Other levels of the ecological model were not evident in this study.

**Research Question 1**

This question sought to assess the relationship between the depressive symptomatology of Bosnian refugees living in the U.S. for a decade or so and their respective level of acculturation. The hypothesis was that there would be a strong inverse relationship between the level of depression and acculturation. That is, the more depressive symptomatology participants experienced, the less acculturated they were to the U.S. society. The relationship for these two variables was not supported by the findings.

The results of this research question revealed that there was no relationship between the CES-D scores and the LIB scores indicating that lower scores on the
depression scale did not correlate to either higher or lower scores on the acculturation scale. The finding from this research question suggests that acculturation of Bosnian refugees is not affected by their level of depression. The refugees assessed in this study showed similar levels of depression to the community sample in the Miller et al. (2002) study. The findings are not supportive of the Miller et al. clinical sample or the Craig et al. (2008) study. It should be noted that while Craig et al. caution that their sample reported levels of depression to be below the mean, the authors still deemed that refugees may need counseling. Therefore, the level of depression for Craig et al. refugees was not severe enough to urge treatment suggesting that Bosnian refugees are doing better after a number of years in the U.S. The ecological model confirms the idea that there are multiple contexts to consider (Conye & Cook, 2004). The environment is not related to the level of depression or past experiences to adopting and adapting the new life in the U.S. The interaction between Bosnian refugees and their environment appears not to have a connection with their past environment. This is supportive in understanding that refugees can overcome the microsystemic issues and function well in the host environment.

**Research Question 2**

This question focused on the level of the past trauma exposure impact on the refugee currently and its relationship to the participants’ level of acculturation. The hypothesis was that there would be an inverse relationship between the level of traumatic life experiences and the level of acculturation. This hypothesis was influenced by Berry’s (1989) explanation that refugees’ mental health affects their acculturation and
interaction with the community. Therefore, the author set out to examine what this relationship looked like with Bosnian refugees living in the U.S. for 10 years or more.

The results reveal that there is no relationship between the level of traumatic experiences and the acculturation of Bosnian refugees. The results of the IES-R did not bear a relationship to the LIB thus stating that acculturation is a separate event from PTSD. Further, the environmental impact that the U.S., and related acculturation, has on Bosnian refugees is not related to the past experiences of trauma experienced during the war in Bosnia, at least not as reflected through these two instruments. The ecological model suggests that the events that happen do not happen in a vacuum but rather are shaped by the environment and context in which they occur (Conye & Cook, 2004). It is possible that refugees consider their new environment to be shaping their new lives and their past is impacting them as a result of the past experiences and not determining their level of engagement within the host society.

**Significant Study Findings**

While the research questions that utilized instruments’ total scores to answer the questions for the study did not yield significant findings, the present study did find significant correlations when analyzing subscales of the instruments used. First, the relationship between depression and the LIB instrument subscale of American acculturation was found to be significant and negative. This means that the higher level of acculturation participants reported for the U.S. culture, the lower the levels of depression they reported. It appears that participants who are highly acculturated to the host society are also less likely to experience some of the symptoms of depression with
acculturation to host society being a protective factor. Also, the PTSD assessment subscales (hyperarousal, intrusion, avoidance) yielded a significant positive relationship with Bosnian subscale of acculturation. The more Bosnian-acculturated participants were at risk for PTSD according to the IES-R subscales. Again, more American-acculturated participants reflected acculturation as a potential protective factor from PTSD symptoms. All of the IES-R subscales had significant relationships to each other further supporting the reliability and validity of the IES-R.

**Limitations of the Study**

As with all research, there are limitations to keep in mind. The study was focused on the experiences of Bosnian refugees so the findings may not be generalizable to all refugees. Specifically, the majority of the participants were from a particular western portion of Bosnia and their experiences are therefore unique to the political, social, and economic currents of that area. The refugees who participated in this study were recruited through the author’s connections, and she shares the same background with the participants. Because of this relationship participants may have been more inclined to complete the survey and help spread the word about the study. Also, it is possible that some people may have resisted participating since the author was someone familiar and connected to their past.

While the instruments were all translated (and back translated to ensure accuracy) to Bosnian, some of the concepts were not conducive to translation due to language and culture variances to explain certain phenomena. For example, the author struggled in translating *counseling* while describing the study since this is an American phenomenon.
“Counseling” was translated to equate to “advising.” In Bosnian (Serbo-Croatian) there is no other common word to describe the phenomenon of counseling. In this way the instruments reflected mental health issues but it was difficult to capture some statements in a culturally appropriate way. For example, the CES-D asks how refugees feel, yet talking about feelings is not a comfortable topic in the Bosnian culture. The psychosomatic representation of mental health issues is generally more accepted in this culture as it is in a lot of other cultures (Sue & Sue, 2008) so if there was an instrument that assessed psychosomatic symptoms then the study could have been more culturally appropriate. The psychosomatization could be related to the concerns that children in the Oppedal et al. (2005) study shared regarding pain.

Specific to the current study, prospective participants called the author to discuss the study and shared with her their experiences as well as how the war impacted them but never discussed their feelings but rather how they were diagnosed with a disability or shared how they are taking care of others who cannot take care of themselves due to the after-effects of the Bosnian war. There was never sharing of emotions related to their disclosures thus suggesting that emotions are not freely discussed in the Bosnian culture. Further, Miller (1999) suggests that Bosnian refugees are prone to stigmatize mental health needs.

This study utilized self-reports as the means of gathering data and with self-reports there is always potential for response bias to influence the validity (Bradburn, 1983). The use of the MCSDS addressed social desirability with participants and results indicated that participants were not responding in socially desirable ways but it is
necessary to keep an open mind to other possibilities of response bias. Since both the PTSD assessment and the CES-D indicated what they were measuring then any bias could have influenced participant’s responses.

Another limitation was low response rate. Although there were two opportunities to complete the instrument a lot of the mailings were returned unopened because the addressees moved away. Even after the data collection was conducted, the author received unopened mailings suggesting that it perhaps sat in the mailbox until a new tenant moved in. With the participants who were asked to participate through a friend of the researcher disseminating the information about the study, it is possible that prospective participants were discouraged since they were not transmitting the accurate information about the study or may not have liked the way their participation was encouraged.

