

TEENAGE SYRIAN REFUGEES: STRESS, SUPPORT, AND COPING

THE RELATIONSHIPS THAT HELP TEENAGE SYRIAN REFUGEES COPE WITH  
STRESS

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## ABSTRACT

**Background:** Millions of Syrians have been displaced due to the events of war since 2011. Among those, half of them are youth under the age of 18. In 2015, Canada launched an initiative to be a new home for Syrian refugees, and youth accounted for a large amount of those resettled. Pre-migration and post-migration stressors have been noted to have profound impacts on mental health and well-being. Additionally, adolescence is a crucial period of psychosocial development, which for Syrian youth has been drastically changed as a consequence of war. This includes being uprooted from their communities of family, friends, and religious groups, as such social support systems are important resources in buffering against stress. The research surrounding adolescent Syrian refugees' experiences of stress and coping is slowly growing. However, little is known about how teenage Syrian refugees in Canada utilize social support. Therefore, it is important to gain understanding of how teenage Syrian refugees use their social support systems to cope with stressors.

**Methods:** Semi-structured interviews were conducted with adolescent Syrian refugees (n=9) aged 16-18 who live in Ontario. The interviews were transcribed and analyzed using Interpretative Phenomenological Analysis.

**Results:** The findings suggest that youth face pre migration stressors related to the war and post migration stressors related to acculturation and navigating the education system. Family, peers, school staff, and organizations were identified as forms of social support, with each group having unique reasons as to why they were selected. Coping behaviours were broadly categorized as being inherently individualistic or collectivistic.

**Conclusion:** Teenage Syrian refugees draw upon or seek out resources to navigate complex situations they are faced with, and cultural values influence the stress and coping process. These

findings may have implications for mental health providers who work with teenage Syrian refugees, the education system, and policy makers who focus on refugees.

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## LIST OF ABBREVIATIONS

Coronavirus disease – COVID-19

English as a Second Language – ESL

Hamilton Integrated Research Ethics Board - HiREB

Interpretative Phenomenological Analysis – IPA

Post-Traumatic Stress Disorder – PTSD

Sociocultural Model of Stress, Coping, and Adaption - SMSCA

## DECLARATION OF ACADEMIC ACHIEVEMENT

The following is a declaration that the content of the research in this document has been completed by Salam Zoha and recognizes the contributions of Dr. Elyée Nouvet, Dr. Olive Wahoush, and Dr Amy Gajaria in both the research process and the completion of this thesis.

## CHAPTER 1: INTRODUCTION

### 1.1 Historical Context and Mental Health

In 2011, the Syrian civil war began, and many individuals fled their homeland into neighbouring countries to seek refuge. This humanitarian crisis has been arguably regarded as one of the worst, based on its impact on a global scale and the amount of nation states and actors involved (Abbas et al., 2018). Approximately 5.6 million Syrian refugees have been displaced into other countries (e.g., Turkey, Lebanon, and Jordan) and 6.6 million are internally displaced within Syria (UNHCR, 2018). Among those reported numbers, 45% of Syrian refugees who are registered are under the age of 18 (UNHCR, 2020). However, while some Syrian refugees have been successfully resettled into host countries, many are in precarious positions of living in refugee camps or moving from one country to another (UNHCR, 2018). Syrian refugees face multitudes of problems that include both pre-migration and post-migration stressors, both of which influence their quality of life and have potentially long-term consequences in the context of psychological well-being (Aburas et al., 2018; Chung et al., 2017; Qoush et al., 2013). Pre-migration stressors of the Syrian war may include loss of home or loved ones, an exposure to violence, and religious or political based persecution (Hassan et al., 2015). Any of these factors may influence an individual to leave a country, or influence their mental well-being in the migration process. Post-migration stressors on the other hand are experienced when an individual arrives in another country, and these commonly encompass economic scarcity, discrimination, and culture shock (Chung et al., 2017, 2018; Hassan et al., 2015). Pre and post-migration stressors often culminate into negative psychological outcomes among Syrian refugees, such as post-traumatic stress disorder (PTSD), depression, and anxiety (Hassan et al., 2015). It has been reported that more than half of the population of Syrian refugees suffer from mental health

related issues, such as the aforementioned (Georgiadou et al., 2018; Mahmood et al., 2019; Poole et al., 2018). From a systematic review of 15 studies, it was found that Syrian refugees might be ten times more likely than the general population to develop severe mental health issues (Pecogna & Thøgersen, 2019). The psychological consequences of the trauma from the war have long-term influences which potentially impact Syrian refugees resettlement processes and daily lives (Almoshmoh, 2015). Mental health issues therefore may pose a significant challenge to both Syrian refugees and mental health care service providers, given that it is reported that a very small percentage of Syrian refugees in general receive effective treatment, or any treatment at all (Hameed et al., 2018; Wylie et al., 2018). This is an area of concern given that the growing burden of mental illnesses in the region of the Middle East, such as Syria, have been increasing due to issues related to conflict in a report conducted from 1990 to 2013 (Charara et al., 2017). Ensuring quality mental health care to any group of Syrian refugees who may need such care in Canada is not straightforward. Beyond structural challenges to the availability of mental healthcare services in Canada in general (Chan et al., 2016; Pottie et al., 2016), it is widely recognized that mental health needs may not present in the same way across cultural groups. Culture plays an important role in shaping experiences of stressors, conceptualizations of mental health, presenting symptoms, as well as normative recognition and responses to distress (Aldwin, 2007; Hassan et al., 2015; Kuo, 2011; Tweed & Conway, 2006; Yeh et al., 2006). Within the broader context of focusing on global health, this is an important area of consideration due to the unmet growing mental health challenges that stem from armed conflict. As Syrian refugees migrate to other countries, their mental health needs must be identified and addressed appropriately through health care providers and refugee resettlement policies (Sijbrandij et al., 2017).

## 1.2 Resettlement Process in Canada

Since 2015, 40,081 Syrian refugees have arrived into Canada (Government of Canada, 2017). Census data from a 2017 report suggests that, of those total Syrian refugees, 21,876 are government-assisted, 3,931 are blended visa office-referred, and lastly 14,274 are privately sponsored. Although all refugees are first screened by UNHCR and are recognized as convention refugees, each refugee program is distinct because of the legal process involved, length, and the kind of assistance offered upon arrival. Government assisted refugees are those who have been brought to Canada through the federal government. The government is responsible for providing financial assistance up to a year. Those who have a blended visa office-refer program were sponsored by refugee agencies, such as the UNHCR, and that they were identified and selected for the program through being screened for medical and security reasons. The Government of Canada will provide income assistance for six months under the Resettlement Assistance Program, and the private sponsors involved will cover another six months including emotional and social support for a year. Additionally, these refugees are covered temporarily for healthcare benefits for a year through the Interim Federal Health Program. Lastly, those who are privately sponsored have arrived by sponsorship through Canadian organizations (e.g., religious groups, communities, and charity organizations), permanent residents in Canada, or had the funds to sponsor themselves. The sponsors are solely responsible for providing financial assistance for the refugees for the first year where they are in Canada. This program pathway is relatively lengthy, as the refugees and sponsors have to justify their case. Regarding the demographics of Syrian refugees who have arrived in Canada, families with young children were prioritized for resettlement for all three programs. The general Syrian refugee population that has been resettled in Canada primarily consists of individuals who are younger, such that 44.2% of government

assisted Syrian refugees are within the ages of zero to 14, and 20.2% are 15 to 29 (Houle, 2019). Therefore, Syrian refugees have been identified as one of the youngest refugee cohorts to arrive in Canada (Houle, 2019).

### **1.3 Post-migration Stressors**

Resettlement in Canada for refugees in general comes with a plethora of issues that includes economic vulnerability, social isolation, and acculturation challenges (Hynie, 2018; Kia-Keating et al., 2016). Many Syrian refugees have difficulty finding employment reportedly due to language barriers and lower levels of education (Houle, 2019). Language and educational barriers vary significantly across and within Canadian refugee populations. In a census overview of Syrian refugees who resettled in Canada between January 2015 to May 2016, of those who were government-assisted, only 20% of them knew English, as compared to 67% of privately sponsored Syrian refugees (Houle, 2019). The employment rates for Syrian refugees in this census report are also significantly lower, 24% of Syrian men and 8% of Syrian females were employed in comparison to the 39% and 17% of men and women from other refugee groups, but that might be due to the fact that they are recently landed in Canada (Houle, 2019). This is supported by the idea that duration of stay and knowledge of language potentially might make a difference in employment, such as that Syrian refugees who landed in 2015 had a higher rate of employment (Houle, 2019). Due to economic vulnerability, Syrian refugees are also reportedly relying on food banks to get by given that sometimes sponsors are not providing enough financial assistance to adequately support families (Food Banks Canada, 2016).

Syrian refugees have been uprooted very quickly from their communities due to the peril of civil war. Consequently, their social support systems have become fragmented and reduced

(Amer & Awad, 2016). This has implications for psychological well-being due to the fact that social support is an essential component for buffering against stress and promoting psychological well-being (Cohen & Wills, 1985; Coyne & Downey, 1991). Social support provides an individual with relationships to access for various resources to cope with stressors, including financial, tangible, and emotional resources (Phillimore, 2011). Within the Syrian cultural context, family and community both provide salient sources of social support, so that the fragmentation of these relationships as a result of displacement contributes to social isolation for many Syrian refugees once they arrive to Canada (Amer & Awad, 2016). The lack of adequate social support systems makes it difficult for Syrian refugees to cope with grief, stress, and trauma that they have faced during their journey and current situation (Hassan et al., 2015). Similarly, survivor's guilt of leaving one's extended family behind is a common phenomenon that exacerbates psychological distress amongst Syrian refugees (Amer & Awad, 2016; Hassan et al., 2016).

Within the literature, there are few studies that have identified factors that influence resettlement integration of Syrian refugees into Canada from a social context. Hanley and colleagues (2018) have indicated that privately sponsored Syrian refugees who arrived in Montreal relied primarily on family and friends to find employment opportunities and housing. Furthermore, the Syrian refugees' social networks in Montreal consisted of individuals who are from their own ethnic background. These findings indicate that pre-established communities of the same socio-ethnic group are potentially beneficial in helping Syrian refugees within their resettlement progress (Hanley et al., 2018). Drolet and Moorthi (2018) found that government assisted Syrian refugees in Alberta preferred relying on resettlement agencies for support, but privately sponsored Syrian refugees turned to community networks more (Drolet & Moorthi,

2018). However, in both groups, forming close ties to their cultural and religious communities was important for facilitating resettlement (Drolet & Moorthi, 2018). In general, it seems that the process of developing social networks for Syrian refugees in Canada is potentially influenced by their visa, which ultimately provides them access to certain services or availability of social networks. Hanley and colleagues (2018) additionally note that Syrian refugees who had been in Canada for longer were more likely to make non-Syrian friends, such as through work or at English classes.

Acculturation, where an individual engages in the process of negotiating a new culture (Berry, 1997), may represent an additional risk to Syrian refugee mental health. It is unknown at this point to whether or not and to what extent acculturation constitutes a stressor to Syrian refugees, but for most Syrians arriving in Canada this implies entering a completely different culture, language, set of laws, and going from the political and social status of being citizen at home country to being a refugee who by that definition is displaced from their homeland. Acculturation can be broadly defined as how an individual navigates another cultural context, such as that in which they are trying to negotiate, or reconcile, how they wish to fit in while holding their own cultural beliefs and values (Berry, 1997, 2001, 2005). Berry's theory of acculturation also posits that acculturation is a bi-directional process given that the host culture also determines how an individual is to acculturate (Berry, 1997). Acculturation has four outcomes which are situated on two factors: adaptation to the host culture and regard for personal culture. The four outcomes are as described: assimilation, marginalization, integration, and separation. Assimilation is when an individual disregards their own culture and adapts solely to the host culture. Marginalization is when identification with both cultures are disregarded. Integration is conceptualized as the middle, where an individual maintains both cultures equally.

Lastly, separation is when an individual does not wish to maintain the host culture and only retains their own culture. Within the context of Syrian refugees, acculturation becomes a stressor of its own. Most commonly within the acculturation research regarding refugees and immigrants, integration often yields the best health psychological outcomes, such as low rates of anxiety, depression, and higher perceived quality of life (Beiser, 2006; Guler & Berman, 2019). Cultural integration allows the individual to build on social capital based on their own cultural background, maintain them, and strengthen them (Kovacev & Shute, 2004). However, as acculturation is also a bi-directional process, such that the resettlement policies of the host country and attitudes towards the group also are important considerations to examine. Regarding Arab Muslims in North America, the sentiment towards them have been not favourable due to events such as 9/11, Iraq War of 2003, and Trump's "Muslim Ban" (Tabbah, 2019). This resettlement environment has been shown to normalize discrimination against a range of groups identified as minority in Canada in ways both subtle and explicit (Hynie, 2018; Walker & Zuberi, 2019), and may render acculturation a more difficult process that holds implications for negative mental health outcomes (Awad, 2010; Jadalla & Lee, 2012).

#### **1.4 Culture and Mental Health**

Cultures are not static. Moreover, the manner in which a population will relate to labels that come to stand in the media or day to day interactions for their cultural identity will vary also. Refugees from Syria in Canada may use, think about, and recognize Syrian culture in very different ways. The present study will not deny and may serve to clarify such diversity. However complex and heterogenous meanings of "Syrian culture" may be, there do exist normative

characteristics associated with this label that are crucial to understand in an analysis of adolescent Syrian refugee mental health.

Based off of Hofstede's dimensions (1984), cultures can be broadly typed into the two categories of individualistic and collectivistic. Individualistic cultures often emphasize uniqueness of the individual, pursuit of internal desires, and autonomy. Conversely, collectivistic cultures are characterized by social cohesion, group harmony, and maintaining social hierarchies (Matsumoto & Juang, 2013). Culture ultimately influences the concept of the self and the relation one has with others within a society. The Syrian culture has been identified as collectivistic (Amer & Awad, 2016; Nassar-McMillan & Hakim-Larson, 2003). Such characterization is appropriate given Syrian culture embeds values of honour and social hierarchies, and emphasizes the importance of the family. Similar to the core Islamic teachings as well, parents and family are often emphasized as important individuals that one has a duty to take care of, cherish, and respect (Haboush, 2007; Hakim-Larson et al., 2007). Therefore, the family is a core unit within a Syrian's life and the relationships with family members are defining features that shape one's identity, self-concept, and well-being.

The research on Syrian refugees in general has characterized them negatively as deficient and at risk due to the corpus of literature primarily examining poor mental health outcomes, such as post-traumatic stress disorder, depression, and anxiety (Chan et al., 2016; Hynie, 2018; Sim et al., 2019; Pieloch et al., 2016). This frames Syrian refugees in a one-dimensional view by focusing on their vulnerabilities, rather than taking a dimensional and ecological approach by examining their resiliency as well (Jayawickreme et al., 2013). Just as other individuals, Syrian refugees have protective factors, such as their families, individual characteristics, and religion in order to help them cope with the compounded stress from pre and post-migration events.

Through highlighting their resiliency, a more holistic view of their lived experiences would provide more analytic space to recognize factors that can contribute to or mitigate stressors within the stress and coping process. (Jayawickreme et al., 2013).

In the context of resiliency, Syrian refugees have been able to cope by drawing upon internal and external resources wherever they may end up in the world. Their ability to utilize a plethora of coping strategies that yield positive outcomes are important to note as this indicates adaptiveness to overcome a profoundly traumatic experience (Betancourt & Khan, 2008; Hasan et al., 2015; Jayawickreme et al., 2013).

### **1.5 Syrian Conceptualizations of Mental Health**

Certain clinical presentations of mental health issues have been associated with Arab populations. In contrast to a standard Western biomedical and cultural view that treats the mind and body as separate, the standard Arab view regards the mind and body as a singular entity. This results in a higher likelihood of distress being expressed through somatization (Hakim-Larson et al., 2007; Hassan et al., 2015). Common psychosomatic symptoms reported among Arab populations are pain in the stomach, a heaviness in the heart, or general feelings of a headache (Hakim-Larson et al., 2007; Hassan et al., 2016). In terms of health seeking behavior, the impact of the singular mind-body view and increased somatization is that within Arab populations, individuals are more likely to seek out a physician in order to address their psychosomatic ailments in comparison to a mental health provider (Hakim-Larson et al., 2007; Hassan et al., 2015). At the same time, obtaining mental health treatment is a challenge for many who identify as Arab due to stigma surrounding mental illness (Hakim-Larson et al., 2007). Many non-religious and religious Arabs uphold the traditional belief of fatalism, such as that

there is not much that can be done in order to cure an ailment, and therefore they are accepting of it. Within the context of religion, many Christian and Muslim Arabs have a cosmocentric belief, which implies that fate is something against which one should not fight. Reasons for being afflicted with mental health issues also follow cultural beliefs, such as that the evil eye is a cause of their current misfortune, whispers from the devil, or someone has used sorcery against them through the form of black magic (Hakim-Larson et al., 2007; Hassan et al., 2015). Cultural idioms of distress, or expressions of distress, may be normalized through phrases that serve to communicate, make sense of, and render apparent to others an emotional state in a particular context (Desai & Chaturvedi, 2017). Use of particular phrases to express distress have been found to be prevalent amongst Syrian populations, and are relevant to understanding psychological well-being (Hassan et al., 2015). Phrases such as *ana ta'ban* (I am tired), *itmana nam ma fik* (I wish I could sleep and never wake up), *nafsi makhnouka* (my psyche is suffocating) are examples of some phrases often utilized amongst Syrian refugees (Hassan et al., 2015). These phrases can help provide understanding on how mental health is conceptualized amongst Syrian refugees.

When Arab individuals do seek help for mental health related issues, it is often in the form of relying primarily on their close social support systems for consolation. Given that shame stemming from stigma is a predominant deterrent from seeking help for mental health, Arab populations therefore often turn to their family in order to keep their issues from being known by others. Another social support system that commonly comes up as important is going to religious leaders within the community to seek counsel (Haboush, 2007; Hakim-Larson et al., 2007). This is done through utilizing religious forms of healing, such as for Muslims is reading the Quran as a form of *ruqyah*, or for Christians it is through devote praying and attending church. However,

attitudes towards help seeking for mental health have been changing through generational differences and acculturation orientation (Nassar-McMillan & Hakim-Larson, 2003). Language barriers and cultural awareness on part of the provider are commonly noted as problems when accessing service (Hakim-Larson et al., 2007; Hassan et al., 2015; Nassar-McMillan & Hakim-Larson, 2003).

## **1.6 Culture and Coping**

Culture is an important key consideration within the context of understanding mental health from a more nuanced view. It entails beliefs and values that shape an individual's perspective of their environment, and consequently informs conceptualizations of mental health and well-being. Therefore, an individual's needs related to mental illness and psychological distress might be different due to their cultural background. Similarly, one's appraisal of an event as a stressor or not is also often culturally contingent (Aldwin, 2007; Lazarus & Folkman 1984). The resources one might use to deal with a situation, such as the coping styles enacted for specific stressors may also be entrenched within a cultural context (Aldwin, 2007; Tweed & Conway, 2006; Yeh et al., 2006). Culture informs, shapes, and provides individuals a toolkit to use in their everyday life and the demands of the environment associated with it. Within the context of coping, there are various forms of coping styles, some which are more effective than others depending on the stressor (Kuo, 2011). During situations of extreme duress, the capacity to cope effectively and engage with the stressor, becomes strained, and therefore less efficacious forms of coping behaviours are employed (Aldwin, 2007; Khamis, 2019). Additionally, resources might become limited during these situations, such as having access to certain forms of

social support (e.g., family, friends, or community) and tangible resources (e.g., financial) which normally may be available.

### **1.7 Forms of Coping**

Within the stress and coping literature there are different forms of coping styles that have been recognized and studied (Aldwin, 2007). This section will briefly describe a few approaches and relevant provide cross-cultural examples.

Engagement coping has been regarded as when an individual actively works to solve the problem, such as developing or acquiring new skills to become more effective at altering the stressors through direct attempts. Engagement coping has long-term implications for management of distress, and therefore is considered to be a more efficacious coping style as one develops a sense of mastery over the situation (Hooberman et al., 2011).