**Implications for Counseling Practice, Training, and Research**

**Counseling Practice**

This study addressed the past experiences of refugees as they may be impacting their present life in spite of the change in the environment. While the findings did not support a relationship between acculturation and depression and acculturation and PTSD, this does not suggest that the resettlement process alone is healing to refugees. Also, it does not suggest that the refugee’s past should be dismissed in counseling.

It has been identified that American index for the acculturation scale had a negative relationship with depression suggesting that there is a value in being more acculturated to the host society. It is necessary to focus attention in counseling on the
client’s level of acculturation as there is a link between host country acculturation and level of depression. The negative relationship that exists between all PTSD instrument subscales and American acculturation suggests that being accepted to the host community helps with the client trauma. The counselors working with refugees should attend to the potential protective factor of acculturation to the host culture and its relationship to client mental health. By being informed about the potential for PTSD and depression for refugees, even for refugees who have lived in the host country for a decade or more, counselors can be better prepared to provide services to refugees affected by these mental health issues. They can also help clients assess their level of acculturation and help them determine how to balance their different cultural identities.

Counselor Training

This study offers insight into the level of acculturation and how it can relate to refugees and their mental health. This indicates that counselors ought to be trained to assess acculturation of clients rather than focusing only on mental health issues. Training counselors to use and understand acculturation assessments, as well as mental health assessments, would be helpful in their future work with clients. Counselors in training should also be taught the importance environment places on refugee mental health. Teaching acculturation issues in counseling classes would help create a deeper understanding of the environmental stresses on a person’s behavior and attitude.

Counseling Research

The findings from this study have research implications as well. This study allows researchers to understand the impact that acculturation has on refugee mental health.
Much of the existing research has focused on the psychological trauma related to the exposure of the pre-migratory experiences (Craig et al., 2008; Miller et al., 2002). This study extends the research beyond the pre-migratory experiences and towards mental health post migration. Since the representation of the sample was from all over the U.S. with a reasonable sample size, then the results can be generalized across the Bosnian community. The questions exist regarding the improvement of refugee mental health and their capacity to heal, which can be addressed with more sensitive socio-demographic questionnaires and instruments. For example, it might be beneficial to develop an instrument for a population like refugees that is focused on measuring the psychosomatic qualities so that not only the psychological symptoms are solicited but also issues related to the physical illness such as high blood pressure, migraines, and stomach ulcers. Some refugees may not be comfortable in discussing psychological issues as this is not a socialized way to communicate with others and they would rather discuss psychosomatic issues since they are more readily accepted. The acculturation of refugees should be further studied to assess the specifics of the isolating factors and culture-maintaining factors rather than just the bicultural perspective assessed here.

It would be beneficial to examine the direct impact that marriage, or long term romantic relationship, has on mental health and acculturation. Adding a marital instrument to a study that is similar to this one would add more information about the protective and risk factors marriage plays in depression, PTSD, and acculturation. Perhaps even examining whether marriage is the only support for refugees or if people who are more connected to their exiled countrymen has a protective role or not.
It is important to note that this study could have been a mixed methods study that thoroughly investigated the experiences of refugees. If this study was to be replicated it is recommended that instruments should be sensitive to not only the experiences prior to exile but upon exile as well. Translations should also be offered to be read and explained to refugees in person to help increase their level of understanding. Doing all these things would allow researchers to help inform counseling practice between understanding and addressing the mental health of refugees in a deeper and more meaningful way. It would allow researchers to inform practice about the difficulties translations cannot correct.

Further, acculturation instruments should be more sensitive and address the specific and overall participation of individuals in both societies while not focusing primarily on biculturalism. Also, the instruments should be particularly sensitive to the fact that the refugee may be either living in an ethnic enclave or far away from it. Such findings would inform the practice of counseling about the possibility of connecting individuals to the community depending on whether the ethnic community is present. The only option may be connecting the individual to the mainstream society. The environment and past could impact refugees’ desires to forge the relationship with the native community since that may lead them to be reminded about the past so alternative options should be proposed in order to support the refugee socially.

**Conclusion**

The results of this study indicate that depression and PTSD are still prevalent among Bosnian refugees who have been in the U.S. for about a decade or longer but that acculturation does not play a strong role in their mental health. This study confirms past
research with the finding that mental health of refugees is still important to address in counseling. While no relationship was found between mental health and acculturation, the findings did help confirm the need for political policies, research, and practice to give more attention to the mental health needs of refugees living in the U.S. Time was shown to not be a strong predictor of dissipation of mental health symptoms so it is of value to support current and future citizens. It is the author’s sincere hope that society will start addressing refugee needs in the future by mandating greater support upon the arrival to the U.S. and creating a new trend.
References


assessments and trauma testimonies of newly resettled Bosnian refugees.


Appendix A

Recruitment Letter (English version)

Azra Karajic Siwiec, MS Ed., LPC (ABD)
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North Canton, OH 44720
Azk143@psu.edu

Dear Bosnian,

I hope that I am finding you in good health. I am taking this opportunity to inform you about a study I am currently involved with and ask for your assistance. I am a student at Pennsylvania State University where I am studying counseling and am working on better understanding of the effects of war on refugees who have resettled to the USA. Further, my goal is to inform the scientific community about those effects. During this endeavor I am supervised by Dr. Brandon Hunt and this study is conducted strictly for research purposes within Pennsylvania State University. Your anonymity is guaranteed and your name is not asked so this survey cannot be traced to you.

I am sending you this letter because I would really like to hear from you as it pertains to your life in the USA after the war, refugee camps, and life in this country. I am asking you to accept this letter I am sending which includes a survey and will take approximately 15-20 minutes to complete. Ito the scientific community by completing and mailing this survey back in the addressed, postage paid envelope included. I am asking you to help inform the international community about Bosnian refugees who are living in the USA and experiences of war in the past.

This survey refers to Bosnian refugees living in the USA between 10 and 15 years. I am asking for your help by completing this survey and mailing it back in the envelope provided. Your anonymity is guaranteed and your name is not requested so you can feel safe that this survey cannot be traced. You have to be 18 years old to participate in this scientific study.

If you know of another person who would like to fill out this survey and fulfills above mentioned criteria, please send me their address in your survey or call on this phone number 330-360-5575 and I will send a survey to this person. If you have any questions, please contact me on the address above or through the email. Thank you in advance from the scientific community and me especially for all your time and attention.