Avoidance coping is generally when the problem is ignored, such that the individual passively disengages with it (Kuo et al., 2017). This coping style has been associated with lower levels of psychological adaptation for the individual, and potentially leads to much poorer outcomes if it is constantly used. However, in some cultures, this form of coping is normative (Chun et al., 2006). In such contexts, avoidance coping has even been found to be associated with lower levels of psychological distress and increased life satisfaction (Chun et al, 2006). This outcome associated with this method of coping, identified in one study conducted by Chang (2001) on Asian-American college students, proposes the lack of harm that appears to emerge from avoidance coping in this particular population may be explained through the wider collectivistic culture in which these students situate themselves. In a collectivistic cultural view, according to Chun and colleagues, value is placed on “fitting in” and not drawing attention to

themselves (Chun et al., 2006). Chun et al. (2006) suggests avoidance is considered to be a more “mature” way of handling problems, such as controlling one’s emotions (Chun et al., 2006).

However, the findings from Chang (2001) cannot be taken as a rule of thumb, as Yoshihama (2002) found mixed results in a study involving Japanese women depending on their country of birth and cultural orientation. The results indicated that passive coping strategies were associated with lower levels of psychological distress among Japanese-American women born in Japan who were more collectivistic. Conversely, active coping strategies were more efficacious for individualistic Japanese women who were born in America.

Emotional coping is defined as when an individual seeks to adjust one’s emotion as an attempt to cope with the stressor better. For example, managing their expectations and lowering their standards or engaging in emotionally expressivity. Or seeking out support from someone in order to provide them comfort (Aldwin, 2007). This form of coping within the stress and coping literature has been linked to poorer psychological functioning, and it is therefore considered to be potentially maladaptive (Stanton et al., 2000). However, research regarding this coping style has noted that it provides short-term relief of distress (Hooberman et al., 2011). Additionally, there is a form of emotional coping known as forbearance which is found in cultures that are considered collectivistic (Yeh et al., 2006). Forbearance could be described as tolerating the stressor to avoid interpersonal conflict and maintain group harmony (Yeh et al., 2006). This specific form of cultural coping has been noted in the stress and coping literature to be often utilized in contexts of conflict (Yeh et al., 2006).

Another notable form of coping is utilizing a religious approach, which entails believing in a higher-being, relying on them, and relinquishing an internal locus of control (Dorais, 2007). In many cultures, religion acts as an important and expected source of both social support and

coping (Dorais, 2007; Sleijpen et al., 2016). Religious coping itself could be collective centred, such as it is done through forms of group prayers or rituals, or individual, where one engages in meditation or prayer alone. Within Indigenous groups in Canada, spiritual coping is regarded as an important component of resiliency in the face of oppression and violence, such as those experience through discrimination and genocide (McCormick & Wong, 2006). Religious and spiritual forms of coping could also be considered as a way of maintaining ties to one's identity, heritage, or group in order to improve self-esteem through sense of belonging (McCormick & Wong, 2006).

Lastly, a more recent construct within the cross-cultural stress and coping literature is the concept of collective coping, where an individual references in-group behaviour and norms in order to deal with the stressor at hand (Kuo, 2011). This form of coping can be confused with accessing social support; however, utilizing social support can potentially be a form through which collective coping is employed (Chun et al., 2006; Zhang & Long, 2006). Collective coping, as the name suggests, is related to maintaining the welfare of the group one associates with. Inclination to engage in this form of coping has been also found to be related to one's sense of belonging and identification with their group (Chun et al., 2006; Zhang & Long, 2006).

## **1.8 Coping in the Syrian Refugee Context**

Amongst Syrians, the social support stemming from family and religiosity may serve as an important resource when it comes to coping with stressors. Availability of one's family and additionally social support networks also influences quality of life, such as that Syrian refugees who had social cohesion by being with their family report generally better health outcomes by as measured through lower levels of depression and anxiety (Hassan et al., 2015; Pottie et al., 2016;

UNICEF, 2014). This one existing study by Arenliu and colleagues (2019) examined coping mechanisms of Syrian refugee families living in Istanbul in the context of resettlement. From their sample of 30 families, they found four main themes of coping strategies employed, such as flexible family organization, hopeful beliefs and communication, maintaining connection with family back home in Syria, and trying to make the best of living in a new country. The results of this study implies that the family system is important for Syrian refugees in helping them adapt and overcome stressors involving resettlement. Syrian refugees who are in different countries and still engage with their religious community maintain their identity, and therefore improve their well-being by having access to relationships there and continuing to practice their religion (Baun-Lewensohn, & Al-Sayed, 2018; Smeekes et al., 2017). Religious coping amongst Syrian refugees is noted to have positive psychological adjustment, such as that it acts as a protective factor against the stressors associated with trauma and migration (Smeekes et al., 2017). In a study examining the role of faith within the resettlement process of Syrian refugees in the United States conducted by Hasan and colleagues (2018) indicated that identifying as Muslim was a protective resiliency factor, such as it became a source of comfort and strength.

In addition to family and religion, culture may play an influence on the presentation, experience, and responses to stressors based on a number of culturally normative hierarchies (Haboush, 2007). Amongst Syrian refugees who have been displaced, the coping strategies employed are diverse and often are contingent on gender and availability of social support. Many male Syrian refugees have been noted to be reliant primarily on utilizing avoidant and problem coping strategies (Hassan et al., 2015; International Medical Corps, 2017). Conversely, female Syrian refugees often rely on emotional coping and seeking social support from family members (Alzoubi et al, 2019). El-Khani and colleagues (2017) found that Syrian refugee mothers who

were living in refugee camps in Turkey and Syria relied on religious coping (El-Khani et al., 2017). Islam provided them a sense of comfort in regard to their difficult situation, as they accepted it and noted that they surrendered their control to God (El-Khani et al., 2017). In general, findings on coping strategies implemented by Syrian refugees in the context of gender indicate that gender potentially plays a role in the strategy selected (Hassan et al., 2016). Syrian refugee women often utilize their social networks and men employ more individual centered methods (Hassan et al., 2015, 2016).

While several positive forms of coping amongst Syrian refugees are noted in the literature, also noted are other forms of coping that do not yield efficacious outcomes in regard to improving psychological well-being. Within the stress and coping literature, Syrian refugees have also been noted to engage in more passive methods of coping, which is attributed to a sense that they have lost hope due to their situation (Hassan et al., 2015). Engaging in substance use as a method to cope, for example smoking cigarettes and using alcohol, but this is also a growing concern (Hassan et al., 2015). There are other forms of passive coping behaviours, for example, just watching television, doing nothing, ruminating, or sleeping, which are common among Syrian refugees (Hassan et al., 2015). The aforementioned behaviours are considered to be considered as avoidance coping and ultimately can exacerbate psychological stress as they are inappropriate and less effective in managing depression and anxiety (Hassan et al., 2015).

## **1.9 Adolescent Syrian Refugee Mental Health**

This section will discuss factors within the literature that impact teenage Syrian refugees' mental health and well-being.

Teenage Syrian refugees are more vulnerable to adverse mental health outcomes in

comparison to adults given pre-migration and post-migration stressors impacting their psychosocial development (Eruiyar et al., 2018; Morantz et al., 2011, Pottie et al., 2017). Family dynamics are reported to impact teenage Syrian refugees given the importance of the family within the Syrian culture (El-Khani et al., 2018; Eruiyar et al., 2018). Parents themselves are impacted by psychological distress from stressors, which potentially might compromise their parenting capabilities. This dynamic sometimes leads to a disruptive family environment due shifts in parenting styles and communication strategies becoming strained (El-Khani et al., 2018; Timshel et al., 2017). This dynamic of intergenerational trauma has been reported to lead into poor emotional regulation and ineffective coping strategies among adolescents, which has implications for psychosocial development (Mourad & Carolan, 2010; Sangalang & Vang, 2017). Teenage Syrian refugees are reported to have higher incidents of affective disorders, such as anxiety and depression. It is estimated that more than half of them have PTSD due to experiencing physical violence either first-hand or vicariously, sexual assault, and armed conflict (Chung et al., 2018; Fathi et al., 2018; Jabbar & Zaza, 2014; Khamis, 2019). This puts them at risk of developing substance abuse disorders or conduct related problems, such as delinquency, as ineffective coping strategies (Devakumar et al., 2015; Hassan et al., 2015). The incidents of mental health related problems pose long-term issues to well-being if not diagnosed and treated correctly utilizing trauma-specific and culturally sensitive methods (Devakumar et al., 2015; Yalim & Kim, 2018). The time spent within a refugee camp also has been found to be correlated with psychological problems amongst Syrian refugee youth, and studies indicate that the longer the duration of stay, the worse the outcomes (Braun-Lewensohn & Al-Sayed, 2018; Mahmood et al., 2019; Vossoughi et al., 2018). Other factors such as age and gender have been also reported within the literature regarding adolescent Syrian refugees to potentially impact psychological

well-being, as individuals who are female and older are at risk to develop more severe problems (Yaylaci, 2018).

### *1.9.1 Educational Environment*

Teenage Syrians refugees have their own unique stressors when they are in the process of resettling into their host country. These include: education challenges, acculturation, and mental health. Due to the effects of the 2011 civil war in Syria, many adolescents' education became disrupted for prolonged periods of time due to escalating conflict (DeJong et al., 2017; KidsRights, 2018). There have been efforts to continue schooling in refugee camps, such as schools by provided by UNICEF, international non-government organizations, and local governments, but many adolescents do not attend and prefer working instead to provide for their families' basic needs (Sirin & Rogers-Sirin, 2015; UNICEF, 2017). Even when in the process of resettling into a new country, there are challenges to accessing education faced by teenage Syrian refugees. For example, in Turkey, a country with the largest number of Syrian refugees, there are language barriers due to the curriculum being taught primarily in Turkish (Farhad, 2018). Similarly, adolescents who are in Lebanon and Jordan also note discrimination within their class settings, either from the students or teachers. Research within the education context also notes the lack of a trauma-informed approach to education, and it is suggested that schools would benefit by training teachers on working more collaboratively with students (KidsRights, 2018). Within the Canadian educational system, challenges for Syrian adolescents primarily are consistent with past research on teenage Syrian refugees' experiences in other countries. These include challenges related to language barriers, discrimination, difficulty fitting into peer groups, and educational adjustment problems from the curriculum being different (Brewer, 2016; Guo et

al., 2019; Walker & Zuberi, 2019). All these factors have been linked to poorer academic achievement and adjustment amongst Syrian refugees within an educational system that is not well suited for their needs (Brewer, 2016; Kirova, 2019; Guo et al., 2019; Walker & Zuberi, 2019). Any of these challenges may become sources of stress to an individual, and thus have potential impact on this young population's mental health.

### *1.9.2 Acculturation*

The acculturation process for adolescents in general poses a unique trajectory as well, but also comes with related stressors. It is reported that immigrant parents from collectivistic cultures have an emphasis for family related obligations, however some adolescents regard their independence as more important (Kovacev, & Shute, 2004; Rosseau et al., 2004; Seikh & Anderson, 2018). Therefore, within the context of acculturation, adolescents have a discrepancy in comparison to their parents (Berry, 2005, 2008; Betancourt et al., 2015; Kovacev & Shute, 2004). Syrian refugee parents and their adolescent children hold different understandings of family related obligations and their importance; therefore, this can create tension. This gap in understanding has implications for potential intergenerational conflict in a family dynamic because adolescents are trying to navigate a new environment while trying to negotiate both their own culture and the new culture (Berry et al., 2006; Seikh & Anderson, 2018; Yaylaci, 2018). For teenage Syrian refugees, this becomes an issue due to the salience of the family and obligation towards them due to the culture situated around the family unit (Amer & Awad, 2016; Rabiau, 2019).

The process of acculturation also yields important considerations relating to psychological well-being and discrimination. Studies of Middle Eastern youth who are living in

America report a bi-cultural identity, valuing both the host culture and the personal culture, yields the best outcomes for the aforementioned factors (Berry, 2005; Tabbah, 2019).

### *1.9.3 Coping and Resiliency*

The capacity amongst Syrian refugee adolescents to cope effectively is dependent on factors, such as gender, age, or personal attributes related to personality (Masten & Narayan, 2012; Yaylaci, 2018). Amongst Syrian refugee adolescents, the research primarily indicates that the availability of social support systems, such as family, friends, and even school environments plays an important role in buffering against negative psychological outcomes and therefore promoting resiliency (Hassan et al., 2015). Specifically, for teenagers, certain forms of social support become important resources that hold life-long implications for fostering resilience and promoting healthy coping strategies (Coyne, & Downey, 1991; DuBois et al., 1992). A study conducted by Khamis (2019) on Syrian refugee adolescents residing in Lebanon and Jordan yielded interesting results regarding the relationship between PTSD severity, emotional regulation, and coping styles. The findings indicated that adolescents who were prone to emotional dysregulation had ineffective coping strategies. These coping strategies entailed behaviours such as withdrawing socially, self-criticism, and resignation. Conversely, adolescents who had reportedly lower levels of emotional dysregulation often employed coping strategies that involved social support from their family. For example, these adolescents were encouraged to share their feelings with their family members (Khamis, 2019). Additionally, these adolescents also appraised their school environment to be more positive. This indicates that a supportive school environment can potentially be a protective factor in order to reduce PTSD symptomology and foster emotional regulation (Khamis, 2019). Braun-Lewensohn and Al-Sayed (2018) explored how personal capital factors influence psychological problems among

adolescent Syrian refugees residing within camps. They primarily were interested in exploring adolescent Syrian refugees' sense of coherence (SOC), which is a concept where an individual has resources to help conceptualize their world as understandable. SOC is influenced by what internal and external sources an individual believes that they have access to in order to help them cope. It is suggested to be different among individuals as it is a skill that requires complex emotional/cognitive skills, for example, those who have a stronger SOC are more likely to feel like they are able to manage their situations, or perceive them as less threatening therefore, making the individual less susceptible to psychological distress (Braun-Lewensohn & Al-Sayed, 2018). The study indicated that adolescents who were either female, older, or were in the camps longer, reported a weaker SOC and consequently more psychological issues. Additionally, personal appraisal of danger was also related to SOC, which meant that those adolescents who rated their situation as more dangerous had weaker SOC levels (Braun-Lewensohn & Al-Sayed, 2018). Findings from this study indicate that personal variables, such as gender and age might influence one's capacity to maintain resiliency. However, SOC plays an important role in fostering hope among adolescents who are in precarious situations (Braun-Lewensohn & Al-Sayed, 2018). In general, it seems that there are various protective social and personal factors that influence resiliency for adolescent Syrian refugees.

In summary, adolescent Syrian refugees are resilient based on their ability to cope in adverse situations, and this ability is contingent on resources available to them (Yaylaci, 2018). However, there are identified risk factors that potentially affect their capacity to deal with stressors in an effective manner, such as a hostile school environment, tensions at home, and discrimination. Both the protective and risk factors should be identified in order to develop a comprehensive treatment plan or intervention which focuses on promoting pathways to resilience

to help them in their adjustment process and facilitate psychological well-being (Luthar & Lyman, 2014; Yaylaci, 2018).

### **1.10 Purpose of the Study**

Adolescence is an important time within an individual's life, such as that it contains biological, psychological, and social developmental milestones to be achieved for success in adulthood. It is a period fraught with difficulties related to identity formation given that this is a crucial period of time where an individual is given choices to take in order to fulfil a role in society later on. Similarly, pubertal and hormonal changes are additional stressors for an individual (Baker et al., 2019; Braun-Lewensohn & Al-Sayed, 2018; Fathi et al., 2018; Hirani et al., 2016; Masten & Narayan, 2012). Trauma has been found to potentially influence the structure of brain development amongst adolescents, such as decreasing brain volume (Masten & Narayan, 2012). However, in the context of mental health, adolescence is when most mental health illnesses start presenting (Kessler et al., 2009). Given the prevalence of the onset of mental health related issues within adolescence, risks to mental health become exacerbated for teenage Syrian refugees due to the plethora of stressors from both the pre and post migration environments (Braun-Lewensohn & Al-Sayed, 2018). Therefore, adolescence for Syrian refugees becomes a fragile period of development both psychologically and socially. However, adolescent Syrian refugees have the ability to cope when they can draw upon various protective factors to improve their psychological well-being. These protective factors are important to recognize in order to gain a holistic understanding of adolescent Syrian refugees' lived experiences in regard to stress and coping.

To date, there exists limited literature on contributors and experiences of stress and

coping with regards to adolescent Syrian refugees. At this point it remains unclear, due to insufficient research in the area, what Syrian refugees who are adolescents may experience as their top stressors, and how this population is coping with their stress. Additionally, there needs to be a further understanding of why Syrian refugees gravitate towards certain forms of social support and their experiences those supports in the context of the stress and coping process. The long-term mental health impacts of pre and post-migration stressors on teenage Syrian refugees have been recently started to be studied, and to date they yield mixed results, such as that the quality of resettlement policies from the host country and socioeconomic factors become key components for impacting well-being, including mental health (Hirani et al., 2016). This is an important age group to examine given that they will be the future of their families and Canada, and therefore the unique needs of teenage Syrian refugees need to be identified and addressed accordingly in order to improve their lives (Chan et al., 2016; Hadfield et al., 2017). The present study aims to understand how teenage Syrian refugees in Canada use their social support systems to cope with stress through the following research questions:

1. What do Syrian refugee teenagers identify as stressful events?
2. What different forms of social support do Syrian refugee teenagers draw upon to cope with stress?
3. What coping styles do they employ?
4. How does culture potentially inform the stress and coping process?

The thesis is composed of four chapters. Chapter one outlines the problem to be addressed in the thesis, which the thesis focuses on and to inform the reader of what is to come. The second chapter examines relevant literature regarding issues experienced by Syrian refugees, culture influencing mental health, and where the present study is situated. The third chapter

presents the methodology, such as the theoretical framework, data collection procedures, and selected approach for data analysis. The fourth chapter presents the results by describing the themes which emerged and accompanying quotes to illustrate them. Lastly, the fifth chapter discusses the findings of the study in context of existing literature and provides recommendations for mental health practitioners, policy makers, and future direction for research based on the limitations.

## CHAPTER 2: METHDOLOGY

### 2.1 Study Design

This is a qualitative study informed by constructivism and an Interpretative Phenomenological Analysis (IPA). In order to advance understanding of adolescent Syrian refugees' experiences with the forms of social support they use to cope with mental distress, it is appropriate to use a qualitative and constructivist, cultural phenomenological approach.

Qualitative research's purpose is primarily to understand a phenomenon of interest through non-numerical means (Robson & McCartan, 2016). It is best suited to gathering detailed and nuanced insight into social phenomena. This study features in-depth semi-structured interviews with teenaged Syrian refugees. This data collection method takes the participant's response to questions as points of departure, to further explore what lies beyond these responses.

Direct narrative accounts from refugees have been left out in research and recollection of historical events pertaining to their forced migration, especially of those who are adolescents (Marfleet, 2016). It is meaningful to include their lived experiences from a first-hand account in order to facilitate comprehension (Marfleet, 2016). The constructivist phenomenological approach espoused in this study places an emphasis on experience as dialogically produced between the subjective particularity of lived lives, and a social context. This approach authorizes attending to unique and social dimensions of lived experiences of mental health and coping at once. While encouraging staying close to participant's particular narratives, it also, in the cultural approach, requires analyzing the participant's descriptions, explanations of feelings, and behaviors in relation to their socio-cultural context of emergence. Espousing a constructivist phenomenological approach does result in data being less generalizable, and more context

specific, as the emphasis is to understand the individual's experience as located in a particularly social context.

The theoretical framework, which will be described below, guided the interview guide, sampling, and data analysis.

## **2.2 Philosophical Orientation**

This study's philosophical orientation is based in constructivism and cultural phenomenology. Constructivism describes how reality is based on the interpretations of those who experience it, and that there is no single reality, but instead there are multiple realities (Robson & McCartan, 2016). Knowledge is constructed by experiences that are context dependent. Therefore, by interpreting the meaning teenage Syrian refugees give to the forms of social support they use, how the stressor affected them, and how culture shaped their stress and coping process, this study can help understand the phenomena through participant self-created subjective experiences (Robson & McCartan, 2016). It is meaningful to have this approach as it highlights the variability amongst individuals and avoids oversimplification of experiences which are both context and content dependent.

A phenomenological approach seeks to understand a phenomenon through examining an individual's subjective experiences (Nieswiadomy, 2012). It insists on the value of attending to the meanings attributed to phenomenon by those experiencing these first-hand, and as such is a good fit with qualitative research. Cultural phenomenology emerged in cultural anthropology and is a branch of phenomenology that recognizes that experience is not only subjective: it is cultural. Experience arises from and exists in dialogue with webs of cultural meaning (Csordas, 2015; Jackson 1996). In this perspective, experience is "as much a primordial aspect of human

subjectivity as it is of sociality” (Jackson, 1996, p.32). Since this study is examining the experiences that teenage Syrian refugees have with different forms of social support when coping with stress within a particular national and provincial context of involuntary migration, cultural phenomenology therefore becomes an appropriate framework. This approach will allow the participants to share their experiences in their own words, and thus bring meaning to the phenomena. The role of culture in shaping attitudes towards different forms of social support will also be captured through identified patterns in participant responses. Additionally, themes may arise that might not be shared by all participants, and phenomenology leaves room for considering the significance not only of differences, but also of such unique experiences, and this is important for investigating the research question (Nieswiadomy, 2012). A cultural phenomenological approach invites more nuanced attention and analysis of how teenage Syrian refugees experience social support in particular contexts, and the way in which these support or limit coping with stressors.

### **2.3 Theoretical Underpinnings of IPA**

IPA has a long past and a short history. It started from theoretical concepts in philosophy and is now applied as a research method in psychology (Eatough & Smith, 2008). IPA was popularized in the mid 1990’s by Jonathan Smith, through his publication in *Psychology and Health* which argued that it can be used as an experiential qualitative approach that works in tandem with mainstream psychology (Smith et al., 2009). This approach was neglected in earlier forms of psychological research as the prior zeitgeist was to make psychological research objective through reductionist methods which often discounted aspects of the individual’s lived experiences (Eatough & Smith, 2008). IPA is primarily used in health psychology research, as it

intentionally focuses on the individual's experiences regarding the phenomena of interest that is trying to be understood by the researcher (Eatough & Smith, 2008). IPA also has connections with humanistic psychology, which was a reaction to how psychology initially conceptualized the individual within a paradigm of an experimental laboratory setting (Smith & Eatough, 2007). IPA focuses on the participant on a personal level, and therefore promotes a humanistic and holistic view in the context of academia and research. In relation to the present study, this is aligned with its goal of highlighting the resiliency of teenage Syrian refugees in order to challenge the negative characterization of refugees stemming from research.

IPA's foundations are embedded within the core philosophical concepts of phenomenology, hermeneutics, and idiography (Smith & Eatough, 2007; Eatough & Smith, 2008; Frost, 2011; Smith et al., 2009). Phenomenology can be described as an approach to study experiences, such as how one gives meaning to an event (Smith et al., 2009). Hermeneutics is the theory of interpretation, in that one is trying to uncover the hidden meaning of a text (Smith & Eatough, 2007; Eatough & Smith, 2008, Frost, 2011). IPA itself requires a double hermeneutic process, such where "the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world" (Smith & Osborn, 2007, p.53). The researcher therefore has an active role within this dynamic process from an empathetic and questioning approach as they are trying to gain an insider's perspective (Smith & Osborn, 2007). Lastly, idiography is concerned with an in-depth account of an individual, rather than the general collective (Eatough & Smith, 2008). IPA focuses on individual experiences regarding a phenomenon, but also seeks to understand the differences and convergence within the group of participants (Eatough & Smith, 2008). IPA therefore lends an ontology of social constructivism, which states "that sociocultural and historical processes are central to how we

experience and understand our lives, including the stories we tell about these lives” (Eatough & Smith, 2008, p.184; Frost, 2011). These aforementioned concepts underly IPA’s core goal of trying to gain understanding of an individual’s lived experience and the meaning-making behind it. This is essentially done by focusing on the how rather than the what regarding an experience in order to gain an in-depth insight (Eatough & Smith, 2008). This is supportive of the cultural phenomenology approach which this study’s philosophical orientation is based on.

#### **2.4 The Sociocultural Model of Stress, Coping and Adaptation: An Additional Layer to the IPA**

A key conceptual framework that is layered onto my use of the IPA to guide this study is Aldwin’s (2007) Sociocultural Model of Stress, Coping, and Adaption (SMSCA). The SMSCA posits that cultural values affect the stress and coping process, including a range of interactions with stress that include how an individual appraises a stressor, utilizes social support available to them, and the mechanisms used to cope. The SMSCA will help identify factors relating to uncovering the role that social support play in coping with stress. This theoretical model is important to the study’s purpose because it provides an understanding of how cultural values and beliefs might influence teenage Syrian refugees to cope with stressors in particular ways. Specifically, it highlights which resources, such as certain forms of social support, might be of importance to them due to held values. Additionally, Seligman’s theory of Positive Psychology (PP) will be applied because it emphasizes resiliency and focusing on an individual’s strengths (Jayawickreme et al., 2013). This is appropriate because it draws attention to the coping capacities and abilities of teenage Syrian refugees. By portraying teenage Syrian refugees as resilient, this framework allows for a nuanced exploration of when, how, and to what extent

teenage Syrian refugees experience utilizing social support systems to cope with stress, which supports the study's purpose.

## **2.5 Construction of Interview Guide**

Since IPA's main goal is to examine the lived experiences of individuals in a detailed manner, semi-structured interviews are encouraged to achieve this (Smith et al., 2009). This interview approach maintains standardization due to the interview schedule and topic guide, but it also leaves room to be explorative, as there is the possibility to probe for further detail based on the interviewee's responses. It is described in the context of IPA as "a conversation with a purpose" (Smith et al., 2009, p.57). This is in order to help facilitate an interaction with the participants to allow them to share their stories from their own words (Smith et al., 2009). The questions within the guide should also be open in order to allow them to provide a descriptive account, but also include non-judgmental prompts to encourage further reflection (Smith et al., 2009).

The interview guide for this research study was structured based on the research questions for this study in order to gain insight into stressors, social supports, coping, and culture. The guide was chronological as the participant is asked to first briefly describe the stressor and then is encouraged to unpack it in more detail based on following questions from the aforementioned areas of interest. In relation to the present study, due to a lack of an Arabic speaking interpreter stemming from financial limitations, the interview guide was developed to be simple. It was carefully constructed with the help from the advisory committee to not have jargon-laden or complex language. The advisory committee has experience conducting research

and interviews with refugee participants with varying levels of language proficiency and ages. Careful attention was given to use of wording when conducting the analysis.

## **2.6 Participants and Recruitment**

This study is focused on teenage Syrian refugees. Inclusion criteria for participants was that they must be within the ages of 13 to 18, live in Ontario, enrolled in secondary school, live with their family, are comfortable speaking English, and have arrived within the past one to three years. Individuals were excluded from potential participation if they have arrived and lived in Canada within the past four to five years, and they had reached a point where they were eligible to apply for Canadian citizenship, thus no longer in a category considered as refugees (Statistics Canada, 2019).

Participants were recruited through various means, towards optimizing successful recruitment. This can be a difficult population to reach given Syrian adolescent refugees' layered vulnerabilities as refugees and adolescents (Amer & Awad, 2016). The study flyer (Appendix F) was sent to various community centres in Ontario that focus on refugee and immigrant support to facilitate recruitment. Leaders and members within the Muslim community of a southwestern Ontario city were also contacted given their relationship with the study's population (Appendix G). Additionally, participants were asked to refer individuals they knew of that could potentially participant in the study, which is a recruitment technique known as snowballing.

## **2.7 Sampling Based on IPA**

Studies using IPA are highly recommended to use smaller sample sizes. The ideal sample size for a study utilizing IPA is between two and 25 participants (Alase, 2017). This limited

number is based is on the theoretical and philosophical underpinnings of IPA, as it is idiographic (Smith & Osborn, 2007). The analysis is completed on a case-by-case basis, and the goal is to provide an in-depth and detailed understanding of the group instead of making generalizations to the broader population that the sample belongs to (Smith & Osborn, 2007). The sample therefore should be homogenous and be purposively sampled based on criteria relevant to understanding the phenomena of interest (Smith & Osborn, 2007). The sample achieved in this study was of a total of nine participants.

## **2.8 Ethics, Consent, and Confidentiality**

This research study was approved by the Hamilton Integrated Research Ethics Board (HiREB) under project number 10596. With respect to consent based on age, according to research guidelines set by HiREB, participants younger than 16 cannot give consent. For participants under 16 in this project, and in accordance with HiREB guidelines, assent was sought from the participant along with consent from the parent/guardian (Appendix B, Appendix C). Potential participants' maturity was assessed by their understanding of the study's content and willingness to participate. The parent/guardian of the child was informed about what the study entailed and were given an opportunity to ask questions regarding any details that seemed unclear. The researcher obtained assent from the child and permission from the child's parent/guardian by signing the respective consent forms necessary, and at the same time the participant agreed to be in the study and signed the consent form. The parent/guardian was not allowed to be present at the time of the interviews. Similarly, the potential child participant was given the same opportunity to ask questions about the study's content and expectations. Adolescents who are aged 16 and above were given the consent form to sign (Appendix A).

Participants who did not agree to consent or sign the consent form(s) were not allowed to participate in the study.

It was emphasized in both the consent form and during the interview that participants did not have to answer any question they did not wish to and that they could leave the study at any time. Additionally, in the consent form, there were examples of questions from the interview guide that were asked to inform the participant of what the interview generally consisted of and what they should anticipate.

To ensure confidentiality of the participants, any names or information that can potentially identify the participant were removed. For example, if a quote was selected which contains a name or location, it was omitted. In regard to data security, the interviews and transcripts are kept in a password protected folder on the researcher's computer, which only the researcher will have access to and know the password. The interviews were transcribed by the researcher alone. Participants were also assigned an identifier code as well to keep track of their transcript, compensation, and study data. The videoconferencing software used for this study, Zoom, was selected as it was approved by HiREB's standards on privacy policy.

## **2.9 Study Procedure**

This study used semi-structured interviews conducted online through Zoom, and using audio only (video turned off). The interviews were expected to take from an hour to two hours and 30 minutes. The interviews were conducted in English only, as an Arabic speaking interpreter was not feasible due to limited financial resources.

Interviews were digitally recorded, audio only, with the participant's permission. Participants were asked general questions about their demographic details, such as age, which

gender do they identify as, and how long they have lived in Canada. Participants were then given the instructions regarding how to complete the Capture Sheet (Appendix E). Participants jotted down any three instances of when they were stressed due to an issue, who helped them, and how did they overcome the situation. The participant was given a maximum of 10 minutes to write their thoughts on the sheet. Once they were done, the interviewer asked the participant to share their experience of each event and asked questions to clarify their statements, using the interview guide as a basis for this clarifying discussion. During this process, and to support the value of voluntary participation, the researcher periodically asked the participant if they wished to continue with the interview, and offered the option to decline to answer a question in order to maintain informed and on-going consent. Once the participant finished with the interview the audio recorder was turned off and they were thanked for their time. They were given their reimbursement of \$20.00 and had their community service hours sheet signed off for their Ontario Secondary School Diploma. The participant was asked to send their completed capture sheet to the researcher at the end of the interview. Later, they were given a resource sheet which included mental health resources (Appendix H).

## **2.10 Data Analysis**

The data was analyzed according to general guidelines established for IPA (Smith & Osborn, 2008). First, I listened to the audio of the interview in order to re-introduce myself and familiarize myself with the content. I then read and re-read the transcript of the interview. As I did this, I also made notes of my observations and comments regarding the content, language, and context. In this process I also focused on reflexivity, such as critically evaluating how personal characteristics, like my name and correct pronunciation of their names, could have

affected rapport with the participant. This step was very similar to a free textual analysis (Smith & Osborn, 2008). Later, I examined my preliminary notes and started to find emerging themes from concepts and noted down quotes which I believed represented them. During this step I explored how these themes connected with each other and started making sense of their interconnected relationships and linking them back to how they appeared in the transcripts. This led to me clustering themes hierarchically into being either superordinate (major) or subordinate (minor). The next stage was moving onto the other transcript and repeating the process all over again. Finally, I produced a table of themes generated from my analysis. These themes were not selected solely based on frequency in the transcripts, but also as Smith and Osborn (2008) suggested, based on their capacity to advance understanding of the experiences being discussed. However, some themes were dropped due to lack of corroborating evidence. I decided to organize the themes based on the three areas of interests within the interview guide.

In the context of themes, attention was given to the study participants' framing of their stress and coping process in relation to their held cultural values and beliefs. Towards deepening the understanding of reported stressors and coping in general, the researcher was also attentive to potential gendered patterns in either experiences, explanations of, or coping with stressors amongst participants. This focus to gender is important as there might be experiences or behaviours that are reflective of norms embedded in culture or society (Johnson et al., 2009). For example, there might be social supports or coping behaviours that are more common to a certain gender based on norms that they deem are appropriate in the context of culture related to their gender identity. The analysis based on gender potentially might illuminate differences and similarities between groups, or even gaps within the literature (Johnson et al., 2009).

### *2.10.1 Positionality and Reflexivity*

Reflexivity is a key component of the analysis process within IPA, as the researcher must be aware of preconceptions that might influence their interpretation (Frost, 2011; Smith & Osborn, 2007). There is also the element of positionality, which is interrogating how one's own identity (e.g., religion, ethnicity, gender) and role as a researcher might influence the research process. Positionality and reflexivity are aligned with the Canadian Coalition for Global Health Research principle of humility, where the researcher must understand how their position affects the research (Canadian Coalition for Global Health Research, 2015). Within IPA, this is done through "bracketing", where the researcher keeps on-going notes regarding their own biases, preconceptions, and previous experiences in order to not distort the lived experiences of the participants (Frost, 2011; Pietkiewicz & Smith 2014). I practiced this by keeping handwritten notes as I went through the transcripts and re-listened to the audio of the interviews when analyzing them.

In regard to this study, I am a first-generation Pakistani-Canadian who self identifies as a female. However, there are shared elements between me and my participants, such as being Muslim and coming from the same city in Canada as them. Participants did not have to further explain concepts related to religion, as they understood that there might have been a shared identity due to my name which has Arabic origins. I also pronounced their names correctly because I can read and write Arabic. Participants were also recruited through Muslim contacts that had close ties to the local Muslim community. All participants were recruited from a city in southwestern Ontario familiar to me, as I grew up there (e.g., went to grade school, high school, and completed my undergraduate degree there). I was aware of the conditions of the grade schools, high schools, and general programs that are available to Syrian refugees. Therefore,

whenever participants made mention of any of the aforementioned details, I had a good contextual understanding. I have also been involved in research involving the Syrian refugee cohort from the city, and this gave me additional background knowledge regarding conditions these youth are faced with. However, there are considerations that need to be taken into account based on the degrees of familiarity I have with my participants. These include concerns about confidentiality and privacy within a smaller shared community, assumptions that youth might make of me, and my personal assumptions within a community which go unsaid as they might lead to misunderstanding.

## **CHAPTER 3: RESULTS**

This chapter is dedicated to key findings from this study. It begins with a description of the sample of participants interviewed, and then presents key themes and corresponding subthemes identified through the interviews.

### **3.1 Sample Description**

In total nine participants were interviewed, including three females (n=3) and six males (n=6). Participants were between the ages of 16 and 18. All participants were government assisted refugees who had arrived in Canada as recently as five months and up to three years prior to the interview.

### **3.2 Key Themes**

Eight main themes and 23 subordinate themes emerged as significant through the interviews. Themes were identified using descriptive thematic analysis and grouped under one of the three main areas of interests explored in the interviews: stressors, social support, and coping. In the area of stressors, three themes were found: the war, acculturation in Canada, and navigating the education system. For social support, there were four themes: family, peers, school staff, and organizations. Lastly, for the area of coping, the methods selected were broadly described as either collectivistic or individualistic.

In what follows, I describe the key themes at length and their related subthemes with selected quotes to illustrate them. A summary of the themes and subthemes can be found in Table 1. Connections between the themes and their significance within the relevant literature are

explored within later in the discussion chapter later.

Table 1

*Themes*

Areas explored in interviews	Themes	Subthemes
Stressors	The War	Constant Moving Concern for Those Left Behind
	Acculturation in Canada	Language Discrimination
	Navigating the Canadian Education system	First Day of School  Quality of Education COVID-19's Impact
Social Support	Family	Wisdom Intuition Exclusivity Personal Hesitancy
	Peers	Shared Pieces of Identity Experience Rejection
	School Staff	"It's their job" Amiable
	Organizations	Availability
Coping	Collectivistic	Managing Impressions Turning to God and Islam Seeking Comfort
	Individualistic	Finding Opportunities Escaping Reality Better to Let Go Than Worry

**3.3 Stressors: The War, Acculturation in Canada, and Navigating a New Education System**

Participants identified a number of stressors in their lives, including both pre-migration and post-migration issues. Recurring stressors mentioned included the war, acculturation in Canada, and navigating a new education system. Within each of these, there emerged a number of subthemes. Attention to these allows for further nuancing and understanding of events and meanings attached to events that constitute these as stressors for participants. The stressors are presented in this section starting from pre-migration (e.g., the war) to post-migration (e.g., acculturation in Canada and navigating a new education system) to maintain a chronological sequence.

### 3.4 The War

While not shared by all of the participants explicitly as a stressful event, two participants directly mentioned their past experiences of living through the Syrian war as being one. Participants 8 and 9 shared their experiences related to the war as selected stressors and discuss their accounts, signifying that this was a significant event marked into their lives. Under the theme of war, the subtheme of constant moving emerged for both participants as something that contributed to this being a stressful experience to them. Additionally, the subtheme of concern for those left behind was also identified among two participants. Participant 9 vividly recounts what he had seen in the quote below and expresses concern for the people back in his country as well. Through the interview, participant 9 often referenced the war even when retelling other events of stressful events that he had experienced. It is evident that the experiences of living through the war has impacted him.

“So, like, the war I had to go through, like there is a war in Syria right now. I was 7, so, like, I had to leave my country when I was 7 and a half, so yeah. And I can’t forget the

memories, people dead and stuff, that I had to see. I feel bad for them.” - P9, 16 years old.

### *3.4.1 Constant Moving*

Both participants below describe how constantly moving around as a consequence of war caused significant stress to them. Participant 8 emphasized that cumulative effects of having to resettle in a new area, constantly being on the move, and the fear of dying resulted in it being a stressful experience. He highlights concerns of safety and survival, as the war is a daily threat to him and his family with the phrase: “you either live today or die here”. Participant 9, also noted the experience of being constantly on the move in their refugee journey as a stressor. The origins of that stress for Participant 9, however, were more explicitly social, impacting on his ability to form and maintain friendships:

“So the event I am moving around due to the war, you have to keep moving. So, for me, I have moved probably around 22 houses, in, like, 3 years, which was very stressful. And because, you know, when you have a cabinet and something like this, clothes, kitchen things, you have to keep moving them with you in the war, and you have to get adapted in the new area in the next house, which also makes you a lot stressed. And plus, you are escaping because you are trying to survive on your own, that’s why it was very stressful because you don’t know when you’re going to die. It’s literally either you live today or die here. That was the one that was very stressful, just like the idea of moving, its both mentally and physically stressful.” - P8, 18 years old.

“How many houses and schools I had to move to, causing me not to have many friends.” - P9, 16 years old.

Given that only two participants shared stressors related to their experiences of the war, it still is important to highlight these accounts since it is something that all participants in the present study have experienced in their refugee journey. Further significance of the theme of war will be explored in the following discussion chapter.

### *3.4.2 Concern for Those Left Behind.*

When participant 9 was discussing the events of the war, he made reference quite often to those who were left behind, meaning his family, the dead, and other Syrians. He shared how he tried to cope with this significant stressful event in his life by trying to forget the war. His parents were involved in distracting him, such as trying to soothe him emotionally and take him to the beaches in Lebanon. However, participant 9 later describes that this was an ineffective coping process due to the memories he has and that his family is still in Syria. The reminder of those close to him who are left behind contributed to this being a stressful experience for him.