Sincerely yours,

Azra Karajic Siwiec MS Ed., LPC, NCC
Draži Bosnjaku/Bosnjakinjo,

Nadam se da vas nalazim u dobrom zdravlju i raspoloženju. Pišem vam da vas informisem o naučnom delu kojim se trenutno bavim i zamolim za vas ljudski doprinos. Ja sam student na Pennsylvania State University gdje studiram savjetovanje (counseling) i radim na boljem razumijevanju utjecaja rata na izbjeglice koje su se raselile po Sjedinjenim Američkim Državama. Naime, ja zelim da naučno obavjestim međunarodno društvo o takvim utjecajima. Tokom ovoga istraživanja ja imam supervizora: Dr. Brandon Hunt i ovo istraživanje se u potpunosti samo tice kao i navedeno: istraživanja. Vasa anonimnost je garantovana i vase ime se ne trazi tako da se ova anketa ne može otkriti da pripada vama.

Ja vam saljem ovo pismo jer bi rado htjeli cuti od vas i o vasem životu u Americi nakon rata, izbjeglog stv i života u ovoj zemlji. Ja vas molim da prihvatite postansko pismo koje vam saljem i u kom se nalazi anketa koja će uzeti 20-25 minuta da se ispuni. Ja uključujem dvije kopije tako da ako vas/a suprug/a ili netko drugi od ukucanika zeli da ispuni, ima priliku. Vas molim da pomognete i date svoj doprinos naučnom društvu tako što ćete popuniti tu anketu i poslati je nazad u adresiranoj i postansko-potvrdjenoj koverti. Molim vas da nam date priliku da obavjestimo međunarodno društvo o Bosanskim izbjeglicama koje žive u Americi i kako je vas trenutni život sa ratnom prošlosti.

Ova anketa se odnosi na Bosanske izbjeglice koje žive u Americi već 10 do 15 godina. Ja vas molim da mi pomognete tako što ćete ispuniti ovu anketu i vrati j naza u koverti uključenoj sa ankетom. Vasa anonimnost je garantirana i vase ime se ne trazi tako da se možete osjetiti sigurnim da se u ovoj anketi ne moze naci trag o vama. Morate biti barem 18 godina stari da bih prisustvovali u ovom naučnom djelu.

Ako znate još osoba koje bi ispunile ovu anketu i spadaju u gore navedenu kriteriju, molim vas da mi posaljete adresu u vasoj anketi ili nazovite telefonom na 330-490-7268 i ja cu poslati anketu i toj osobi. Ako imate bilo kakvih pitanja, molim vas da mi se javite na navedenu adresu ili prekom emaila (navedenog gore).

Vi volontarno dajete svoje suglasenje sa tim što ćete ispuniti anketu i vrati jje adresiranoj osobi. Hvala vam mnogo unaprijed za vasu pozornost i vrijeme.

Srdacno vasa,

Azra Karajic Siwiec MS Ed., LPC, NCC
Appendix C

Posting for Facebook

Website posting (this was posted on a number of different Bosnian groups on Facebook)

English Version:

Looking for Bosnian refugees living in the USA for the last 10-15 years to participate in a study assessing life in the USA after the war experience. To participate online simply follow this link: www.psychdata.com and put survey # (131295) where requested. This study is conducted strictly for research purposes at Pennsylvania State University (PSU). Thank you in advance for your participation.

Bosnian Version:

Appendix D

Implied Informed Consent Form (English version)

Implied Informed Consent Form for Social Science Research
The Pennsylvania State University

Title of Project: A Decade later: Mental Health Picture of Bosnian Refugees living in the United States

Principal Investigator: Azra Karajic Siwiec, ABD, LPC, NCC
327 CEDAR Building
University Park, PA 16802
(330) 490-7268; azk143@psu.edu

Advisor: Brandon Hunt, Ph.D., LPC
327 CEDAR Building
University Park, PA 16802
(814) 863-2406; bbh2@psu.edu

1. Purpose of the Study: The purpose of this research study is to learn more about how Bosnian refugees are living through their everyday experiences in the U.S. We are also interested in learning how your past experiences are impacting your present life experiences.

2. Procedures to be followed: You will be asked to answer 94 questions on a survey.

3. Benefits: You might learn more about yourself by participating in this study and how much impact do past experiences have on your present. This study might encourage educators to more carefully consider the needs of refugees. This information could help mental health professionals plan programs and interventions focused on improving current services. This information might also assist refugees in getting services which will help them deal with the past experiences and adjustment to the new life in the U.S.

4. Duration: It will take about 20-25 minutes to complete the survey.

5. Statement of Confidentiality: Your participation in this research is confidential. The survey does not ask for any information that would identify who the responses belong to. In the event of any publication or presentation resulting from the research, no personally identifiable information will be shared because your name is in no way linked to your responses. Your confidentiality will be kept to the degree permitted by the technology used. No guarantees can be made regarding the interception of data sent via the Internet by any third parties.
6. **Right to Ask Questions:** Please contact Azra Karajic Siwiec at (330) 360-5575 or Dr. Brandon Hunt at (814) 863-2406 with questions, complaints or concerns about this research. You can also call this number if you feel this study has harmed you. All questions about research procedures can only be answered by the principal investigator.

7. **Voluntary Participation:** Your decision to be in this research is voluntary. You can stop at any time. You do not have to answer any questions you do not want to answer. Refusal to take part in or withdrawing from this study will involve no penalty or loss of benefits you would receive otherwise.

   You must be 18 years of age or older to take part in this research study. Completion and return of the survey implies that you have read the information in this form and consent to take part in the research.

   Please keep or print off this form for your records or future reference.
Appendix E

Implied Informed Consent Form (Bosnian version)

Formular za Opstu Saglasnost za Socialna Naucna Istrazivanja

The Pennsylvania State University

Naziv Projekta: Nakon decenije: Slika mentalnog zdravlja Bosanskih izbjeglica sto zive u SAD

Glavna Istrazitelj: Azra Karajic Siwiec, ABD, LPC, NCC
3590 Allendale Ave
Youngstown, OH 44511
(330) 490-7268; azk143@psu.edu

Savjetnik: Dr. Brandon Hunt
311 CEDAR Building
University Park, PA 16802
(814) 863-2408; bbh2@psu.edu

Svrha ovog istrazivanja je da se sazna kako su se Bosanske izbjeglice prilagodile svakodnevnom zivotu u Sjedinjenim Americkim Drzavama. Isto tako interesira nas kako ste se sa prijasnjim iskustvima prilagodili svakodnevnom zivotu. U ovoj anketi ima 94 pitanja. Moguce je da cete saznati vise o sebi tokom ovog istrazivanja i koliko vasa proslost ima utjecaja na vasu sadasnjost.