“They just, start to make me calm, and stuff, like, they want me to forget about it.” - P9, 16 years old.

“It was. Kind of. ‘Cause the war is still happening right now, so it’s hard to forget about it. Try my best to forget about it.” - P9, 16 years old.

“Because you know all the memories. How could you forget about them? Like, your family is still living there. Right now in Canada, I don’t have anyone else but my parents and siblings, and I only have one uncle in [REMOVED], so he lives far away from here, and all the others live in Syria.” - P9, 16 years old.

In the quotes above by participant 9, it can be understood that he continues to reminisce about this given that the war is still on-going and there is concern for his family back home. His inability to forget is rooted in this deep-seated worry from a situation that is completely out of his control. Participant 9 described a range of negative emotions, particularly after he emphasized that he felt sorry for those back home in the previous related quote.

“I was mad, sad, angry, like, I don’t know.” - P9, 16 years old

Relatedly, participant 3 expressed concern regarding those who are left behind and labels

them as “my people” in regards to an incident where a classmate said something negative regarding Syrian refugees. It could be interpreted here that she still reminisces about the war.

“I actually cried after this situation occurred, but then, I was like, ‘just forget it, it’s ok’. Like, I was so emotional, I cried and so sad. ‘Cause it’s my people, they’re suffering in the country and people are talking bad about them.” – P3, 16 years old.

### **3.5 Acculturation in Canada.**

“I was stressed because, I didn’t know what to expect, like, I didn’t know what kind of people would be here. What kind of education, what kind of food. Like, what kind of everythings, like, I did not know what to expect. That’s mostly what stressed me out.” - P2, 16 years old.

“Cause, you know, I didn’t feel comfortable, I didn’t feel in my own, like, I didn’t feel safe. It’s not my own country, like, it’s a completely different country from my home. A different language, different streets, different culture, community...everything is different.” - P3, 16 years old.

One of the salient superordinate themes regarding stressors were issues related to acculturation, particularly stemming from learning how to be able to successfully navigate life in Canada. Subordinate themes of language and discrimination also emerged, which fall under the umbrella of acculturation. The above quotes by participants 2 and 3 suggest the overall idea of highlighting how coming to Canada posed a challenge for them, as it could be interpreted from the quotes that adjusting to a new country would be difficult. Concerns about not being sure about what to expect, being faced with a different culture, and feelings of (not) belonging were shared. These concerns could be understood as issues that individually and collectively constitute acculturation as a stressor.

#### *3.5.1 Language*

Coming to a new country comes with many challenges for most, including learning a new language. Unfamiliarity with English and the need to learn this language was the stressor most

frequently identified and described in detail by most participants. As native Arabic speakers, English was new to all of them, given that there might have been limited access to English education in Syria or a gap in schooling due to the events of the war. However, stressors related to the specific difficulties faced within navigating the Canadian education system will be discussed separately as superordinate theme later in this chapter. Participant 9 recalls how his dislike of the English language stems from his educational experience in Syria and therefore this made it difficult for him to learn it.

“Because when I came to Canada, I didn’t know what is Canada, or where it was located, and the English language, they used to barely teach us in Syria, so I hated English. And I literally didn’t know anything about, not even the letters, so it was way too hard to learn it.” – P9, 16 years old.

While not being fluent in the language of new setting can be expected to be stressful, a few participants noted that the language barrier was a stressor that they felt primarily as a result of being in the Canadian school system. English was the language that was used in the curriculum and spoken by the staff and their peers. Their limited proficiency in English therefore became a stressor which made it difficult for them to navigate a new environment. Concerns about not being able to understand what was being taught by teachers or converse with their classmates were shared as contributing to making this a stressful situation.

“Ok, so event 1 was having to learn a new language, because you know I came from Turkey, and yeah they don’t speak English there.” - P1, 17 years old.

“It wasn’t really an event, but when I first came here. My worst stress was the language. I really didn’t know any word in English and when I went to school I didn’t know nobody there, and when the teacher was talking to me I didn’t understand anything, but there were other Arab students that helped me with it. So, my first concern was the language.” - P3, 16 years old.

“The first event was, uhm, I first came to Canada, I joined elementary school and I didn’t

have the language, and there was a language barrier to me and the other classmates to talk, to have a conversation.” – P6, 16 years old.

Additionally, participants 8 and 9 both made note that there were no English as a Second Language (ESL) programs available in the location they initially arrived to. Therefore, suggest that this made it difficult for them to learn English given a lack of resources. This added to their experience of learning English being a stressor for them.

“So, event 2, when I came to Canada. We didn’t speak English, uh, we went to [REMOVED]. And the thing that stressed me out was that I didn’t speak English and there wasn’t ESL programs to help you, and it wasn’t, there weren’t communities or programs to help people that didn’t speak English. That’s one of the things that was very stressful to us.” – P8, 18 years old.

“And especially in [REMOVED], there was no ESL classes, so I had to learn it by myself.” – P9, 16 years old.

Aside from the English language being an apparent stressor in the education system, there were social interactions in which a lack of proficiency of the English language contributed to the selected event being identified as stressful. In these examples (n=2), both participants shared that their inability to understand English made them feel “stupid”. Participant 4 said this when a student in her school swore at her when she accidentally hit him with the door, and she did not know what he was saying. Participant 7 said this when he tried communicating with a man in order to get help when he was lost on his way back home from school.

“I felt stupid, to be honest, because I kept saying, “sorry.”” - P4, 17 years old.

“I felt, like, a little bit stupid. Because, like, I went from the street more than two times, and then yeah, so I didn’t know how to speak to the man.” - P7, 18 years old.

When asked to share how they felt after they overcame the barrier that the English

language presented, the participants stated positive responses. The following quotes below describe the feelings of the participants. Some viewed it as a “victory” or now having the confidence in their ability to navigate a school environment and country.

“It felt pretty much, like, you won a victory.” -P4, 17 years old.

“Well, you know, I felt more confident in myself, you know, now I can have a conversation without like, making mistakes, and stuff like that. Better than not learning it you know.” - P1, 17 years old.

“I felt happy, joyful, and life was just perfect back then when I moved schools. And I started improving English, and could go outside and actually speak to the people outside with English.” - P3, 16 years old.

“So, it was really really a happy feeling, like, now you can talk to anyone. Now you can be, like, in any conversation because you know what they’re talking about. Now you can participate in the class and be, like, “oh yeah, I know that thing!” It felt really good because you can suggest things, you can and talk about things, you know what I mean? And not only with certain people, like, one person.” - P4, 17 years old.

For at least one participant, participant 6, not being fluent and able to express himself easily due to lack of familiarity with the English language destabilized his sense of self. He described feeling like a different “type of guy”, compared to the one he had been in Syria:

“Because back in my country I was, you, know, I’m the type of guy that talks a lot. I like talking to other people, so that was the problem, that’s what bothered me.” – P6, 16 years old.

In the above, participant 6 describes himself as an individual who “talks a lot” and enjoys talking to other people. Such interaction based on linguistic exchange is replaced by a risk or reality of isolation for individuals like Participant 6. Indeed, a feeling of isolation connected to not knowing the language of a new society was explicitly described by Participant 8:

“Because, like, everyone around you speaks a different language, now you’re isolated.

It's just, like, back there in Syria, everyone is trying to kill you, now you don't know what people are thinking about you, or talking about. You're just isolated from the society. Like, we came back to the same problem, but we're not actually going to die, but actually not knowing what's going on." - P8, 18 years old.

For Participant 8, as evident in his references to his experiences from the war, this feeling of isolation is all the more stressful in connection to the way it connects to uncertainty of safety due to not being able to understand what individuals around him are saying.

Participant 3 emphasized another reason a lack of English language proficiency could be lived as stressful. For her, it was also her parents having difficulty with the English language that she recalls being stressful. She shared this as an event that was separate from her own struggle with learning English. The quote below captures how she felt stressed specifically by not being able to help them with a variety of day to day activities due to her initial limited proficiency of the English language. She described that this situation bothered her because she had a responsibility to help them, as they have been helping her whole life and now it is time for her and her siblings to help their parents.

"Uhm, not being to help my parents with English. If they got an email, or a message, or an appointment, and they asked me what it says, I'm like, I don't know, I felt really bad about not helping, like, helping them. 'Cause the purpose of us getting to Canada was for a better education, but at that time I literally didn't know that much of English, but now I'm, Alhamdulillah, knowing English and I'm helping with their work and appointments." -P3, 16 years old.

The above quote includes Participant 3's description that improvement of her English allowed her to better support her parents in different domains, such as appointments and work. The use of the expression of "Alhamdulillah", which means in Arabic to "praise be to God", might indicate that she feels some sort of relief. English language proficiency as key to increased or decreased stress was a common framing of this particular stressor. Participant 1, for

example, describes that becoming proficient enough in English within a timely manner, such as before high school, was important because he did not wish to waste his time in ESL classes, or potentially be held back from continuing his education.

“So, like, if I did not learn English, like finish it before I went to high school, I would have been stuck in ESL classes. I wouldn’t have to waste my time in ESL classes.” – P1, 17 years old.

### *3.5.2 Discrimination*

Participants recalled stressful events which involved them implying experiencing discrimination in different social contexts in Canada. The instances of discrimination produced stress to the participants through them being Islamophobic and racist. Participant 7 describes how one of his neighbours was involved, and from his quote below. He states that it was because him and his family are Muslim given that the neighbour did something specifically to target their Muslim identity. Participant 3 recollects the time a classmate said something inappropriate about “the refugees”, which was in reference to her.

“Ok, so event 3, was a racist act from a neighbour. They, we, like, we are Muslims, and my family is Muslim, and when we first, like, got here, about uh, so, one of our neighbours, they put a sign in the window, that said, “Islam will fall.” So, we thought, like, we thought, it was going to be dangerous and we did not know what to do. So, uh, we stayed at home, we tried not to go out for, like, a week, and tried not to, to, get in touch with them or see them.” – P7, 18 years old.

“Last year, I heard that a guy, talking about the refugees, and like, talking bad about the refugees, and at that time I was doing a test and couldn’t get to talk to that guy and tell him, “why are you talking bad about the refugees?”” -P3, 16 years old.

In the following quote below, participant 3 describes the reason as to why she thinks this situation bothered her. It could be interpreted here that she is frustrated at the individual who was

making those comments towards Syrian refugees due to the lack of sympathy regarding the reason why she came to Canada.

“Cause I’m a Syrian refugee and I don’t like people talking about me like that ‘cause I have never hurt no one, and even Syrian people, we’re just trying to live our life. We got out of our country just because it’s not safe to live there.” - P3, 16 years old.

Participant 4 was asked to recall if being discriminated against was a stressor she had experienced before in the context of having someone say something rude in English to her after unknowingly opening the door on them. She suggests that she was aware of the climate of racism in Canada and links it to Islamophobia because she is also Muslim. This quote below also potentially suggests that she decided to keep to herself and not retaliate in order to not face any backlash that might stem from racism or Islamophobia.

“No, ‘cause I was in Jordan and that kind of thing didn’t happen there, but when you come here, you heard about a lot of people having racist, like, other people had racist people dealing with them, and being, like, had that treatment for being Muslims. So, be like, “oh, I should keep to myself and not bothering anyone.” - P4, 17 years old.

### **3.6 Navigating the Canadian Education System**

The other superordinate theme of stressors for teenage Syrian refugees involved experiences from the Canadian educational system, as this was a novel experience for them. The following subthemes emerged from the interviews: first day of school, quality of education, and COVID-19’s impact on education.

#### *3.6.1 First Day of School*

Participants shared how the first day of school, either grade school or high school, were stressful events for them. The selected quotes suggest that navigating a new educational environment was going to be an issue, as they were not sure what to expect. Some went further

to explain that not having friends might be a factor contributing to this being a stressful experience.

“So, event 3 was the first day of high school. Actual school, high school. It was stressful because I was going to, like, actual normal classrooms, like, in elementary school I didn’t. I just went to ESL to actually learn English, but in high school, like, I don’t have to, so it was stressful because I didn’t know what to expect. Like, it was very stressful because I know I wouldn’t have support from my teachers as I did in elementary school. Yeah, that was mostly what stressed me out.” - P2, 16 years old.

“So, event 2, was before this event, it was my first day in elementary school. That day was so stressful because I didn’t know the school. I didn’t know what was the dress code at school. I had no idea how to speak anything, I knew couple of words, but that wasn’t helpful to interact with other people. And I had no friends, that was the most scariest thing ever, like, you go to a whole new country without, like, knowing any friends, no family, you know what I mean, like, you feel stranger? That day was so stressful.” - P4, 17 years old.

“So, uh, event 3 was the first day when I joined [REMOVED]. I didn’t know anyone. Uhm, it was my second year in high school, so people would have normally made friends in the ninth grade.” - P6, 16 years old.

It could be interpreted here in this quote below by participant 4 that it would have been beneficial if her family had been physically closer with other families when they arrived in Canada. She states that she would have been able to make earlier friends this way and therefore have an easier time navigating a new environment.

“So, usually, uhm, when you, I think, when you come to Canada, you’re supposed to come to couple of families that would help you, so we only knew one family and they lived far away, so maybe, if they lived next to us, I would go with their kids to school, so maybe that would be more helpful, maybe.” - P4, 17 years old.

### *3.6.2 Quality of Education*

Perceived quality of education represented a stressor in the eyes of some participants. These participants (n= 2) were not satisfied with what was offered at their current school or the environment was not suitable to them due to fights occurring. As quoted below, both participants

ended up moving to other schools which were more suitable based on their needs, as both of them wanted to pursue post-secondary education in the sciences after high school. Therefore, the quality of education became a concern to them given their future goals.

“For my other event, it was my guidance counsellor, he didn’t let me join the academic math course, which I wanted. Yeah, he claimed that there was not enough space in the class. That wasn’t true.” - P6, 16 years old.

“Like, I didn’t want to stay in other schools because we moved to a new house and it was too far from my new house. So, as I told you I moved to [REMOVED] a couple of months, yeah, but I didn’t like it there, there were a lot of fights, and you know, the school was too old, they didn’t have, I was trying to get into the robotics team, and they didn’t have a robotics team there. So, as I heard, [REMOVED] had a robotics program, so that’s why I went there.” - P1, 17 years old.

### *3.6.3 COVID-19’s Impact*

Participants 5 and 8 stated that the changes to the education system brought on by COVID-19 posed challenges to their educational experience. Concerns ranged from technology mishaps to not being able to receive the same quality of support from teachers were shared. These stressors were significant to the participants as they were both in their final years of high school and were in the process of applying to post-secondary education.

“Event one was like, recent, uhm, I basically had this assignment to complete, I have, for a healthcare class. Sent it to my teacher multiple times, but he said, uh, he wasn’t able to get it with my emails.” - P5, 18 years old.

“So, event three, is just like applying to post secondary, because now due to COVID-19, all the schools closed, and plus English as Second Language, you have a lot of applications, applying for OSAP, applying for scholarships, during your studies, like, it was, like, very stressful. So, uhm, doing all these at once was once of the hardest things for me, like, sometimes, like, our teachers used to help us a lot, like, posting videos, and things, and sources, but it’s not as good having as your teaching in front of you and talking to him, like questions you can ask him. Like, on the internet, you have to wait to ask him and then wait an hour to, until he responds, and then you have to talk back. It’s just taking long.” - P8, 18 years old.

Both participants 5 and 8 suggest in the quotes below that this affected their feelings of stress in the face of plans and timelines to apply for scholarships for university. Participant 5 stated that the technology mishap related to his online learning environment potentially cost him the average that he needed to be qualified for a scholarship. Participant 8 remarked that he felt like he did not have the same quality of help as he did if he was meeting his guidance counsellor in person because he now had to wait, and he missed the deadline as a result.

“So he basically gave me a 0 in the end. This was crucial for my average because I had a 97 and that brought me down to, like, a 94. And, like, yeah I’m aiming to keep up my average so I can get the scholarship I want in university. Yeah, that’s what made me stressed.” - P5, 18 years old.

“One of the things that also made me mad, is that I actually missed the deadline for applying to [REMOVED] scholarship, because applying to [REMOVED] scholarship helps a lot, like, with your application to med school, because I want to apply to become a doctor later on.” - P8, 18 years old.

### **3.7 Sources of Social Support: Family, Peers, School Staff, and Organizations**

In the interviews, participants were asked to share who they went to regarding the stressor they had selected and discuss the experiences that they had with them in the process of overcoming an issue. Four groups of social supports were identified by participants: family, peers, school staff, and organizations. Each group had unique reasons as to why participants decided to select them and what forms of support they provided to the participant, such as through guidance, sharing resources, or providing knowledge. The quotes below underline the significance of social supports for the participants, and they describe feelings of relief after speaking to someone and feeling supported because they had someone they can rely on during a stressful situation.

“I felt, like, relieved, when you talk to someone about your problems, just like when you’re stressed out, and you know that they’re there for you, and they support you. So, like, I felt better because I know they care about me and support me. So, yeah”. – P2, 16 years old.

“I felt good, and I felt like I had support, and like, there’s people that actually know what’s going on and they know everything, and they’re willing to share it. And like, educate others about those who don’t really know.” – P2, 16 years old.

“It just became, I was not stressed anymore because I had friends I could talk to and rely on.” – P6, 16

### **3.8 Family**

A key source of supports for participants was family: parents and siblings, but also extended family members, such as cousins, grandparents, and uncles. Participants attributed their close relationship with their family members as potentially a reason why they decided to go to them.

“No, not at all. I told you I’m very open to them and they were very helpful. My brother and my sister are the closest to me, and even closer than a best friend.” - P4, 17 years old.

“Yeah, like, I have a strong relationship with him since I was young, and you know, I would just call him and he wouldn’t have an issue with it.” - P1, 17 years old.

Participants often sought out social support in the forms of guidance, instruction, and emotional comfort in the context of most stressors they were faced with, based on this closeness. The subthemes of wisdom, intuition, exclusivity, and potential hesitancy emerged in relation to describing the reasons why family members were selected.

#### *3.8.1 Wisdom*

Participants often brought up the notion suggesting that their family members had more

experience regarding the stressor at hand, and therefore could provide what they perceived as valuable and appropriate guidance. The word “wise” was used to denote this in two instances, as signified in the selected quotes below.

“I always ask my parents for help, but yeah, this was one of the situations where I knew they would know more about it than I do, so that’s why I went to them.” - P1, 17 years old.

“Cause they’re older than me and they’re much more wiser. They can help me through this stuff.” - P6, 16 years old.

“He is wiser than me and knows better than me.” - P7, 18 years old.

### *3.8.2 Intuition*

This was frequently mentioned by participants in regard to their parents with variations of the phrase: “they know what’s good for me”. Participants deferred to the guidance and instructions of their parents, and generally it seems that they highly valued their input when making decisions or navigating a situation.

“I felt like my parents know more about school than I do, cause, you know, they had been through it, and know what it’s like to go through high-school, and know what’s better for me.” - P1, 17 years old.

“Like, I haven’t really had any problems, to talk to anyone about, but if any kind of problem I just tell them because they know what’s best for me.” - P5, 18 years old.

### *3.8.3 Exclusivity*

Some participants made an explicit distinction regarding their relational conditions for disclosure, such as that “personal” problems were reserved for family, rather than outsiders such as friends, school staff, or organizations. It was not made apparent what “personal” problems entailed, but it can be assumed that these would be more sensitive issues. This might include situations involving the family, as mentioned by both participants 3 and 8 below.

“Uh, yeah, for most situations that are like more personal, I would talk to my parents.” - P1, 17 years old.

“Yeah, if it was like, if it’s gonna, bothers me, or like, if its gonna affect, like, other people, I would definitely go talk to her and tell her about the problem. If It was, like, my family problems, no, I wont.” - P3, 16 years old.

“No. ‘Cause, I feel so emotional with that situation and I wouldn’t want anyone else to know that I am emotional. Except for my brother and sister.” - P4, 17 years old.

“Yeah, so whenever there’s school problems, I’d always go talk to that counsellor for the office, guidance counsellor, or if I have problems with my friends or with my family, I would just go talk to them.” - P8, 18 years old.

### *3.8.4 Potential Hesitancy*

Participants 8 and 9 both alluded that it was sometimes difficult to go to their family members for help because they were struggling with their own problems. Their responses were in the context of them discussing how the war was a stressor for them. It is assumed that they did not wish to overburden their family members. Participant 8 shares that this hesitancy as a child impacted his relationship with his father even later on in life.

“Going back to him when we were in Lebanon was very stressful, like, uhm, because he used to get mad easy, but he used to sometimes calm us down, most of the times. But, like, if you want to go talk to him, it’s very hard due to, like, when I was young, he used to be very stressed. So, going back to him at an older age later on, was very very hard, and I got used to that after.” - P8, 18 years old.

“Probably not, because they were going through the same thing. So, yeah.” - P9, 16 years old.

## **3.9 Peers**

Peers in school settings were often mentioned by participants in helping them deal with their stressors. This included classmates, best friends, and friends. Subthemes of shared identity, experience, and rejection emerged in relation to their experiences of seeking help from their

peers. They provided support in the forms of guidance through advice or helped them navigate the school environment. Participant 4 shares in the quotes below that the positive encouragement she received from her friends helped her deal with her stressor of learning the language and overcome her worries. It could be interpreted here that the emotional support she received through the comforting words they offered her were crucial. This underlies the significance of the support received from her peers.

“So, in my class we had a couple of Arab people, they helped me a lot, like, a lot, I would be so thankful for them. They, they stood up next to me and be, like, “don’t worry, you’re gonna get over this, you’re gonna get used to this, the language is ok, you’re going to find it easy later on,” and they were really friendly, like, you wouldn’t even imagine.” - P4, 17 years old.

“It was because, when someone encourages you to do something and they always positive, and they be, like, “oh you can do this,” you eventually convince yourself that, yeah I can do it, what’s wrong with it?” - P4, 17 years old.

### *3.9.1 Shared Identity*

It was implied by participants that their friends were potentially selected as a social support network because they came from the same culture and spoke Arabic. Therefore, this suggests that it was easier for them to go to due to there being no cultural or language barrier.

“Yeah, you could relate to them and speak Arabic if I was not feeling comfortable speaking English.” - P1, 17 years old.

“Yeah, kind of, because most of them were Syrians, and we spoke the same language, so it was really helpful.” - P3, 16 years old.

The quote below by participant 3 suggests that there is a fond remembrance of life in Syria, as she is able to connect with her friend by discussing things relevant to her culture and back home. While she is maintaining a link to her culture, she states that it “feels good” to do such with her peer who shares the same background as her.

“Like, we’ll talk about the same things about the same cities, or if we were from other cities we would talk about, like, different accent we have, but we share the same food, the same culture, clothes, and the same language. So, it was really fun to speak to your own people, and share the same food, the same language, it just... feels good.”- P3, 16 years old.

Participant 1 describes how he intentionally picked a school to go to based on the criteria that there should be Arab immigrants there. He later suggests that this was helpful in making friends, as they were able to relate to one another due to the same culture and language.

“So, that’s why I tried to go to a school where there are a lot of Arab immigrants there, like specifically, Syrian immigrants. So, I was easily able to make friends and we can relate to each other since we’re from the same country and have the same culture.” - P1, 17 years old.

### *3.9.2 Experience*

Participants suggested experience as one of the few reasons why they might have reached out to their friends, either that they had the same experience or more experience regarding the stressor. Participants sought out support in the form of guidance given they valued experience from their friends.

“Mostly friends because they were there with me in the classrooms and everything, so like, also my best friend, so I went to her for help because she’s been here for years, she’s been doing it for years, she knows everything. So, I went to for her help, and she helped me a lot.” - P2, 16 years old.

“Yes. It was pretty easy, she was, like, my best friend at the time, and she was helping me a lot. She knew English better than me. Her English was fluent, and it really helped me with that hesitation.” - P4, 17 years old.

However, one participant also suggested that if his friend had limited knowledge in the area, he did not go to them for support and had to seek someone else for help. Participant 1 implies this in the quote below, as he ended up going to his guidance counsellor for help instead.

“Yeah, not many of my friends finished their community service hours, so I could not really go to them and ask them. So, I had to research it on my own, and that’s why I went to my guidance counsellor. Like, I talked to her, you know, like what opportunities she had.” - P1, 17 years old.

### *3.9.3 Rejection*

When participants were asked if they ever worried about how their peers might react or what they might think when they came to them for help, some of them said yes. Participants 3 and 4 describe their feelings in in the context of the stressor of having a limited proficiency in English. It could be interpreted in the quotes below that both participants felt they would have been potentially rejected by their peers. Feelings of isolation and rejection are shared.

“Yeah, because I was nervous before talking to them. I was, I thought, they would reject me, or say “No, I can’t help you with that” or “It’s not my problem”, or stuff like that, I found them really helpful and really helped the ESL community there. They had specific classes there for newcomers to learn English there.” - P3, 16 years old.

“Yes. This time yes, because, so, I thought that they would be like, “oh you don’t know English, oh blah blah,” or be, like, “oh she doesn’t know anything,.” - P4, 17 years old.

### **3.10 School Staff**

This consisted of teachers and guidance counsellors that the participants encountered in the school system. This group was mentioned in the context of school related stressors or when learning English. This cluster of individuals who often provided support in the form of sharing information or resources, such as providing opportunities for gaining community service hours, applying to post-secondary school, and learning English. The subthemes of “It’s their job” and being amiable emerged in relation to the reasons why it was easy for participants to seek out

their help. Additionally, when participants were asked if they would have gone to someone else for help in a situation, some of them implied that they would have gone to school staff. For example, this was mentioned when a participant encountered discriminatory comments from a fellow student regarding refugees. While not her first choice as said participant relied on her friend in the situation, she felt as if a teacher could have stepped in.

### *3.10.1 "It's their job"*

This phrase was stated by two participants when they were asked if it was easy to go to their guidance counsellors for help. It seems that given what their job entailed, this therefore made it easy for the participants to seek them out. Participants have an understanding of what role school staff play, specifically when it comes to providing support in the form of resources and guidance.

"You know, she gave me a couple of opportunities. Yeah, and I chose the one I liked the most. She was pretty happy with it. Like, it's her job. So yeah, she didn't have any problems you know." - P1, 17 years old.

"Uhm, I would have gone to my teachers, but I know my teachers are busy making their own lesson plans everyday, like, uhm, filming them, and editing them, for their own lessons. I would just go to the guidance office, because it's actually, it's his job to guide us." - P8, 18 years old.

### *3.10.2 Amiable*

A few participants implied that the reason why they were comfortable seeking help from their teachers was because that they were pleasant and engaging. Both participants 3 and 4 share their experiences with their teachers who took time with them, which helped them significantly.

Participant 4 discussed how her teacher asked her of her life back home as an attempt to engage her in a conversation.

“Yeah, kind of, because she was really nice and she explained slowly everything and, I was really, I start of kind of get improvement by doing my work and handing it on time. And then, I found out that my English was improving, and I became really good at it from the class.” - P3, 16 years old.

“Uhm, so one of my teachers, she was the one who came for me, like, for help, and she would talk to me most of the time because so I wouldn’t feel lonely. And then she would talk to me and be, like, “what was your home country like?” and ask me a lot of questions that would make me join a conversation.” -P4, 17 years old.

“Yes. Because, some teachers are very open and you feel very comfortable talking to them, but other teachers are very strict and you just want to get out of their class.” -P4, 17 years old.

The quotes above by participants 3 and 4 potentially implies that a warm school environment is conducive to helping teenage Syrian refugees learn English. This is also suggested by participant 6 in the quote below when discussing how his teachers helped him learn English by encouraging his classmates to be involved with him in a friendly manner.

“They just told the other classmates, you know, they had my back. They told them, like, to help me, and stay with me to act more friendly towards me. Like that.” - P6, 16 years old.

### **3.11 Organizations**

There were some organizations mentioned by the participants when seeking out support related to instances of navigating life in Canada, such as learning English or when faced with discrimination from a neighbour. They primarily provided support in the forms of instructions and resources, as one participant shared that an interpreter was made available to her family from

a local organization. Having access to these organizations seemed to be important especially when the participants first arrived to Canada.

“Yeah, it was the Canada centre, there were a lot of organizations, like [REMOVED], uhm, there was something, yeah YMCA, they also helped, uhm, there were a lot of organizations that I went to. But I don’t go to anymore.” - P2, 16 years old.

### *3.11.1 Availability*

When being asked if they found it difficult going about seeking help from these organizations, they responded with saying that they did not worry because it was one of their responsibilities to provide help.

“Because, like, they’re there to help. They know everything, so like, if we ask them about everything, they would know. So, I thought that was the best way to get help.” - P2, 16 years old.

“Uhm, I think, no. Because, like, they always help you.” - P7, 18 years old.

## **3.12 Coping: Collectivistic and Individualistic**

Participants described a variety of methods they used when coping with their experiences of stressful events. Some of these coping methods emphasized a more collectivistic approach in regard to dealing with an issue, as the orientation was focusing on the “other”, whether that may have been family or society. Conversely, there were instances when participants explained their experiences of coping in an individualistic centered method. The focus was centered on themselves alone to overcome the problem, rather than to involve others in the process. These two approaches, evident in participants’ accounts of coping with particular stressors, are described in more detail below.

## **3.13 Collectivistic Coping**

When sharing their experiences of coping with stressors, participants alluded to referencing the “collective”, whether this might be society or their family. These particular forms of coping involved relying on other people. Some of these methods of coping were also based on sociocultural values which the participants held, as these forms of coping correspond to culturally normative and appropriate ways of dealing with stressors. Subthemes of managing impressions, turning to God and Islam, and seeking comfort emerged as dimensions of collectivistic coping behaviours. When participants were asked if the coping approaches they took to solve the problem at hand was also used by their family or community, many of them responded by saying yes. This suggests that the participants hold values from their families and community which have shaped their ways on how to cope regarding a situation. Participants 4 and 5 make reference to this in the following quotes. Participant 4 says this in context of how she learned from her own family’s experiences on how to accept things and move on when related to issues of the war.

“Uhm, so, for example, when we came to Canada, though we would, we would talk our relatives maybe every day, every day, so like, we won’t be feeling sad for leaving them, or anything like that. But at the end, we knew that it wasn’t really like, that a big of a deal, so we were ok with it. We let go of that feeling of being very sad and very lonely. It’s just a human nature.” - P4, 17 years old.

“I guess, uh, the community and my family really do have a really good impact on the way I deal with situations. And they certainly taught me correct and right ways to deal with them, in the best way that benefits me and leaves me with the best results. Yeah.” - P5, 18 years old.

### *3.13.1 Managing Impressions*

Participants described instances where they coped with a situation by focusing on trying to maintain social harmony. This was implied to prevent escalating conflict so that society would not look at them differently, and not think of them as someone who caused trouble or was a “bad

person”. It seems that the goal was to manage other’s impressions of themselves by not retaliating. Suppression of one’s emotions by tolerating the stressor was mentioned by a few participants, but the common thread among this approach was when they were all faced with instances of discrimination in Canada.

Participant 4 below discusses her rationale as to why she did not say anything towards a classmate who cursed at her when she accidentally opened the door in his face. She makes reference to how her behavior as an individual would be taken as a generalization of Muslims. This signals to how she already understands how Canadian society views Muslims through the lens of Islamophobia. Therefore, she did not wish to give the impression of being problematic and tried to not cause any disruptions by retaliating.

“Because, if you, like, if I went up to him and be, like, “why did you curse at me?” it would grow more and cause more problems, which I don’t want to deal with. Like, coming as a new student in a new country, you’d just be like, “I just wanna be to myself,

I don’t want to have any problems any more, let’s be kind, I wanna be peaceful,” all that. And definitely because, you’re a Muslim, so it’d be taking your behaviour as for a whole group.” - P4, 17 years old.

Participant 3 followed up with the reason why she decided to avoid conflict in the context of a classmate saying something awful about Syrian refugees, in passing reference to her. She suggests that she did not wish her new school to see her in an unfavorable light. She previously shared how difficult it was to fit into a new school and make friends, and therefore it seems appropriate that she wanted to maintain a good image and not ostracize herself.

“Yeah. ‘Cause, I didn’t like to start troubles, if he was a bad person, I don’t want to be a bad person and start troubles.” - P3, 16 years old.

“I wanted the school to see me in, like, a sweet picture.” - P3, 16 years old.

Similarly, this sentiment was also shared by participant 7, but in relation to the general community in his city when him and his family were faced with Islamophobic behaviour from his neighbours. Goals of not wanting to give off a bad impression and cause a disruption were emphasized alongside the participant contextualizing that they did not want to get off to a bad start in their first year in Canada.

“They told my dad to, like, tell the police. The, he said, like, “we’re new to here and we didn’t know, know, like, we did not want to make problems, and to involve the police in the first year in Canada.” Because we did not want to give a bad impression of us.” - P7, 18 years old.

### *3.13.2 Turning to God and Islam*

Participants discussed how they relied on various dimensions of their religion, Islam, as a selected way of coping with an event. Participants described praying, reading the Quran, relying on God, and following the teachings of Islam when navigating a stressful situation. However, while this form of coping does not directly involve a tangible “collective”, such as society or extended family as a reference point mentioned before by previous participants, this is still rooted in sociocultural norms based on the participant’s cultural upbringing. This also implies that religion carries significant meaning to them in their lives. Two participants, 3 and 9, shared their experiences of using religion to cope, and the commonality among their reasons was that their contexts included being faced with forms of oppression, such as discrimination and the war.

Participant 3 was met with a situation involving discrimination where she had inappropriate comments said towards her about refugees. She implies in the quote below that she coped with her situation by relying on God and following the teachings of Islam in order to deal with her situation. It is important to note that she relies on God during “hard times” in her life

and being discriminated against was a situation that fell under this. This signals that this event was significantly stressful, yet she was able to forgive the perpetrator and move on because of Islam's teachings.

“...[w]hat I usually do is that I ask God to help me with, if I'm going through hard times, and you know Islam is just about peace and forgiveness so, I just remember Islam is about forgiveness. So, I actually forgive all people that hurt me and my feelings.” -P3, 16 years old.

Participant 8 also identified religion as an important coping mechanism for him. In the quote below, he describes his religion as giving him hope to survive the war, as way to move through difficult moments in life, and as helpful. It is also highlighted that he finds comfort in the omnipresent quality of God, and believes that maintaining hope was central to making it through the war as God was able to lead them out of it.

“Because, with religion it's just a way to live your life, it's not there to just be around and you have to do whatever. It's actually a way it could help you, because, uhm, our religion states that God is always there, and He would always help us to get out of the situation, so if we hope that there's a way, then there's actually a way. Like, one of the way we just did was we came to Canada and just left all the war there, so that's actually hope and made us survive, like, believing in God, He would help us.” - P8, 18 years old.

He later suggests that the teachings of Islam regarding suicide was potentially a factor involved in preventing him and his family from committing suicide while going through the war. It is understood through these quotes that participant 9's experiences with religion were important to him in the context of coping with the war. This was a situation where he had no control over, but he relied on a higher being in order to help him get through this.

“Yeah, it's just because, if you got depressed, many people would just suicide, like, in Japan or China, because I don't think they believe in God, or something like that, in our

religion if you sacrifice yourself, you go to hell, and you just die after die. So, if you suicide, it's not an answer for your solution, so, if you die, in a war, trying to protect your country, then, you actually go to heaven, but if you actually just sacrifice yourself, suicide, then that's not the way. That's what actually kept us from killing ourselves." - P8, 18 years old.

One striking detail that was common among the two participants who used their religion to cope was their explicit reference to the Day of Judgement. This is a concept within Islamic eschatology where every human will be judged based on their deeds. Participant 3 alluded to her reason for forgiving the individual suggesting that within the Islamic context, they will be faced with their reality of their actions on Judgement day and she will be vindicated. Participant 8 also mentions something similar to that effect, but in the context of dealing with the war. It could be assumed from the quotes below that even while their religion serves as a guide for them both in this life, they are finding comfort in enduring the oppression they faced as they will be vindicated in the next life.

"Uhm, I got taught that just forgive people and at the end they will get what they get, and you will get what you get. Just let it, just let things go, but they wont let go at Judgement Day." - P3, 16 years old.

"This made us actually think about the future of being, like, being after, like Day of Judgement, being uh, god will actually take our rights and give them back to us. That's actually really helpful for us, too." - P8, 18 years old.

### 3.13.3 *Seeking Comfort From Family.*

Participants shared their experiences of coping with certain stressors by seeking out emotional comfort. These two instances involved going to their family in order to try to reduce their feelings of distress brought on by events. Involving their family in the process of coping signifies that this was based on collectivistic values. Participant 2 in the quote below implies that

she sought out comfort from her parents in order to reduce the stress from exams. She states that they helped her “mentally” and there was no one else to comfort her, such as her friends.

Participant 8 discussed that he coped during the war by going to his mother to help him calm down and destress. The focus in these two instances involves seeking out much needed comfort from their parents.

“Because I didn’t have anyone else, like, my friends weren’t there for me, so I asked them for help. They helped me like mentally and like everything, they supported me, they gave me support, so like, yeah. I didn’t actually have anyone else to go for except my parents.” -P2, 16 years old.

“Uhm, she’s very smart mom, she would just, like, calm me down, she would be like, “just calm down, I’m gonna help you with everything, give you whatever you want.”” - P8, 18 years old.

### **3.14 Individualistic Coping**

In some instances, participants described focusing on themselves in the process of coping with a stressor. These experiences were notably different from those based on collectivistic values, in that participants framed these as instances in which they were not reliant on anyone external as they coped. Indeed, in the examples of coping categorized here as individualistic, participants had not shared their stressor or coping with anyone: these remained private challenges, and, once overcome, private successes. These instances were framed in a particular way where their innate ability was emphasized. Subthemes of seeking opportunities, escaping reality, and better to let go than worry emerged as dimensions of individualistic centered coping processes.

#### *3.14.1 Finding Opportunities*

Participants discussed that they sometimes coped with certain situations by seeking opportunities by themselves in order to overcome them. In all of these instances, they were in the context of trying to improve their English. Many of them mentioned a variety of opportunities they sought, such as actively finding people with whom they could converse, finding books in English to read, and taking tests. The emphasis within this selected coping method was on relying on themselves and feeling in control of the stressful event, as it was something that could be overcome if they put effort into it. The quotes below discuss the various strategies that the participants tried in order to learn English.

“Uhm, extra reading. It’s really helped me improve my English and tests, the tests were really easy for me, that improved my English. And also, I went to other elementary school, there were, uhm, the first one I went to was [REMOVED] and then I went to [REMOVED], I learned more English at [REMOVED, the latter one] because there weren’t that much Arabs in the school, because at [REMOVED] there were a lot of Arab people, and we sometimes stick together and speak Arabic all the time, but when I got to [REMOVED] I spoke more English than Arabic.” - P3, 16 years old.

“I ended up encouraging myself. I ended up fighting the language and learning more English, and interacted with other people so I can be taking from them whatever it was, advantage or disadvantage, be, like, taking the language from other people and did help myself by watching English movies, English music, read English books.” - P4, 17 years old.

“Just improve my language. I started having more conversations with the, uh, my classmates.” - P6, 16 years old.

“So, first I tried to learn and understand the letters and what they mean. And then I started learning words, and when I learned the words and their meaning, like lot of words, I started reading a lot of books. Like, four books in a week, or something like that, until I came to [REMOVED] and there were ESL classes here.” - P9, 16 years old.

### *3.14.2 Escaping Reality*

While discussing vivid recollections of his experiences during the war, participant 8 stated that he coped essentially by disconnecting with reality. He described that he did this by watching anime, animation originating from Japan, as it helped him “live in a fake world”. He

emphasizes that he focused on anime series that involved heroes as it helped him cope by reimagining the reality of the war as someone who has the capacity to help people.