Ovo istrazivanje moze potaci naučnike da vise paznje daju potrebama izbjeglica. Ove informacije mogu pomoci psiholosko-obrazovanim profesionalcima da planiraju programe i intervencije sto ce onda da poboljšaju sluzbe koje trenutno postoje. Ove informacije mogu utjecati na pomoc izbjeglicama tako sto ce dobiti vise pomoci sa ratnom proslosti i laksem prilagodjavanju novom zivotu u SAD.


Molimo vas da kontaktirate Azru Karajic Siwiec at (330) 490-7268 or Dr. Brandon Hunt at (814) 863-2406 sa pitanjima, primjedbama ili brigama oko ovog
istrazivanja. Mozete zvati ovaj broj i ako osjecate da vam je ovo istrazivanje naskodilo. Sva pitanja o ovom istrazivanju i procedurama može samo odgovoriti glavni istrazitelj.


Morate biti 18 godina starosti ili stariji da bi ucestvovali u ovom istrazivalju.

Popunjavanje i vracanje nazad ove ankete smatra se da ste procitali i razumjeli ovaj formular i prihvatate učestvovanje u ovom istazivanju.

**Molimo vas da sacuvate ovaj formular za vase podatke ili buduce napomene.**
Appendix F

Demographic Questionnaire (English Version)

1. What is your age?
2. What is your gender identity?
   a. Female
   b. Male
3. How many years have you lived in the U.S.? _____
4. How old were you when you arrived to the U.S.? ______ years of age
5. What is your education level?
   a. Some High School
   b. High School Diploma / GED
   c. Some College, University, or Technical School
   d. Associate’s Degree
   e. Bachelor’s Degree
   e. Master’s Degree
   f. Doctoral / Professional Degree
6. What is your household income level?
   a. Under $10,000
   b. $10,001-20,000
   c. $20,001-35,000
   d. $35,001-50,000
   e. $51-75,000
   f. $76-100,000
g. Above $100,000

7. What state/district do you live in?

 e. California    f. Colorado    g. Connecticut    h. Delaware
 i. Florida       j. Georgia     k. Hawaii       l. Idaho
 m. Illinois      n. Indiana     o. Iowa        p. Kansas
 q. Kentucky      r. Louisiana   s. Maine       t. Maryland
 u. Massachusetts v. Michigan    w. Minnesota    x. Mississippi
 cc. New Hampshire dd. New Jersey ee. New Mexico
 mm. Rhode Island nn. South Carolina oo. South Dakota
 zz. Other? ____________________________

8. What is your relationship status?

a. Single
 b. In a relationship
 c. Married
 d. Widowed
 e. Separated
d. Divorced

9. What is your religious affiliation?
   a. Catholic
   b. Orthodox
   c. Muslim
   d. other __________

10. Are you a citizen of U.S.?
    a. yes
    b. no

11. What is the length of time (in years and months) you spent learning English as a Second Language in classes once you arrived to the U.S.? _______

12. Where in Bosnia did you consider home?_____________________
Appendix G

Demographic Questionnaire (Bosnian Version)

Molimo vas da zaokruzite i ispunite gdje navedeno vas odgovor

Vasi Licni Podatci:

1. Koliko imate godina? ___________

2. Koji ste spol?
   a. Zensko
   b. Musko

3. Koliko godina ste vec nastanjeni u Sjedinjenim Americkim Drzavama(SAD)? ____________

4. Koliko ste godina imali kad ste se doselili u SAD? ___________ godina starosti

5. Koliki vam je stupanj obrazovanja?
   a. Ne potpuna srednja skola
   b. Srednja Skola / GED
   c. Ne potpun fakultet/ koledz/univerzitet
   d. Visa skola ili Visa diploma
   e. Fakultet/ diplomirani
   e. Magisterij
   f. Doktor nauka / Doktor medicine/Profesionalna diploma

6. Koliki vam je ukupni godisnji prihodak?
   a. manje nego $10,000
   b. $10,001-20,000
   c. $20,001-35,000
   d. $35,001-50,000
7. U kojoj državi Amerike vi zivite?

<p>| | | | |</p>
<table>
<thead>
<tr>
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<tr>
<td>e. California</td>
<td>f. Colorado</td>
<td>g. Connecticut</td>
<td>h. Delaware</td>
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<tr>
<td>i. Florida</td>
<td>j. Georgia</td>
<td>k. Hawaii</td>
<td>l. Idaho</td>
</tr>
<tr>
<td>m. Illinois</td>
<td>n. Indiana</td>
<td>o. Iowa</td>
<td>p. Kansas</td>
</tr>
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<td>q. Kentucky</td>
<td>r. Louisiana</td>
<td>s. Maine</td>
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<td>v. Michigan</td>
<td>w. Minnesota</td>
<td>x. Mississippi</td>
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<td>ll. Pennsylvania</td>
<td>mm. Rhode Island</td>
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<td>nn. South Carolina</td>
<td>oo. South Dakota</td>
<td>pp. Tennessee</td>
<td>qq. Texas</td>
</tr>
<tr>
<td>rr. Utah</td>
<td>ss. Vermont</td>
<td>tt. Virginia</td>
<td></td>
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<tr>
<td>xx. Wisconsin</td>
<td>yy. Wyoming</td>
<td>zz. Drugo?</td>
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</tbody>
</table>

8. Da li ste?

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>a. Neozenjen/neudata ?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. U vezi</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Ozenjen/Udata</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Udovac/udovica</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Razdvojeni ali ne razvjencani</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
d. Razveden/a

9. Koje vam je religiozno opredjeljenje?
   a. Katolik/Katolkinja
   b. Pravoslavac/Pravoslavka
   c. Musliman/Muslimanka
   d. nesto drugo - pojasni _____________________