“I got stuck with anime, so things, like, make you, not, like, you’re actually escaping life, which helped me a lot, too. So, living in a fake world, and most of the anime thing, it’s a hero that’s actually helping people, which not actually real life, so, uhm, it’s just, like, making you live your own world, it’s just, like, not our world now.” - P8, 18 years old.

When asked to share some examples of anime towards which he gravitated, he described a series involving several parallels with the Syrian war, such as children being orphaned.

“One of them like, uhm, maybe Naruto. Which is that is a story in where he lost his mother and father and he’s actually living in a war, and, he has a monster inside him. He used to be very weak and everyone used to affect him. Using his actual smartness and things like this, he made a lot of friends, and he actually got to let people love him. And he became the hero of the village, and this, uhm, he was the actual hero, which improved me a lot, like, me thinking about him, living in a war, nobody cares about you, they would actually kill you, and me thinking there’s a hope to survive, it was very helpful.” - P8, 18 years old.

It is important to note that in participant 8’s description of Naruto, participant 8 emphasizes that he might be able to relate to the main character of this anime, Naruto, because of the way the character was able to find a way to thrive (e.g., make friends, become the hero, and have people love him) amidst the challenges he faced. This connection implies that participant 8 feels that he is going through something similar, and this anime series provides him with a sense of comfort regarding the future direction of his life.

A similar approach to coping was described by participant 9 below, as he utilized technology and tried to keep himself entertained. He also makes mention that he tried playing with his siblings more frequently, but only to distract himself from the reality of the war as he was living through it.

“Like, I tried to use more technology. I tried to play with my siblings more. Like, I tried to do more entertaining things.” - P9, 16 years old.

### *3.14.3 Better to Let Go Than Worry*

In cases where participants felt like they had no control of the stressful situation, some of them decided that the best way of coping was to simply just “let go” of it. This particular framing alludes to their personal understanding of that they have the individual choice to keep themselves immersed in the situation by investing attentional and emotional resources to it. Participant 5 decided that the best way to go about dealing with an opportunity lost due to COVID-19 was simply to relax. He implies that stressing about the particular situation, or also in some situations, is not conducive to producing results and has negative consequences on one’s health.

“It’s better than stressing. Stressing leads to, uh, no solutions. It’s just, it’s harmful for your health, and uh, it doesn’t give you any fruit, like I guess, like, solutions.” - P5, 18 years old.

Participant 4 discussed her experiences. of the transient nature of making friends, as many in her life have left her due to reasons including switching schools and moving away. These reasons are out of her control and she does describe this transience as part of “human nature” in one instance. She shared that she eventually got used to this occurring, and coped by “letting go” of the situation in order to feel relief from the stress. It can be interpreted that she understands that she has a personal choice in letting herself be overcome by stress by issues in which she has no overt control over.

“When you let go of certain things, you just feel relieved, and you just find out that the stress is gone at that time, when you let go.” - P4, 17 years old.

### **3.15 Conclusion**

Teenage Syrian refugees shared a variety of both pre-migration (e.g., the war) and post-migration (acculturation in Canada and navigating the Canadian education system) stressful events which marked their journey as refugees. Among those stressful events, participants shared their experiences of stressors as being context dependent and socially determined, rather than turning inward and describing them as something personally wrong with them. In this framing, there emerges a normalization of their stress. Participants understood their hardship and stressors as expected and normal given their journeys as refugees (e.g., learning English and making friends in a new school). Social supports were selected based on appropriateness of the situation, such as if it was an academic related issue then school staff were approached. In other instances, culture seemed to influence their choice of selecting an individual, as participants gravitated towards making friends who came from the same background as them or relying on their parents due to values of closeness. Lastly, experiences of coping were situated in either being collectivistic or individualistic in nature. Participants descriptions of coping involved either referencing appropriate sociocultural norms or focusing on their innate inner capacities to overcome particular issues. In some situations, the stressor was out of their locus of control and therefore influenced their ability to cope with the event. Teenage Syrian refugees have demonstrated their ability to overcome events described as stressful by finding resources, such as social support systems, and cope in meaningful ways.

## CHAPTER 4: DISCUSSION

The purpose of the study was to examine the experiences that teenage Syrian refugees have with social support systems to cope with stressors. The findings provide insight and overlap with existing literature on cultural particularities of stress, social support, and coping. It also expands research pertaining to Syrian refugee experiences, specifically experiences of adolescent Syrian refugees. This section will discuss the findings based on the areas of interests from the research questions, implications for psychotherapy, policy recommendations, and the limitations and future direction.

### 4.1 Stressors

The stressors described by participants, including both pre-migration (e.g., the war) and post-migration stressors (e.g., acculturation in Canada and the education system), were consistent with those reported previously in the literature (Hassan et al., 2015). Similarities and differences will be noted between relevant literature and the findings from the present study.

#### 4.1.1 *The War*

Within the literature, many Syrian children have witnessed traumatic, such as people dying, being harmed, or exposure to other forms of violence (Hassan et al., 2015). In the context of this study, only two participants explicitly identified the war as a stressor. They shared accounts of how difficult it was living through the war and how it impacted their lives. In an interview with one participant, elements of the war were frequently brought up even within other contexts. For example, he felt isolated by not knowing English in Canada and likened it to his

experience of the war where individuals were intent on harming him and his family, but now he is unaware of what others are saying and therefore is concerned about his safety. However, there were participants who made reference to their experiences of the war, such as how one participant voiced concern for those who were left behind in Syria. Given all of the participants had experienced the war, yet only two participants decided to share their experiences of it. Participants spoke mostly about present issues, and it is hypothesized that this occurred because the war was something further away from them both physically and temporally.

The two participants who did cite the war as a key stressor in their lives described that the most difficult part associated with the war was the fact that they had to constantly keep moving. The reasons given as to why this was tough for them were different. One participant stated that it highlighted the reality of danger, as it was a life or death situation. The other participant stated that because of the constant moving, his education was disrupted, and he could not make friends. Similarly, the other participant remarked that he did not go to school for a while given their precarious situation. Both concerns from the consequences of the war are noted within the literature (Hassan et al., 2015). Being in this precarious transitory condition due to the war has left many Syrian refugee children with gaps in their education and prevents them from making relationships with peers (Hassan et al., 2015). The general stressor of the war noted by the participants has potential consequences for impacting their mental health and well-being. It is reported that Syrian refugee children have nightmares from the war due to the events they have witnessed, which puts them at risk for PTSD and other mental health issues (Hassan et al., 2015). Additionally, constantly moving due to threats to one's safety poses negative consequences to psychological well-being, especially at a young age where psychosocial development is a crucial component (Hassan et al., 2015). Participant 8 also explicitly indicated that he could not forget

those who were left behind and felt sorry for them, and this included his family, the dead, and the Syrian people. This highlights rumination of the war, as this is common amongst Syrian refugees (Hassan et al., 2015). More specifically, it signals feelings of loss associated within the social sphere, as two participants in the present study expressed their concerns of those left behind during their experience of displacement. Emotions encompassing survivor's guilt, where one feels guilt for surviving a traumatic experience, are noted amongst Syrian refugees coupled with the nostalgia to return (Almoshmosh, 2016).

#### *4.1.2 Acculturation in Canada*

Since the participants in the present study have been in Canada for some time, it was no surprise that they shared instances of stressors which could broadly be described as challenges related to acculturation. The two subordinate themes of language barriers and discrimination emerged from the interviews in the present study. Participants had shared their worries that they were not sure of what to expect when they came to Canada as it was a different country from their own. Many participants had described that the English language posed a challenge for them, and this was made apparent when they were in a school setting. This language barrier became a stressor as it made it difficult for them to navigate the school environment, make friends, and even understand the material being taught. The aforementioned are commonly reported difficulties for Syrian refugee children who have been introduced to different school environments which are in another language, as this has been the case for those Syrian refugees who are living in Turkey and Canada (Farhad, 2018). Additionally, participants also stated that they might be held back in their school progress if they did not learn English, which is also an issue for Syrian refugee children, as some have been either misplaced in terms of a grade or held

back from progressing alongside their peers (Sirin & Rogers-Sirin, 2015; UNICEF, 2017). This has been implicated to have negative consequences on their self-esteem, educational attainment, and sense of belonging (Brewer, 2016; Guo et al., 2019; Walker & Zuberi, 2019). Two participants stated that there were no ESL classes available for them in the location that they arrived, and therefore they had to learn English on their own. Lastly, one participant's stressor was her parents not knowing English and therefore having difficulties navigating life in Canada. She states that she helped them with work and appointments when her own English got better. Refugee youth being language brokers for their parents is a common occurrence, and this emerged within the present study (Shakya et al., 2014). Language acquisition helps intercultural adjustment which ties in social mobility (Matsumoto et al., 2006).

Unfortunately, as there are challenges of acculturation that involve understanding core elements of a new host society, such as language, there is also a risk of experiencing discrimination. Instances related to discrimination were shared by participants in the present study as stressors. These occurrences often involved their identities of being a refugee, Syrian, and Muslim. As described with the related quotes in the aforementioned results section, one participant recalled that a fellow classmate said something awful about Syrian refugees. This experience of bullying related to being a refugee is an issue reported amongst Syrian refugee children in many countries (Sirin & Rogers-Sirin, 2015; UNICEF, 2017). A hostile school environment, such as where bullying or discrimination is present, can affect Syrian refugee children's mental health and grades (Brewer, 2016; Guo et al., 2019; Walker & Zuberi, 2019). Another participant shared an instance where a neighbour placed a sign in their window with an Islamophobic sentiment which read "Islam will fall". The participant described he did not do anything wrong to warrant such behaviour, but felt that this was a dangerous situation for him

and his family since they were Muslim. In Canada, there have been reports of unfavourable sentiments towards Syrian refugees which are both racist and Islamophobic in content (Hynie, 2018; Walker & Zuberi, 2019). Lastly, a participant said that she was aware of the racist behaviours towards Muslims in Canada, and therefore she did not retaliate in a situation out of fear. She also stated that she did not want her behaviour to reflect poorly on Muslims, which indicates that she is aware of Islamophobia. Studies have shown that socio-cultural adversities, such as discrimination and acculturation, impact Arab adolescents negatively (Amed et al., 2011; Awad, 2010; Ikizler & Szymanski, 2018). A study conducted by Ikizler and Szymanski (2018) on a sample of Arab Americans found that a stronger identification with being Muslim and more religiosity were risk factors for experiencing discrimination. Additionally, a study involving Arab American adolescents by Amed and colleagues (2011) examined the relationship between socio-cultural adversities and cultural resources (e.g., ethnic identity, religious support, and religious coping) on psychological distress. The study had interesting findings, reporting that there was a strong relationship with socio-cultural adversities and negative psychological outcomes. However, there was a negative relationship between cultural resources and psychological distress. The results from both of these studies indicate that socio-cultural identity might be either a protective factor or a risk factor which impacts psychological well-being. In regards to the impact of acculturation, identity, and religious affiliation on discrimination within Christian and Muslim Arab Americans, Awad (2010) found that lower levels of dominant society immersion predicted higher levels of discrimination. Those who were Muslims reported higher levels of discrimination in comparison to the Christian participants. Furthermore, Muslims that reported a high level of dominant society immersion had higher levels of discrimination, but this outcome was not the case for Christians who had the same acculturation orientation. In relation

to the findings from the present study, it therefore suggests that their Muslim identity makes them vulnerable to experiences of discrimination and therefore poses as a unique stressor.

#### *4.1.3 Navigating the Education System in Canada.*

The participants in the present study were all attending secondary school and had shared stressors that were specific to the educational system. These stressors generally were grouped in the following sub-themes of the first day of school, the quality of education, and COVID-19's impact. For children all over the world, the first day of school can be a stressful experience in general as it is considered to be a cultural and social milestone. They are now in a new environment which requires them to navigate experiences they have never encountered before, and within the present study a new language compounded this challenge (Underwood & Rosen, 2013). However, for refugee children, this is a stressor which is complicated by their circumstances, as they have the additional stress of being in a completely new country. Participants shared their first day of elementary school or high school in Canada as being a stressor. Many of them discussed that they were uncertain of how to navigate their environment, but the common thread among them was that there was a concern of having a lack of friends.

Making friends within school settings is a crucial developmental task, as peers are an agent of socialization that provide the child the opportunity to develop social skills which are important for later stages in life (Underwood & Rosen, 2013). These relationships are also important as children can develop social networks which they can rely on for numerous reasons, such as for homework help or seeking someone to confide in. In Western society, friends help develop one's identity during adolescence (Underwood & Rosen, 2013). For refugee and immigrant adolescents, peer relationships help with teaching social norms that are relevant

within the culture, and therefore play a role in the acculturation process. Additionally, making friends can help facilitate a sense of belonging, which is crucial for psychological well-being (Hamm & Faircloth, 2005). An international 13 country study of immigrant youth aged 13 to 18 examining acculturation and identity found that integration yielded the best outcomes in terms of psychological and sociocultural adaptation (Berry et al., 2006). Notably, these group of youth who fell into the integration profile had peer contacts with both the national and their own ethnic group. Those who recently arrived were within the diffuse and ethnic profiles had lower levels of national peer contacts. Additionally, these two acculturation orientations were associated with higher levels of perceived discrimination (Berry et al., 2006). The findings from Berry and colleagues (2006) suggests that sociocultural adaptation is related to having peers from both sides, which indicates that they might play a significant role in the acculturation process. In relation to the present study, the participants mentioned how shared elements of identity, having the same culture and speaking Arabic, were reasons why they selected some peers to be their friends. Given the participant sample in the present study recently arrived in Canada, it makes sense that they would gravitate towards peers who had a similar background when developing their initial social networks in a school environment. There would be no existing language or cultural barrier when interacting with them, and therefore it would make it easier for them to socialize with them.

Interestingly, quality of education was also a concern mentioned only by male participants. They were dissatisfied with what their school had to offer them in terms of courses that were offered or even the extracurricular activities. These were all linked to their future aspirations, as they mentioned they wished to pursue a university degree. Additionally, the school environment was a concern shared by one participant, as he stated that there were fights

that broke out in his current high school. Participants in the present study highlighted their motivations to seek out better opportunities to help them achieve their long-term educational goals. This might be reflective of the Arab culture, as there is an emphasis placed on education. Furthermore, this is supported by Islamic values which encourage seeking knowledge, as it is stated to be a duty for every follower. Surrounding literature also exists on how immigrant parents' educational expectations shape children's academic performance and aspirations (Hagelskamp et al., 2010).

#### *4.1.4 COVID-19's Impact*

The interviews of this study were conducted in May 2020 during the COVID-19 pandemic. It was of no surprise that stressors related to COVID-19 emerged, specifically on how it impacted education. On March 12, the Ontario government announced that publicly funded grade schools would be closed starting from March 14th. Education was resumed through distance-based learning due to government guidelines. Participants mentioned how this shift caused them stress, such as that they faced technological difficulties and it made them unable to get the same quality of support they required as they would in person. As mentioned in the results section, both participants stated that this impacted their opportunity to get scholarships they needed. One participant even went so far as saying that he did not want to financially burden his parents, and that the scholarships would help him tremendously. There have been surveys conducted on American high school students' perceptions on the impact of COVID-19 on finances (Junior Achievement, 2020). Many of them stated that COVID-19 now has jeopardized their opportunities for pursuing post-secondary education as finances were threatened. Their plans for paying for education now have changed, as they are thinking of

taking loans or even delaying their start date (Junior Achievement, 2020). The impacts of COVID-19 on educational performance and mental health have not yet been extensively studied amongst youth, but one study regarding the psychological impacts on college students in China by Cao and colleagues (2020) yielded interesting results. They found that participants who lived with their parents and their family's income was stable were less likely to have anxiety. Additionally, perceived social support played a protective role buffering against anxiety (Cao, 2020). Consequently, worrying about academic delays and the impact on daily life was associated with higher levels of anxiety (Cao, 2020). In relation to the present study, it can be understood that COVID-19 became a stressful experience for the participants, specifically in the context of their studies and future endeavours. Participants were worried about their grades due to technological challenges from distance-based learning and concerns about financial support. Although more research is now emerging in this context, the participants from this study most likely are not alone in their experiences of stress. This warrants future investigation on the psychological impacts of COVID-19 on Syrian refugee students.

## **4.2 Social Support**

Participants had named a variety of individuals for social support. Four groups were identified: family, peers, school staff, and organizations. Within those groups, participants indicated various reasons as to why they sought them out for help. This section will draw information from relevant research in order to connect the findings from the result chapter, thus improving understanding of the various social support systems shared by the participants.

### *4.2.1 Family*

As the family plays an important role within the Syrian culture (Ajami et al., 2016), this idea was present within the present study as many participants indicated that they often turned to their family for support. Participants noted parents, siblings, and sometimes even extended family members were relied when seeking support. They all provided support in the form of guidance, advice, and comfort. The predominant reasons as to why their family members were selected for help regarding a stressor based on closeness were: intuition, wisdom, and exclusivity. In a collectivistic culture, such as the one that Syrians operate in, the respect for authority figures, like parents, is an important concept (Ajami et al., 2016). This was reflected in the findings of the current study, as participants explicitly used the phrase “they know what is good for me” when explaining why they decided to seek out support from their parents, such as in the form of advice. This deferring to authority and having trust in one’s parents’ intuition is an element from the Syrian culture (Ajami et al., 2016). Additionally, participants noted that their parents had more wisdom regarding the stressor. This is also an idea embedded within the Syrian culture, as elders are revered for their wisdom from their life experiences (Ajami et al., 2016). Relying on one’s parents is also reported within the literature for adolescent Syrian refugees (Hassan et al., 2015). Participants also mentioned that they were close to their family members and had a strong relationship with them, which made it easier for them to seek their help. The idea of closeness of the family is reflective of the emotional connectivity within the Syrian culture (Ajami et al., 2016). The family therefore plays an important role in influencing resilience, such as the perceived availability and quality of support matters. Several participants also expressed that they would discuss problems which were described as “personal” or family related only with their family. This condition for exclusivity regarding disclosure of the aforementioned problems might be shaped by cultural attitudes which are tied to collectivistic

values (Nassar-McMillan et al., 2016). Within Arab culture, there is the prevalent notion of maintaining the reputation of one's family, which one's identity is strongly tied to (Harb, 2016). Therefore, by keeping problems that are personal or family related within the family, this prevents bringing shame (Nassar-McMillan et al., 2016). This potentially impacts help seeking regarding problems, such as mental health issues which already have stigma associated with them (Nassar-McMillan et al., 2016). Lastly, in the present study, some participants stated that there was potential hesitancy when seeking help from their parents because they did not want to burden them. This explanation was given in the context of discussion the war as a stressor. Unfortunately, this finding has been reported within the literature regarding Syrian refugee children, as they sometimes keep to themselves to not worry their parents (Hassan et al., 2015). This is another factor which might impact seeking support from one's family and influence well-being.

#### *4.2.2 Peers*

Adolescents reported that they had turned to their peers in order to seek out social support in the form of guidance or encouragement. These peers were often made in school settings, and participants either labeled them as either classmates, friends, or best friends. The school environment acts as one of the most important conduits for socialization for a child, and therefore is a place where relationships of varying degrees are made (Aldwin, 2007). The ability to make friends is also reported within the literature an important component for fostering resilience, as adolescents are able to develop social networks to drawn on for support (Fazel & Betancourt, 2018). The school environment therefore plays an important role as a protective factor (Fazel & Betancourt, 2018). There was also an apparent gender difference amongst

participants, such as that relying on peers for social support seemed to be common for female participants. In contrast, male participants often mentioned their family members, school staff, or organizations. This gender distinction in social support networks is common within the stress and coping literature regarding social support across cultures (Gurung, 2013). It is suggested that due to gender roles, females are more likely have wider variety of social networks, availability of support, and deeper emotional ties (Gurung, 2013). Additionally, women are more likely to give support and receive support over their lifetime in comparison to men (Aldwin, 2007; Gurung, 2013). Young women are more likely to seek out support from other females (Gurung, 2013), as was the case within the participants from the present study. Female participants reported that they relied on friends who were of the same gender. Culture might also play a role in this preference, such as gender mixing is not encouraged within the Muslim Arab culture (Stephan & Aprahamian, 2016). These findings indicate that the stress and coping process might be influenced by gender, and by extension, some stressors might pose additional challenges for those who identify as male. The perceived availability of support in some instances might either cause additional stress or alleviate stress based on gender.