10. Da li ste drzavljanin Sjedinjenih Americkih Drzava?
   a. Da
   b. Ne

11. Koliko vremena proveli pohadjajući nastavu (u godinama i mjesecima) za Engleski kao drugi jezik (ESL) nakon vašeg dolaska u SAD? ______________

12. Gdje u Bosni vi podrazumijevate vasim domom _____________________________
Appendix H

Center for Epidemiologic Studies-Depressed Mood Scale (CES-D; Radloff, 1977)

(English version)

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

1. I was bothered by things that don't usually bother me.
   - Rarely or none of the time (<1 day)
   - Some or a little of the time (1-2 days)
   - Occasionally or a moderate amount of the time (3-4 days)
   - Most or all of the time (5-7 days)

2. I did not feel like eating; my appetite was poor.
   - Rarely or none of the time (<1 day)
   - Some or a little of the time (1-2 days)
   - Occasionally or a moderate amount of the time (3-4 days)
   - Most or all of the time (5-7 days)

3. I felt that I could not shake off the blues even with the help of my family or friends.
   - Rarely or none of the time (<1 day)
   - Some or a little of the time (1-2 days)
   - Occasionally or a moderate amount of the time (3-4 days)
   - Most or all of the time (5-7 days)

4. I felt that I was just as good as other people.
   - Rarely or none of the time (<1 day)
   - Some or a little of the time (1-2 days)
• Occasionally or a moderate amount of the time (3-4 days)
• Most or all of the time (5-7 days)

5. I had trouble keeping my mind on what I was doing.
• Rarely or none of the time (<1 day)
• Some or a little of the time (1-2 days)
• Occasionally or a moderate amount of the time (3-4 days)
• Most or all of the time (5-7 days)

6. I felt depressed.
• Rarely or none of the time (<1 day)
• Some or a little of the time (1-2 days)
• Occasionally or a moderate amount of the time (3-4 days)
• Most or all of the time (5-7 days)

7. I felt everything I did was an effort.
• Rarely or none of the time (<1 day)
• Some or a little of the time (1-2 days)
• Occasionally or a moderate amount of the time (3-4 days)
• Most or all of the time (5-7 days)

8. I felt hopeful about the future.
• Rarely or none of the time (<1 day)
• Some or a little of the time (1-2 days)
• Occasionally or a moderate amount of the time (3-4 days)
• Most or all of the time (5-7 days)

9. I thought my life had been a failure.
• Rarely or none of the time (<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

10. I felt fearful.
- Rarely or none of the time (<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

11. My sleep was restless.
- Rarely or none of the time (<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

12. I was happy.
- Rarely or none of the time (<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

13. I talked less than usual.
- Rarely or none of the time (<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

- Rarely or none of the time (<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

15. People were unfriendly.

- Rarely or none of the time (<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

16. I enjoyed life.

- Rarely or none of the time (<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

17. I had crying spells.

- Rarely or none of the time (<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

18. I felt sad.

- Rarely or none of the time (<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)
19. I felt that people disliked me.

- Rarely or none of the time (<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

20. I could not get "going."

- Rarely or none of the time (<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)
Appendix I

Center for Epidemiologic Studies-Depressed Mood Scale (CES-D; Radloff, 1977) Skala za depresiju

Slijedeće je lista nacina koje ste mogli osjecati ili se ponašati. **Molimo vas da oznacite kako cesto ste se osjecali ovako u zadnjoj sedmici.**

<table>
<thead>
<tr>
<th></th>
<th>Nikad ili ponekad (manje nego 1 dan)</th>
<th>Neka d ili povremeno (1-2 dana)</th>
<th>Ces ce ili vecinom vremena (3-4 dana)</th>
<th>Stalno (5-7 dana)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Smetale su mi stvari sto mi obicno ne smetaju.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Nije mi se dalo jesti; nisam imao/la appetit.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Osjecao/la sam se da se ne mogu otresti tuznosti cak i sa pomoci porodice I prijatelja.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Osjecam se da sam dobar/ra osoba kao i svi ostali ljudi.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Imao/la sam poteskoca razmisljati o onome sto radim.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>Osjecao/la sam se depresivno.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>Osjecao/la sam se da sve sto uradim trebalo mi je ulaganja.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>Osjecao/la sam se pun/a nade o buducnosti.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>Mislio/la sam da mi je zivot neuspjesan.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>Osjecao/la sam se plasljiv/a.</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Moj san je bio nemiran.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>---</td>
<td>------------------------</td>
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<td>---</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Ja sam osjecao/la sretnim.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>13</td>
<td>Pricao/la sam manje nego uobicajeno.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>14</td>
<td>Osjecao/la sam se usamljeno.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>15</td>
<td>Ljudi nisu prijateljski prema meni.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>16</td>
<td>Ja uzivam zivot.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>17</td>
<td>Ponekad sam plakao/la.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>18</td>
<td>Osjecao/la sam se tuznim/w.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>19</td>
<td>Osjecao/la sam se da se ne svidjam drugim ljudima.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>20</td>
<td>Nisam se mogao/la motivirati da idem dalje.</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
Appendix J

Impact of Event Scale-Revised (IES-R; Weiss & Marmar, 1997)(English version)

*Instructions:* The following is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you *during the past 7 days* with respect to the disaster. How much were you distressed or bothered by these difficulties?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Any reminder brought back feelings about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>I had trouble staying asleep.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Other things kept making me think about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>I felt irritable and angry.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>I avoided letting myself get upset when I thought about it or was reminded of it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>I thought about it when I didn’t mean to.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>I felt as if it hadn’t happened or wasn’t real.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>I stayed away from reminders about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>Pictures about it popped into my mind.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>I was jumpy and easily startled.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11</td>
<td>I tried not to think about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>I was aware that I still had a lot of feelings about it, but I didn’t deal with them.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13</td>
<td>My feelings about it were kind of numb.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14</td>
<td>I found myself acting or feeling like I was back</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
at that time.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>I had trouble falling asleep.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16</td>
<td>I had waves of strong feelings about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17</td>
<td>I tried to remove it from my memory.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18</td>
<td>I had trouble concentrating.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19</td>
<td>Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20</td>
<td>I had dreams about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>21</td>
<td>I felt watchful and on guard.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>22</td>
<td>I tried not to talk about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Appendix K

**Impact of Event Scale-Revised (IES-R; Weiss & Marmar, 1997):** Skala za mjerenja utjecaj dogadjaja na osobu

**Upustvo:** Slijedeće je lista teskoca ljudi ponekad imaju nakon stresnog zivotnog dogadjaja (u ovom slučaju ratna prošlost Bosanskih izbjeglica). Molimo vas da procitate svaku stavku, i onda naznacite **kako stresna je svaka stavka bila za vas tokom zadnjih 7 dana** sto se tice dogadjaja. Koliko ste bili stresirani ili uznemireni tokom ovih teskoca?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Nimalo</th>
<th>Malo</th>
<th>Ponekad</th>
<th>Cesto</th>
<th>Stalno</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bilo kakvo sjecanje donese osjecaje o tom dogadjaju.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Imam poteskoca da spavam tokom noci.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Druge stvari su me podsjecale na to.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Osjecao/la sam se razdrazljiv/a i ljut/a.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Pokusavam se ne podsjecati da se ne ljutim kad se sjetim toga ili podsjecam.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Mislio/la sam o tome kad nisam htje o/la.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>Osjecao/la sam se kao da se to nije desilo ili nije stvarno.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>Nastojao/la sam da se ne podsjecam.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>Slike toga su mi dosle u misli.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>Bio/la sam uzbudljiv/a i sve me lako prestrasio/la.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11</td>
<td>Pokusavam da ne mislim o tome.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>Znam da imam puno osjecaja povezanih sa time koje ne zelim raspravljati.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13</td>
<td>Osjecaji o tome su mi umrtvljeni.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
14 Nekad se nadjem da se ponasam ili osjecam kao nekada.

15 Imao/la sam problema sa spavanjem.

16 Imam valove jakih osjecaja o time.

17 Pokusao/la sam da izbrishem to iz memorije.

18 Imao/la sam problema sa koncentracijom.

19 Sjecanja o tome uzrokuju fizičke reakcije, kao znonjenje, problem disanjem, mucnina, ili ubrzan rad srca.

20 Imao/la sam sne o tome.

21 Osjecaو/la sam se oprezan/na.

22 Nastojim da ne mislim o tome.
Appendix L

The Language Identity and Behavioral Acculturation Scale (LIB; Birman & Trickett, 2001) (English version)

A. Language
For the following statements, please mark one of the four possible answers.

How would you rate your ability to speak English:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>Very well, like a native</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. at school/work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. with American friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. on the phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. with strangers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. overall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. on TV or at the movies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. in newspapers or in magazines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. in songs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. overall</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How well do you understand English:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>Very well, like a native</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. with family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. with Russian friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. on the phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. with strangers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. overall</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How would you rate your ability to speak Bosnian:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>Very well, like a native</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. on TV or at the movies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. in newspapers or in magazines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. in songs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. overall</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How well do you understand Bosnian:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>Very well, like a native</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. with family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. with Russian friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. on the phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. with strangers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. overall</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Cultural Identity:

How would you describe your cultural/ethnic identity:

In the following questions we would like to know the extent to which you consider yourself American and Bosnian. The term “Bosnian” is used to describe refugees and immigrants from the ex-Yugoslavia who speak the former Serbo-Croatian language taught in schools of Bosnia and Herzegovina. We recognize that when you lived in Bosnia and Herzegovina you may not have been of Bosnian nationality but rather Yugoslavian. Since in the U.S. most Americans refer to émigrés from the ex-Yugoslavia
dependent on the republic you come from, we use “Bosnian” because of the language and culture of that region. In responding to the questions below, please respond to this general definition of the term “Bosnian”, which we intend to apply to that culture which is shared by all refugees from Bosnia and Herzegovina.

To what extent are the following statements true of you?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I think of myself as being American</td>
<td>1</td>
<td>2 3 4</td>
</tr>
<tr>
<td>2. I feel good about being American</td>
<td>1</td>
<td>2 3 4</td>
</tr>
<tr>
<td>3. Being American plays an important part in my life</td>
<td>1</td>
<td>2 3 4</td>
</tr>
<tr>
<td>4. I feel that I am part of American culture</td>
<td>1</td>
<td>2 3 4</td>
</tr>
<tr>
<td>5. If someone criticizes Americans I feel they are criticizing me</td>
<td>1</td>
<td>2 3 4</td>
</tr>
<tr>
<td>6. I have a strong sense of being American</td>
<td>1</td>
<td>2 3 4</td>
</tr>
<tr>
<td>7. I am proud of being American</td>
<td>1</td>
<td>2 3 4</td>
</tr>
<tr>
<td>8. I think of myself as being Bosnian</td>
<td>1</td>
<td>2 3 4</td>
</tr>
<tr>
<td>9. I feel good about being Bosnian</td>
<td>1</td>
<td>2 3 4</td>
</tr>
<tr>
<td>10. Being Bosnian plays an important part in my life</td>
<td>1</td>
<td>2 3 4</td>
</tr>
<tr>
<td>11. I feel that I am part of Bosnian culture</td>
<td>1</td>
<td>2 3 4</td>
</tr>
<tr>
<td>12. If someone criticizes Bosnian I feel they are criticizing me</td>
<td>1</td>
<td>2 3 4</td>
</tr>
<tr>
<td>13. I have a strong sense of being Bosnian</td>
<td>1</td>
<td>2 3 4</td>
</tr>
<tr>
<td>14. I am proud that I am Bosnian</td>
<td>1</td>
<td>2 3 4</td>
</tr>
</tbody>
</table>
Appendix M

Mjera jezika, identiteta i ponasanja (Birman & Trickett, 2001)(Bosnian version)
Jezik : Za sljedeće recenice oznacite (okruzite) jednu od četiri moguće opcije.