Within the interviews, adolescents reported that they had an easier time seeking support from their peers because of two dominant reasons: having shared elements of identity and experience. As previously described in the results section, teenage Syrian refugees highlighted that it was easier to speak to their classmates and friends because they either spoke Arabic, were of Syrian descent, or came from the same cultural background. This preference of a shared identity is reported within the literature regarding Syrian refugees (Alfadhli & Drury, 2018; Alfadhli et al., 2019). The authors reported that refugees who relied on those who had the shared social identity for social support had better health outcomes (Alfadhli & Drury, 2018; Alfadhli et

al., 2019). This phenomenon is known within the cross-cultural stress and coping literature as intracultural coping, where social networks that are comprised of racially similar backgrounds are used for support (Yeh et al., 2006). One participant mentioned that she spoke to Syrian friends about back home, such as the culture, food, and cities. This could be interpreted as a way of maintaining one's cultural heritage by seeking out individuals who come from the similar background. Additionally, within the literature, Syrian refugees often talk fondly about life back home as a way to cope (Hassan et al., 2015). In regards to experience being a reason, participants mentioned that they sought out support in the form of advice from their friends who had gone through the stressor. Within the cross-cultural coping literature, this is defined as the concept of relational universality, where there is an interconnectedness within a community (Yeh et al., 2006). This sense of connection within a collective group allows an individual to seek support in the form of guidance, as they have experience or knowledge relating to the same problem (Yeh et al., 2006). Additionally, the availability of individuals who are more knowledgeable in a certain area due to past experiences is an important resource that one can draw upon in order to cope, and this has implications for fostering resilience. Lastly, participants also noted that there was a fear of rejection from their peers when seeking help with issues related to language proficiency. They worried that they would be ridiculed for not knowing English. These fears rooted in rejection are not uncommon, as there have been studies examining this within Syrian refugee children in the Canadian education system. Guo and colleagues (2019) conducted a study on understanding the challenges faced by school aged Syrian refugee children when integrating into the Canadian education system. Within the focus groups, participants mentioned that it was difficult to make friends due to a language barrier and they were bullied because of racism (Guo et al., 2019). These experiences therefore impacted their sense of belonging and feelings of

connectedness with their classmates (Guo et al., 2019). In relation to the present study, there were also instances of bullying experienced by the participants rooted in racism. Therefore, school climate and issues of racism must be addressed in order to facilitate successful integration, but also to provide a welcoming environment (Guo et al., 2019).

#### *4.3.3 School Staff*

In the present study, participants had referenced seeking support in the form of guidance and resources from school staff (e.g., teachers and guidance counsellors). Participants stated that it was easy to go to them for help due to two themes that emerged: it was their job and they were amiable. The first theme was brought up with the phrase, “it’s their job”, by two participants when asked if it was easy to go to them for help. This was in the context of when participants were seeking advice or resources for applying to scholarships, secondary school, or obtaining their community service hours. Participants explicitly stating “it’s their job” calls broader attention to the idea that they are quite aware of their role, and therefore might be comfortable in willing to talk to various school staff to access certain forms of support associated with their duties. The second theme of being amiable was in relation to the warm and supportive environment that the teachers cultivated for the students. This primarily was in regards to learning English. Participants mentioned that the teachers actively provided support to them, such as by checking in, explaining things slowly, and generally being nice to them. One participant stated that the teacher would ask her questions about her home country in order to facilitate a conversation to help encourage her to speak English. A participant also mentioned that his teacher encouraged his classmates to be kind to him since he had a language difficulty. These findings from the present study are aligned with the school psychology literature, as

Massfeller and Hamm (2019) found that school-aged Syrian refugee children within the Canadian education system benefitted greatly by having supportive teachers. The participants in the study indicated that the teachers cultivated an interactive, warm, and supportive environment which helped them be actively engaged with the material and feel confident (Massfeller & Hamm, 2019) In connection with findings from the present study, this has implications for improving student engagement and will be discussed further within the recommendations subsection later.

#### *4.3.4 Organizations*

Two participants had made reference to seeking out social support in the form of resources and knowledge from local organizations aimed at newcomers, low-income families, and community support. Both participants stated that they went to them when they first arrived in Canada, but have stopped going to them as frequently or do not go to them at all. This might be due to basic goals related to resettlement might have been accomplished, and that they are comfortable navigating life in Canada more independently. These organizations are often the first point of contact for Syrian refugees who are government assisted, and therefore it was not surprising that they were brought up as social support systems. A participant stated that the organization offered English lessons and information such as how to get a job, set up a bank account, and get a driver's license. They provided necessary resources and skills training to help them get used to their new life in Canada. The same participant stated that a translator was made available to her and her family, and this person helped them navigate basic tasks, such as going to the bank. The other participant brought up seeking out an organization for help in a different context, facing discrimination. They were able to help provide social support in the form of

knowledge of what their options were. Organizations aimed at providing newcomers skills and resources are fundamental in helping refugees transition into their new life (Shields et al., 2016; Simich et al., 2005). A lack of these organizations could consequently add to acculturative stress, which ultimately would impact well-being negatively (Simich et al., 2005). Two participants had remarked that it was difficult for them to learn English and navigate their new life because there were no organizations or programs available where they first resettled. This therefore suggests a profound need for these organizations to exist in order to help facilitate smooth resettlement of refugees. It also indicates that learning English and other social services, such as finding a house, are important factors in the resettlement process.

#### **4.4 Coping**

During the interviews, teenage Syrian refugees made reference to various forms of coping strategies when sharing their experiences of discussing how they dealt with their stressors. Their experiences of coping strategies could be broadly broken down into either being collectivistic or individualistic. In this section, coping behaviours will be discussed in terms of what they are labeled in the literature. Connections to research on stress and coping within the cross-cultural psychology literature will also be made.

##### *4.4.1 Engagement*

Many teenage Syrian refugees reportedly used problem-focused coping strategies to overcome their stressors, specifically in the context of learning English, but also events such as navigating educational environment related stressors. In a study conducted by Alzoubi and colleagues (2017) on examining the coping strategies used by Syrian refugees in Jordan, the

findings indicated that problem-focused coping was primarily associated with participants who were younger (e.g., 18-30). Alzoubi et al. (2017) speculate that this is due to the idea that younger participants are more flexible in adjusting to their new environment, and therefore willing to find opportunities to integrate. This is supported by developmental psychology literature, as adolescence is a period in which an individual is now capable of complex cognitive reasoning and therefore can employ more intricate problem-solving strategies (Aldwin, 2007). Additionally, the use of problem-focused coping in adolescence is associated with the ability to adjust well in new situations (Aldwin, 2007). There exists research suggesting that having an internal locus of control is related to using more problem-solving strategies, which indicates that those who believe that they can manage situations are more likely to focus on changing them (Anderson, 1977; Mikaeili et al., 2018; Petrosky & Birkimer, 1991). Within the literature regarding Syrian refugees, problem-focused coping has mixed psychological outcomes. Woltin, and colleagues (2018) examined how contextual differences impact the relationship between the use of coping strategies and negative psychological outcomes. A sample of Syrian refugees in Turkey and Germany were used for comparison. The results indicated that those living in Germany had a stronger promotion focus (i.e., focusing on gains) which made them more likely to engage in problem-focused coping and consequently had less symptoms. However, in the sample from Turkey, problem-focused coping was associated with more symptoms (Woltin et al., 2018). The results from this study indicate that problem-focused coping is efficacious under certain conditions. The beneficial outcomes of problem-focused coping strategies within the stress and coping literature is associated when one has access to appropriate resources (Wong et al., 2006). The participants within the present study drew on resources, such as materials available to them by their teachers, information online, and guidance from their selected social

support networks, in order to overcome the stressors they were navigating. Many reported positive outcomes through problem-focused coping, for example, feeling confident when they were able to learn English as they could now navigate a new environment, make friends, and participate in class. Problem-focused coping is also associated with mastery and improved self-esteem amongst adolescents (Aldwin, 2007). The ability to overcome problems through problem-focused coping behaviours has implications for fostering resilience.

#### *4.4.2 Avoidance*

The use of strategies which could be classified as avoidance coping were only mentioned by participants who identified as male. Within the findings of the present study, two participants shared that they distracted themselves either by watching anime or engaging in entertainment. This finding is congruent with the literature regarding the impacts of culture and gender on coping strategies within Syrian refugees (Hassan et al., 2015; International Medical Corps, 2017). Within the Syrian culture, norms around masculinity might impact men's ability to engage in meaningful and productive ways of coping. Men are expected to be stoic, and those who express emotion could be perceived as weak based on cultural norms (Hassan et al., 2015; International Medical Corps, 2017). Additionally, Syrian refugee men are reportedly more likely to engage in more solitary forms of coping strategies (International Medical Corps, 2017). From the results of the study, the forms of avoidance coping enacted by the participants involved trying to forget the stressor and engaging in activities to provide distraction. This is consistent with coping strategies used by Syrian refugees within the literature, such as that they are reported to watch television or avoid thinking about events related to the war (Alzoubi et al., 2017; Hassan et al., 2015). Avoidance coping in the present study was employed in contexts of

stressors that were directly related to the events of the war. Within the literature regarding displaced Syrian refugees, it is suggested forms of avoidance coping are used because Syrian refugees lose hope and feel as if they do not have control over their life circumstances (Hassan et al., 2015). As one participant mentioned, he turned to watching anime in order to escape reality. The findings from this study suggest that the use of avoidance coping is dependent on contextual factors of gender, culture, and what the stressor is. In terms of outcomes, the participant who tried to cope by forgetting the war stated that he had difficulty doing so because it was still on-going. Avoidance coping is reported to be related to poorer mental health outcomes, specifically in the context of PTSD (Pineles et al., 2011).

#### *4.4.3 Emotion*

Participants engaged in various forms of behaviours that could be classified as emotion focused coping, such as seeking out comfort, forbearance, and also acceptance. Participants indicated that they sought out social support in the form of seeking comfort to deal with stressors that invoked emotional discomfort. This is an aspect of emotional focused focusing, as the individual is seeking social support to gain moral support, sympathy, or understanding (Carver et al., 1989). This form of emotion coping can be functional depending on the situation (Carver et al., 1989). Participants in the present study also noted that seeking out social support from their friends helped bolster their self-esteem from the reassurance they had received in the context of learning English. There exists extensive literature on how positive family and peer interactions can improve self-esteem and yield psychological well-being amongst adolescents (Laible et al., 2004; Roberts et al., 2000). Forbearance as a coping strategy was mentioned by two participants when they were dealing with stressors that involved discrimination related to their identities of

being a refugee and Muslim. This is aligned with the cross-cultural research regarding emotion focused coping, as it has been noted particularly in the context of discrimination and avoiding conflict. A study conducted by Noh and colleagues (1999) examined the impacts of perceived racial discrimination on depression amongst Southeast Asian refugees in Canada. Noh et al. (1999) also looked at how coping strategies and ethnic identity played a role. The results indicated that participants who used forbearance coping had lower levels of perceived discrimination and depression. Additionally, participants who strongly identified with their ethnic identity were more likely to use forbearance as a strategy. However, forbearance as a coping strategy yields mixed results for various ethnic and cultural minorities. Research studies have found that African American women who use passive coping strategies, such as forbearance, in relation to experiences of racism are at risk of having higher levels of blood pressure and negative health outcomes (Krieger, 1990; Williams et al., 1999). Conversely, those who used problem focused strategies, such as taking action, had better health outcomes (Krieger, 1990; Williams et al., 1999). A study conducted by Noh and Kaspar (2003) on Korean immigrants in Toronto looked at how cultural norms impacted coping strategies in regards to racial discrimination. The interviews found that problem focused coping strategies reduced the impacts of depression from perceived discrimination. The use of passive emotion focused strategies was linked to higher levels of depression. This form of coping strategy was employed by individuals who had poor ties to the Korean community. Noh and Kaspar (2003) suggested that these findings were due to contextual factors, such as that the participant sample was compromised of individuals who had been in Canada for more than 20 years, had high levels of education, and above average income. Noh and Kaspar (2003) argue that the results from this study differ from those of the Southeast Asian refugee study (Noh et al., 1999) due to the fact

that the Korean sample has acquired strong social capital and also acculturated, whereas the other sample has not. Overall, forbearance as an effective coping strategy seems to be impacted by contextual factors which need to be taken into account, such as acculturation status. In relation to the present study's findings, the suggestion by Noh and Kaspar (2003) of forbearance being used by those who are less acculturated might help explain why the participants decided to cope this way. The participants mentioned that they did not want society to look at them differently, and therefore wanted to fit in, which might imply that retaliating would impact their social mobility.

Acceptance was another form of emotion-focused coping that was brought up by a few participants in regards to coping with a stressor. Both participants indicated that it was not beneficial to worry about the stressor as this was not going to benefit them, and therefore "letting go" would make them feel better. (Nakamura & Orth, 2005). This form of thinking, such as when an individual understands that the situation cannot be changed, but their reaction or emotions of it can be, is considered to be an adaptive method towards challenging situations (Carver et al., 1989; Nakamura & Orth, 2005). This form of active acceptance is associated with positive psychological outcomes, as the individual is able to move on from the event and continue with their lives.

#### *4.4.4 Religious*

Participants within the present study were from a Muslim background, and two had explicitly mentioned that they used religion as a form of coping to deal with their stressors. In the context of using religion to cope, this was in instances where the general thread seemed to be of oppression, either from discrimination or enduring the war. Religion is an important piece of

one's identity and culture within Arab populations, such as Syrians (Amer & Kayyali, 2016). There exists research on how Arab Muslims use religion as a way to cope when dealing with stress (Amer & Kayyali, 2016). Participants within the present study made reference that the teachings of Islam helped them overcome their stressors. One participant mentioned that she forgave the individual who said horrible things to her, as Islam teaches forgiveness. The other participant stated that believing in God provided him hope and the teachings of Islam regarding suicide is potentially the reason why him and his family did not commit suicide. Both participants also alluded to the *Day of Judgement*, which within Islamic eschatology is a day where Muslims believe that they will be judged based on their deeds. The participants made reference that their patience with their tribulations will be rewarded. Within Islam the concept of *sabr* (patience) is a virtue that is highly regarded (Hamdy, 2009). The use of religious coping by participants is also aligned with present literature regarding adolescent Syrian refugee's methods of coping. A study by DeJong and colleagues (2017) which explored the experiences of Syrian refugee adolescents who were living in Lebanon found that religious coping was often used in alleviating psychological distress. Participants mentioned that they read the Quran, went to the mosque, and engaged in religious activities as a form of comfort. This form of coping also has implications for fostering resilience, as a study conducted by Sleijpen and colleagues (2016) identified religion as a core source of resilience amongst refugees.

Overall, teenage Syrian refugees in the present study are able to navigate complex situations and overcome them by drawing upon various resources. Based on Aldwin's SCMCA model (2007), culture impacts the stress and coping process in four ways. First, the kind of stressors an individual is likely to experience based on the cultural context. In regards to the present study, this was being faced with experiences related to discrimination, as Islamophobia

and racism are rife within Canada. Second, culture may influence the appraisal of the stressor. An example of this would be acculturation, as participants shared that adjusting to Canada would be difficult as it was different from their home country of Syria. Third, culture impacts the coping strategies an individual might use. Participants in the present study sometimes relied on behaviours which fell into the broad category of collectivist coping. Lastly, culture provides mechanisms in which they can cope with a stressor, as it acts like a toolkit. These mechanisms might be resources available to an individual. Within the present study, teenage Syrian refugees used various social support systems as personal resources in the stress and coping process. These resources might have been selected due to cultural values, such as the family or peers who were similar to them in terms of a shared identity.

In the context of resiliency, Masten (2014) argues that positive outcomes of adaptation should be contextualized within cultural and historical norms. Resiliency itself is defined as “the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances” (Masten et al., 1990, p. 426). Therefore, culture plays a role within understanding resiliency since “doing well” and what constitutes as risk might vary across cultures (Motti-Stefanidi, 2018, 2019). Since refugee youth are faced with migration, as is the case within the present study, acculturation makes resilience a complex issue given that the host culture might prioritize different conceptualizations of well-being and risk (Motti-Stefanidi, 2018, 2019). Refugee youth now must reconcile cultural differences in order to adapt effectively (Motti-Stefanidi, 2018, 2019). For example, learning the language of the host country is a form of adaptive functioning because it is necessary in order to navigate the society (Motti-Stefanidi, 2018, 2019). Participants in the present study shared that learning English was a salient stressor, but they were able to learn it by seeking out the resources necessary. Participants stated a variety

of methods they used to do this, such as consuming various forms of entertainment in English, reading books, and trying practice speaking with their relatives. Another hallmark of adaptive functioning would be understanding the sociocultural norms of the host society, such as going to school and making friends, which are expectations of youth in Canada (Motti-Stefanidi, 2019). This adaptive functioning was present in the current study, as participants stated that getting used to a new school was a stressor and making friends was a problem that contributed to it. Nonetheless, they were able to form significant relationships with their peers and fit in, but also have goals to pursue a post-secondary education. Their capacity to overcome stressors by curating and drawing upon relationships and resources is indicative of resilience.

#### **4.5 Implications for Mental Health Providers**

The findings from this study provides suggestions for mental health providers who are working with teenage Syrian refugees. Recommendations related to areas of stressors, social support, and coping will be discussed in this section for mental health promotion. There should be special attention to culture within the context of mental health care services, as some of the findings from the present study could be embedded in cultural values.

Mental health practitioners should actively ask teenage Syrian refugees which aspects of their culture are important to them or how their identity shapes their interactions with the world. This is important in order to facilitate mental health promotion in ways that are meaningful to them (Kirmayer et al., 2008). It might also be useful to focus on the individual's personal strengths and areas of resiliency, such as the resources they can access and build on (Abu-Ras, 2006). However, as employing a culturally informed approach is important, this does not mean

to treat every individual from a particular culture as monolith. There are differences from personal features, such acculturation orientation, personality, individual beliefs, religion, and socioeconomic status, all which influence an individual's view of the world (Haboush, 2007).

Various stressors were shared by the participants which included pre-migration and post-migration stressors. The pre-migration stressor identified within the present study was the war. The young participants in this student described vivid recollections of experiences from the war. This highlights the need for a trauma-informed approach when working with this group (Kira & Worbels, 2006). Post-migration stressors related to acculturation, such as language and discrimination, and education were also identified within the interviews. If language fluency is a problem when accessing services, then finding a mental health care practitioner who can provide services in Arabic would be useful. However, if necessary, an interpreter who works within the mental health context and is well versed with the culture (Leanza et al., 2014; Nassar-McMillan et al., 2006).

The salience of the family as a social support system was highlighted in the present study. Participants mentioned that they relied on their family members (e.g., parents, siblings, and extended family) when seeking support due to reasons for closeness, intuition, wisdom, and exclusivity. These aforementioned reasons hold implications for being protective factors, which the mental health provider can build on by incorporating family support into promoting mental health and well-being. Since the family is a core feature within the Arab culture, involving family members might be important in certain situations, and only if both the practitioner and client feel it would appropriate to the youth's specific situation and context (Abudabbeh, 2005; Hakim-Larson et al., 2007). The sub-theme of exclusivity, sharing certain problems only with the family, might also impact help-seeking behaviours amongst teenage Syrian refugees (Hakim-

Larson et al., 2007). This might be due to the cultural norm of honour, as an individual seeking help for family or personal related problems harms the family or community's reputation.

Similarly, this is complicated by attitudes embedded in stigma towards mental health (Abudabbeh, 2005; Ahmed & Reddy, 2007). Participants also stated how peers, classmates and friends, were important to them as a social support system. Therefore, strategies for strengthening social skills may be an important aspect of improving mental health for young Syrian refugees, particularly those who have fewer social supports or who are more recently arrived.