Kako bi klasirali vasu sposobnost u govorenju **Engleskog jezika:**

<table>
<thead>
<tr>
<th>Nimalo</th>
<th>Jako dobro, kao da sam ovdje rodjen/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>55. u skoli/na poslu..........................</td>
<td>1</td>
</tr>
<tr>
<td>56. sa Americkim prijateljima..................</td>
<td>1</td>
</tr>
<tr>
<td>57. na telefonu..................................</td>
<td>1</td>
</tr>
<tr>
<td>58. sa strancima................................</td>
<td>1</td>
</tr>
<tr>
<td>59. sveukopno..................................</td>
<td>1</td>
</tr>
</tbody>
</table>

Koliko dobro razumijete **Engleski:**

<table>
<thead>
<tr>
<th>Nimalo</th>
<th>Jako dobro, kao da sam ovdje rodjen/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>60. na TV’u ili na filmovima..................</td>
<td>1</td>
</tr>
<tr>
<td>61. u novinama ili magazinima..................</td>
<td>1</td>
</tr>
<tr>
<td>62. u pjesmama..................................</td>
<td>1</td>
</tr>
<tr>
<td>63. sveukopno..................................</td>
<td>1</td>
</tr>
</tbody>
</table>

Kako bi klasirali vasu sposobnost da govorite **Bosanski/Srpsko Hrvatski:**

<table>
<thead>
<tr>
<th>Nimalo</th>
<th>Jako dobro, kao da sam ovdje rodjen/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>64. sa porodicom..................................</td>
<td>1</td>
</tr>
<tr>
<td>65. sa Bosanskim prijateljima..................</td>
<td>1</td>
</tr>
<tr>
<td>66. preko telefona................................</td>
<td>1</td>
</tr>
<tr>
<td>67. sa strancima................................</td>
<td>1</td>
</tr>
<tr>
<td>68. sveukupno..................................</td>
<td>1</td>
</tr>
</tbody>
</table>

Koliko dobro razumijete **Bosanski/Srpsko-Hrvatski:**

<table>
<thead>
<tr>
<th>Nimalo</th>
<th>Jako dobro, kao da sam ovdje rodjen/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>69. na TV’u ili u filmovima..................</td>
<td>1</td>
</tr>
<tr>
<td>70. u novinama ili magazinima..................</td>
<td>1</td>
</tr>
<tr>
<td>71. u pjesmama..................................</td>
<td>1</td>
</tr>
<tr>
<td>72. sveukupno..................................</td>
<td>1</td>
</tr>
</tbody>
</table>

**Culturni Identitet:**

**Do kolike mjere su ove recenice istinite sto se tebe tice?**

<table>
<thead>
<tr>
<th>Nimalo</th>
<th>Veoma mnogo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

73. Ja mislim o sebi kao **Amerikanac** ........................................... 1 2 3 4  
74. Ja se osijecam dobro o tome sto jesam **Amerikanac** .......... 1 2 3 4  
75. To sto sam **Amerikanac** igra veliku ulogu u mom zivot........1 2 3 4  
76. Ja se osijecam kao dio **Ameripike** kulture.............................. 1 2 3 4  
77. Ako netko kritikuje **Amerikance** ja se osijecam kao da kritikuju mene .1 2 3 4  
78. Ja se jako osijecam **Amerikancem**.............................. 1 2 3 4  
79. Ja sam ponosan kao **Amerikanac**........................................... 1 2 3 4  
80. Ja mislim o sebi kao **Bosanac** ........................................... 1 2 3 4  
81. Ja se osijecam dobro o tome sto sam **Bosanac**.......................... 1 2 3 4  
82. Biti **Bosanac** igra veliku ulogu u mom zivotu...................... 1 2 3 4  
83. Ja se osijecam kao dio **Bosanske** kulture.............................. 1 2 3 4  
84. Ako netko kritikuje Bosance ja se osijecam kao da kritikuju mene……1 2 3 4  
85. Ja se jako osijecam **Bosanac**.................................................. 1 2 3 4  
86. Ja sam ponosan sto sam **Bosanac** ........................................... 1 2 3 4  

**Skala zivota i ponasanja :** Kojim djelom su sljedece recenice istinite kad se prica o tebi i stvarima koje ti radiš? Opet, mi koristimo izraz “Bosanac” da se obratimo kulturi djeljenoj izmedju izbjeglica sa djela Bosne.

**Koliko vi govorite Engleski:**

<table>
<thead>
<tr>
<th>Nimalo</th>
<th>Veoma mnogo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

87. kod kuće? ................................................................. ........1 2 3 4  
88. sa susjedima............................... 1 2 3 4  
89. sa prijateljima?..............................1 2 3 4  

**Koliko ti:**

<table>
<thead>
<tr>
<th>Nimalo</th>
<th>Veoma mnogo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

90. citas **Amerikke** knjige, novine, ili magazine?......................1 2 3 4  
91. jedes u Americkim restoranima?........................................... 1 2 3 4  
92. gledas Amerikke filmove na videu(DVD) ili u kinima? .......... 1 2 3 4  
93. jedes Americku hranu?...................................................... 1 2 3 4  
94. prisustvujete u Americkim koncertima, izlozbama,ityd..................1 2 3 4  
95. kupujete namirnice u Americkim prodavnicama.........................1 2 3 4  
96. idete kod doktora koji samo govore engleski?...................... 1 2 3 4  
97. družite se sa **Americkim** prijateljima?............................ 1 2 3 4  

**Koliko vi govorite Bosanski:**

<table>
<thead>
<tr>
<th>Nimalo</th>
<th>Veoma mnogo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

98. kod kuće .................................................................1 2 3 4  
99. sa susjedima............................... 1 2 3 4  
100. sa prijateljima..............................1 2 3 4  

**Koliko ti:**

<table>
<thead>
<tr>
<th>Nimalo</th>
<th>Veoma mnogo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

101. citas **Bosanske** knjige, novine, ili magazine?......................1 2 3 4  
102. jedes u **Bosanskim** restoranima?........................................... 1 2 3 4  
103. gledas **Bosanske** filmove na videu (DVD)? .............................. 1 2 3 4  
104. jedes **Bosansku** hranu?...................................................... 1 2 3 4  
105. prisustvujes u **Bosanskim** koncertima, izlozbama,ityd..................1 2 3 4  
106. kupujes namirnice u **Bosanskim** prodavnicama?.........................1 2 3 4  

144
107. ides kod doktora sto govore Bosanski?..................1 2 3 4
108. druzis se sa Bosanskim prijateljima?.......................1 2 3 4
Appendix N

Marlow-Crowne Social Desirability Scale, Short Form (MCSDS-SF; Reynolds, 1982) (English version)

Instructions: Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to you personally. Please circle your responses.

1. It is sometimes hard for me to go on with my work if I am not encouraged. True False
2. I sometimes feel resentful when I don’t get my way. True False
3. On a few occasions, I have given up doing something because I thought too little of my ability. True False
4. There have been times when I felt like rebelling against people in authority even though I knew they were right. True False
5. No matter who I’m talking to, I’m always a good listener. True False
6. There have been occasions when I took advantage of someone. True False
7. I’m always willing to admit it when I make a mistake. True False
8. I sometimes try to get even rather than forgive and forget. True False
9. I am always courteous, even to people who are disagreeable. True False
10. I have never been irked when people expressed ideas very different from my own. True False
11. There have been times when I was quite jealous of the good fortune of others. True False
12. I am sometimes irritated by people who ask favors of me. True False
13. I have never deliberately said something that hurt someone’s feelings. True False
Appendix O

Marlow-Crowne Social Desirability Scale, Short Form (MCSDS-SF ; Reynolds, 1982) (Bosnian version)

Ovdje su navedene neke recenice sto se ticu presonalog stanovista i особина. Procitaj svaku recenicu i odluci kad se tice tebe da li je istinita ili ne. Okruzi svaki svoj odgovor.

1. Ponekad mi je tesko nastaviti sa poslom ako nisam ohrabren/a. Tacno Netacno
2. Ponekad se osjecam ogorcenim ako mi sve ne ide od ruke. Tacno Netacno
3. Tokom nekoliko slucajeva, ja sam odustao/la od necega jer se nisam osjecao/la veoma sposobnim. Tacno Netacno
4. Nekoliko puta sam htio/la se pobuniti protiv onih u vlasti. Tacno Netacno
   iako sam znao/la da su u pravu.
5. Bez obzira sa kim pricam, ja sam uvjek dobar slusalac. Tacno Netacno
6. Bilo je par slucajeva kad sam iskoritio/la nekoga. Tacno Netacno
7. Ja sam uvjek spreman priznati kad pogrijesim. Tacno Netacno
8. Ponekad pokusam da se izravnam neko da oprostim i zaboravim. Tacno Netacno
9. Ja sam uvjek ljubazan cak i sa onima koji se ne slazu sa mnom. Tacno Netacno
10. Znam se najutiti kad drugi predloze ideje puno razlicite od mojih. Tacno Netacno
11. Nekad sam ljudomor/an na srecu drugih. Tacno Netacno
12. Ponekad se iritiram kad drugi traze uslugu od mene. Tacno Netacno
13. Ja nisam nikad namjerno nesto rekao/la da povrijedim necije osjecaje. Tacno Netacno
Appendix P
Follow up letter (English version)

Azra Karajic Siwiec, (ABD), LPC
3590 Allendale Ave
Youngstown, OH 44511
(330) 490-7268; azk143@psu.edu

Respected,

I am sending you this letter asking you again to fill out survey I sent to you a couple of weeks ago. Your response to this survey is important to my scientific work on mental health of refugees and their adaptation in the new environment in United States of America.

Your participation in this survey is secure and your name and identity are not important to be revealed anywhere in the survey. The only condition is that you are 18 years old or older to participate in this study. I am asking you that if you would still like to participate to fill out the survey and mail it back in the envelope provided within the two weeks of receiving this survey. If you did not receive this survey, please contact me by calling the phone number provided above. The results of this scientific work will be the thesis of my doctorate.

The find out the weaknesses of this scientific work it is very important for me to find out the reasons why people did not participate. If something has prevented you from participating please disclose that reason by writing it down in the below provided space and send back in the envelope sent with the survey. Your identity is difficult to determine so feel free to write freely in your response.

Please contact me, Azra Karajic Siwiec phone number (330) 490-7268 if you have any questions or if you would like to learn more about my doctoral work. I am truly grateful on your help and your participation in this work.

Sincerely,

Azra Karajic Siwiec, ABD, LPC

Reason preventing you from participating in this survey (please use the back of this letter if needed):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Appendix R  
Follow up letter (Bosnian version)

Azra Karajic Siwiec  
3590 Allendale Ave  
Youngstown, OH 44511  
(330) 360-5575; azk143@psu.edu

Postovani,

Upucujem Vam ovo pismo da vas ponovo zamolim da ispunite anketu koje sam Vam poslala prije par sedmica. Vase odaziv u ovoj anketi je jako vazni za moj istražni rad o mentalnom stanju ratnih izbjeglica i njihovoj adaptaciju u novoj sredini u Sjedinjenim Americkim Drzavama.

Vase ucesce u ovoj anketi je potpuno povjerljivo i Vasi ime i identitet upoznje nisu potrebni da se navedu igdje u anketi. Jedini uvjet je da ste punoljetni, a to je da ste osamnest godina starosti ili vise. Molim Vas ako dalje zelite da ucestvujete da ispunite i vratite anketu u roku od dvije sedmice u koverti koja je prilozena sa ovim pismom. Zaključci ovog istražnog rada će biti tema moja doktorskog rada.

Molim Vas da kontaktirate mene, Azra Karajic Siwiec Tel. (330) 490-7268 ako imate ikakvih pitanja ili ako zelite vise saznati o mom istražnom radu. Iskreno Vam se zahvaljujem na Vasoj pomoci i Vasem doprinosu u ovom studiju.

Srdacan pozdrav,

Azra Karajic Siwiec, MS.Ed, LPC

Razlog sto vas spriječava da ucestvujete u ovom istrazivanju(molim vas da iskoristite i pozadinu ovog papira ako vam je potrebno):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
VITA
AZRA KARAJIC SIWIEC
3590 Allendale Ave
Youngstown, OH 44511
AKarajic@aol.com

EDUCATION
The Pennsylvania State University, University Park, PA
Doctor of Philosophy, Counselor Education and Supervision; August, 2011
Dissertation title: A decade later: mental health picture of Bosnian refugees living in the U.S.
Youngstown State University, Youngstown, OH
Master of Science in Education, 2004
Youngstown State University, Youngstown, OH
Bachelor of Arts, Psychology, 2002

RELATED EXPERIENCE

RELATED PRESENTATIONS

PROFESSIONAL ACADEMIC POSITIONS
Assistant Professor. Walsh University, Counseling and Human Development Program, North Canton, Ohio. August, 2008 to present.
Adjunct Faculty. Walsh University, Counseling and Human Development Program, North Canton, Ohio. July, 2007 to August, 2008.