In regards to coping, there were various coping styles that were employed by the participants within the present study. Some of them were embedded within cultural norms. Moore and Constantine (2005) argue that individuals from collectivistic cultures tend to prefer coping strategies which are considered to be collective, as they give meaning to the individual within the stress and coping process. This is reflective within the present study, as participants relied on their family members but also peers who shared the same identity as them. Many of them even shared that the ways in which they coped with stressors is also how their family members and community cope. This implies that cultural values which are learned from important agents of socialization, family and community, are implemented within their lives. For mental health practitioners, it should be emphasized that helping the client to cope in ways that encompass cultural values significant to them might be beneficial (Nassar-McMillan et al., 2006). For example, coping through religion was shared by participants of what they found helpful. Some actions mentioned were reading the Quran, praying to God, and relying on the teachings of Islam. Practitioners should therefore try to understand how religious identity or even relationship with religion plays a role in their client's life (Ahmed & Reddy, 2007). If spirituality

and rituals are important, then the practitioner should try to incorporate them for mental health promotion (Ahmed & Reddy, 2007). Religion potentially might be an important resource for fostering resiliency and improving well-being (Ahmed & Reddy, 2007).

#### **4.6 Policy Recommendations**

The findings from the present study lend into the following three recommendations for strategies surrounding resettlement in Canada.

##### *4.6.1 Curating a Supportive School Environment at Three Levels*

###### Peers

Participants shared that their peers, classmates and friends, helped them tremendously in navigating a new environment. They played various roles, such as introducing them to new networks of friends, providing emotional support, make them feel comfortable, and helping them learn English. Schools could develop programs in facilitating peer support to help the newcomer refugee youth adjust (British Columbia Ministry of Education, 2015). This will also create a school culture which promotes an inclusive environment. A suggestion would be to make a “buddy-system” program where the new student would be partnered with a group of students. This group potentially might speak the same language since language barriers are a salient problem for newcomers. This was also reflective of the experiences of the participants in the present study, as they gravitated towards friends who spoke Arabic and came from a similar background.

###### School staff

Teachers and guidance counsellors were mentioned by participants in the interviews as individuals who were helpful. Teachers and school staff must be provided appropriate training on how to work with refugee youth and support them in their adjustment (Ratkovic et al., 2017). This training should focus on how to help students thrive in the Canadian education system and overcome issues, such as language barriers and discrimination (Ratkovic et al., 2017). Providing emotional support to refugee youth can also foster resilience (Johnson, 2008; Pieloch et al., 2016). Programs should be developed by school staff alongside with refugee students on promoting student engagement, such as creative expression exercises which focus on sharing their stories and culture (Geres, 2017; Rousseau et al., 2005). These storytelling activities can help improve refugee youths' sense of belonging and increase self-esteem, but also encourage student-teacher collaboration.

Parents were also identified in the present study as social support systems who were asked to contact school staff in certain situations. For example, when a participant wanted to switch schools due to a lack of courses available and a poor environment. The parents, adolescent, and guidance counsellor worked together on picking out the best school. Therefore, there should also be increased opportunities created for refugee parents to be involved with their adolescent's schooling (Ennab, 2017). This could be done by hiring designated individuals who speak Arabic, or even potentially teachers, to work with parents as a bridge between them and the school (Ennab, 2017). These individuals can provide education on how the Canadian school system operates, become cultural brokers, and advocate on their behalf if needed (Ennab, 2017).

### Educational system

The education system itself must be supportive in order to help Syrian teenage refugees adjust. Walker and Zuberi (2019) propose five suggestions to improving Syrian refugee youth's experiences within the Canadian educational system based on findings surrounding mental health, migration and resettlement challenges, and national discourses regarding Syrian refugees in Canada. First, the need for strategic planning committees in different levels of school boards to address developing strategies for inclusion. Second, increased funding for resources that include psychological and language assessment, but also assistive technology. Third, trauma-informed training of the educational staff involved with the students and emphasizing this in schools that have a larger enrolment. Fourth, providing educational staff professional development support in making teaching strategies encompass being culturally sensitive. Lastly, if mental health professionals are present within the school, they should be provided clinical training in support that is trauma sensitive and evidence based (Walker & Zuberi, 2019).

#### *4.6.2 Enhance the Availability of Language Support*

Two participants stated that there were no resources available to them for learning English. This might have been due to the location where they initially resettled, as they also indicated that there was no help offered to them in the school system either. This calls into concern of the availability of language support and teaching programs across Canada. Other participants stated that community organizations and the education system offered language support. It was inferred that the two participants were resettled in a rural location in comparison to the other participants who lived in denser cities. A study conducted by Huagen (2019) exploring the experiences of Syrian refugees who were resettled in rural locations found that a lack of newcomer services posed a challenge. Local community members and sponsors often had

to step in (Huagen, 2019). Access to English language services was complex, as there were limited resources available and therefore they had to actively seek solutions (Huagen, 2019). Some participants were taught by retired teachers who came into their homes, some went to a volunteer-ran program in a neighbouring city, or some went to a nearby college. Unfortunately, there were also long wait lists depending on the program (Huagen, 2019). Therefore, a commitment must be made to provide newly arrived refugees with English language resources, both from community organizations and within the educational system. This can be done by delegating funding to create programs, or alternatively, resettling refugees in communities where there are existing programs.

#### *4.6.3 Involving the Cultural Community*

Participants often alluded that peers with the same background were fundamental in helping them navigate the school environment and learn English. These peers either spoke the same language as them or came from a similar cultural background. Additionally, one participant shared that she would have had an easier time making friends and transitioning to school if there was a family who lived close to her. She stated that there was a family who came from the same cultural background, but they lived far away. Studies have indicated that social networks for refugees play a very important role in fostering psychosocial well-being, specifically forming relationships with those from the same origin (Elliot, & Yusuf, 2014; Fabio et al., 2019; Niemi et al., 2019; Simich et al., 2003). These networks are crucial in helping build social capital in the resettlement process, as they provide various forms of assistance (e.g., employment, social support, financial support) (Hynie et al., 2011; Lamba & Krahn, 2003; Marten et al., 2019). Within the present study, participants also shared that they were in contact with local

organizations when they first arrived in order to navigate their new lives in Canada. However, future resettlement strategies should aim to involve the local community in the resettlement process, whether this may be done through religious or cultural groups. Building partnerships with the aforementioned groups will strengthen the community as well. A suggestion would be to develop a mentorship system where a group of families volunteer to interact with the newly arrived refugee family over a period of time. Therefore, rather than primarily relying on local organizations which focus on newcomers to Canada, it would be beneficial to employ a multifaceted community-based approach to help build social capital.

#### **4.7 Limitations and Future Direction**

The findings from the present study provides insights and overlap with the current research, however, there are limitations which need to be addressed. This will also provide suggestions for future studies to consider when building on the present findings. The limitations within this study consist of methodological factors, such as sampling and data collection.

Methodological limitations within the present study primarily focus on the sampling. The entire sample consisted of participants who were government assisted refugees, Muslim, older than 16, and recently arrived. While there were interesting findings from the interviews, expanding on the aforementioned demographics could provide a richer understanding of teenage Syrian refugee's experiences with their social support systems to cope with stress.

Presently, there is limited Canadian research on comparison studies of Syrian refugees who are government assisted, privately sponsored, and blended-visa (Hadfield et al., 2017). Sometimes existing studies do not report which sponsorship programs their sample belonged to.

The findings from the present study might have provided a small insight into the experiences of government assisted teenage Syrian refugees. Therefore, this calls future studies to examine if the three groups potentially differ in reported stressors, social support systems, and coping styles. A comparison study between government assisted and privately sponsored Syrian refugees exploring unmet health needs found stark differences (Oda et al., 2019). Factors such as access to healthcare and perceived mental and physical health were examined. Government sponsored refugees reported lower perceived levels of mental and physical health and also had higher unmet health needs (Oda et al., 2019). Additionally, they had more complex medication conditions and difficulties resettling (Oda et al., 2019). Oda and colleagues (2019) argue that privately sponsored Syrian refugees had better outcomes to personal demographics, such as that they are typically more educated, have better health, and receive more support during resettlement as they are linked to a community. Therefore, in the context of the limitations in the present study, the findings from Oda and colleagues (2019) support further inquiry to see if the aforementioned personal demographics might influence reported stressors, social support systems, and coping styles. A speculation is that a language difficulty might not be present for the privately sponsored refugees, as they are more likely to speak English based on survey demographics (Houle, 2019). Another speculation is that they might be more likely to seek out help from members in their socioethnic community, as they often live closer to them (Hanley et al., 2018).

Participants within the present study were all Muslim, as they were recruited through the local Muslim community in a city in southwestern Ontario which I had a connection to. Some of the stressors reported by the participants were relevant to their identities as Muslims, such as being discriminated against. The coping mechanisms employed were also common amongst

Muslims, like reading Quran, following the teachings of Islam, and believing in God. Syria is home to a large Christian population in the Middle East, which make up 10% of the religious demographic (Evason, 2016). It would therefore be beneficial in future studies to recruit teenage Syrian refugees from other religious groups to see if there are variations and overlaps. For example, pre-migration stressors might be specific to their religious identities, such as fear of religious persecution being a push factor to migrate. Coping styles might also be different as they rely on other forms of coping rooted in religious specific beliefs.

There were no participants who were younger than 16 in the present study, and the minimum age for recruitment was 13. It is speculated that younger participants' experiences might be different based on psychosocial developmental milestones relevant to their age group. However, participants in this study recalled a variety of events ranging from their very early days in Canada to things that occurred a few weeks before the interview. Regardless, past events might have been reinterpreted as the participant came across new life experiences. Future studies should try to recruit younger adolescents and see if there are any differences or similarities in experiences pertaining to using social support systems to cope with stressors.

Their stressors reported in the present study overlap considerably in what is reported to be general pre-migration stressors within the literature. The participants have been in Canada for approximate three and a half years. Additionally, most of the Syrian refugee research within Canada focuses on a cohort group from 2015. A longitudinal approach would be important in order to uncover potential patterns based on length of stay in Canada. Maybe later on there are other acculturation related stressors such as intergenerational conflict or re-imaging gender roles. It seems within the present study that the stressors are early resettlement hassles that need to be overcome, and therefore provide a very limited understanding of stressors faced by this group.

Regarding the methodological limitations stemming from the data collection process, two main issues are identified: language barriers and the impact of COVID-19 on the interviews.

One of the recruitment criteria for the study was that participants should be comfortable conversing in English. This was phrased in such a way to avoid objective sounding language regarding the grasp of the English language, such as “proficient”. Therefore, it was up to the participant to discern if they were personally comfortable having a conversation in English regardless of what their standing may be in the classroom. Another contributing factor to this criteria was that it was not feasible to have an Arabic translator due to financial limitations. However, this criteria alone might have excluded a variety of participants. This could have included teenagers who might have recently arrived to Canada or participants who felt too shy to speak in English. Future studies could potentially use an Arabic translator who is aware of cultural linguistic cues, as not to miss out on important details when conversing. This will also help in recruiting a variety of participants who feel as if English is not their strong suit, or prefer to discuss in Arabic instead. There are some phrases which do not carry the same meaning in English, and by doing this, will preserve them through the help of the translator.

The present study was conducted during the time of COVID-19. Due to HiREB guidelines to ensure participant safety, the interviews had to be conducted through teleconferencing instead of being in person. Participants who had access to a computer or smartphone, and adequate internet are more likely to participate. Due to these factors, some potential participants might have not reached out. A report conducted by Statistics Canada on the online preparedness of children under the age of 18 found that 4.2% of households in the lowest quartile of income did not have access to the internet (Frenette et al., 2020). Additionally, 58.4% of households which had internet access had less than one internet-enabled device per household

(Frenette et al., 2020). In terms of devices available to most households, 24.1% of households in the lowest income quartile reported using a mobile phone to access the internet (Frenette et al., 2020). The results of the present study are being written in the summer of 2020, and it is unsure when face-to-face interactions with participants will be safe to do so. However, there are advantages of conducting teleconferencing interviews with the audio only, as it might provide a sense of anonymity for the participants (Oltmann, 2016). In the case of disclosing events which are stressful or discussing certain topics which are awkward, this becomes a useful avenue (Oltmann, 2016).

Overall, even though the findings of the present study were contextually based, they still provide theoretical transferability instead of empirical generalizability (Smith et al., 2009). This is the case of IPA, as the goal of the analysis is to generate a rich interpretation which could potentially lend into other contexts that are similar (Smith et al., 2009). Transferability is relevant to qualitative studies as they allow a temporary understanding, or interpretation, of one of the many realities that are constructed. Regardless, the present study must be interpreted with the aforementioned limitations, which potentially might have shaped the findings.

#### **4.8 Conclusion**

The present study aimed to understand how teenage Syrian refugees use their social support systems to cope with stress. From the findings of the study, it was understood that they face resettlement related stressors in Canada, but they have various resources in helping overcome them through their complex networks of social supports and various coping behaviours. This is indicative of their capacity of resilience as they were able to navigate these hurdles. Additionally, the findings also call to attention of how culture influences the stress and

coping process, as some of their experiences were rooted in sociocultural values.

Recommendations can be drawn based on these findings to help mental health providers and policy makers who are involved in improving the education system or resettlement experiences for refugees.

## REFERENCES

- Abbas, M., Aloudat, T., Bartolomei, J., Carballo, M., Durieux-Paillard, S., Gabus, L., Jablonka, A., Jackson, Y., Kaojaroen, K., Koch, D., Martinez, E., Mendelson, M., Petrova-Benedict, R., Tsiodras, S., Christie, D., Saam, M., Hargreaves, S., & Pittet, D. (2018). Migrant and refugee populations: a public health and policy perspective on a continuing global crisis. *Antimicrobial resistance and infection control*, 7, 113. doi:10.1186/s13756-018-0403-4
- Abu-Ras, W. (2016). Psychological wellbeing: Understanding risk and protective factors. In M. M. Amer, & G. H. Awad (Eds.), *Handbook of Arab American psychology* (p. 175- 187). New York: Routledge.
- Aburas, R., Najeeb, A., Baageel, L., & Mackey, T. K. (2018). The Syrian conflict: a case study of the challenges and acute need for medical humanitarian operations for women and children internally displaced persons. *BMC Medicine*, 16(1), 65. doi:10.1186/s12916-018-1041-7
- Ahmed, S. R., Kia-Keating, M., & Tsai, K. H. (2011). A structural model of racial discrimination, acculturative stress, and cultural resources among Arab American adolescents. *American Journal of Community Psychology*, 48(3-4), 181–192. doi:10.1007/s10464-011-9424-3
- Ahmed, S., & Reddy, L. A. (2007). Understanding the mental health needs of American Muslims: Recommendations and considerations for practice. *Journal of Multicultural Counseling and Development*, 35(4), 207–218. doi:10.1002/j.2161-1912.2007.tb00061.x
- Ajami, J., Rasmi, S., & Abudabbeh, N. (2016). Marriage and family: Traditions and practices throughout the family life cycle. In M. M. Amer & G. H. Awad (Eds.), *Handbook of Arab American psychology* (p. 103–116). Routledge/Taylor & Francis Group.

- Alase, A. (2017). The Interpretative Phenomenological Analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, 5(2), 9-19. doi:10.7575/aiac.ijels.v.5n.2p.9
- Aldwin, C. M. (2007). *Stress, coping, & development: An integrative perspective* (2nd ed.). New York: Guilford Press.
- Alfadhli, K., & Drury, J. (2018). The role of shared social identity in mutual support among refugees of conflict: An ethnographic study of Syrian refugees in Jordan. *Journal of Community & Applied Social Psychology*, 28(3), 142–155. doi:10.1002/casp.2346
- Alfadhli, K., Güler, M., Cakal, H., & Drury, J. (2019). The role of emergent shared identity in psychosocial support among refugees of conflict in developing countries. *International Review of Social Psychology*, 32(1), doi:10.5334/irsp.176
- Almshosh N. (2016). The role of war trauma survivors in managing their own mental conditions, Syria civil war as an example. *Avicenna journal of medicine*, 6(2), 54–59. doi:10.4103/2231-0770.179554
- Almshosh, N. (2015). Highlighting the mental health needs of Syrian refugees. *Intervention*, 13(2). 178-181.
- Alzoubi, F. A., Al-Smadi, A. M., & Gougazeh, Y. M. (2019). Coping strategies used by Syrian refugees in Jordan. *Clinical Nursing Research*, 28(4), 396–421. doi:10.1177/1054773817749724
- Amer, M. M., & Awad, G. H. (2016). *Handbook of Arab American psychology*. New York, NY: Routledge/Taylor & Francis Group.

- Amer, M. M., & Kayyali, R. A. (2016). Religion and religiosity: Christian and Muslim faiths, diverse practices, and psychological correlates. In M. M. Amer & G. H. Awad (Eds.), *Handbook of Arab American psychology* (p. 48–62). Routledge/Taylor & Francis Group.
- Anderson, C. R. (1977). Locus of control, coping behaviors, and performance in a stress setting: A longitudinal study. *Journal of Applied Psychology, 62*(4), 446–451.  
doi:10.1037/0021-9010.62.4.446
- Arenliu, A., Bertelsen, N., Saad, R., Abdulaziz, H., & Weine, S. M. (2020). War and displacement stressors and coping mechanisms of Syrian urban refugee families living in Istanbul. *Journal of Family Psychology, 34*(4), 392–401.
- Awad, G. H. (2010). The impact of acculturation and religious identification on perceived discrimination for Arab/Middle Eastern Americans. *Cultural Diversity and Ethnic Minority Psychology, 16*(1), 59–67. doi:10.1037/a0016675
- Beiser, M. (2006). Longitudinal research to promote effective refugee resettlement. *Transcultural Psychiatry, 43*(1), 56–71. doi:10.1177/1363461506061757
- Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: An International Review, 46*(1), 5–34. doi:10.1080/026999497378467
- Berry, J.W. (2001), A psychology of immigration. *Journal of Social Issues, 57*: 615-631.  
doi:10.1111/0022-4537.00231
- Berry, J. W. (2005). Acculturation: Living successfully in two cultures. *International Journal of Intercultural Relations, 29*(6), 697–712. doi:10.1016/j.ijintrel.2005.07.013
- Berry, J. W., Phinney, J. S., Sam, D. L., & Vedder, P. (2006). Immigrant youth: Acculturation, identity, and adaptation. *Applied Psychology: An International Review, 55*(3), 303–332.  
doi:10.1111/j.1464-0597.2006.00256.x

- Betancourt, T. S., & Khan, K. T. (2008). The mental health of children affected by armed conflict: protective processes and pathways to resilience. *International review of psychiatry*, 20(3), 317–328. doi:10.1080/09540260802090363
- Betancourt, T.S., Frounfelker, R., Mishra, T., Hussein, A., Falzarano, R. (2015). Addressing health disparities in the mental health of refugee children and adolescents through community-based participatory research: A study in 2 communities. *American Journal of Public Health*. 105 Suppl 3(Suppl 3), S475-S482. doi:10.2105/AJPH.2014.302504
- Braun-Lewensohn, O., & Al-Sayed, K. (2018). Syrian adolescent refugees: How do they cope during their stay in refugee camps?. *Frontiers in Psychology*, 9, 1258. doi:10.3389/fpsyg.2018.01258
- Brewer, C. A. (2016). An outline for including refugees in Canadian educational policy. *Canadian Journal of New Scholars in Education*, 7(1), 133-141. Retrieved from <https://journalhosting.ucalgary.ca/index.php/cjnse/article/viewFile/30706/pdf>
- British Columbia Ministry of Education. (2015). *Students from refugee backgrounds: A guide for teachers and schools*. Retrieved from <https://www2.gov.bc.ca/assets/gov/education/administration/kindergarten-to-grade-12/diverse-student-needs/students-from-refugee-backgrounds-guide.pdf>
- Canadian Coalition for Global Health Research. (2015). CCGHR Principles for Global Health Research.
- Cao, W., Fang, Z., Hou, G., Han, M., Xu, X., Dong, J., & Zheng, J. (2020). The psychological impact of the COVID-19 epidemic on college students in China. *Psychiatry Research*, 287, 112934. doi:10.1016/j.psychres.2020.112934

- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, *56*(2), 267–283. doi:10.1037/0022-3514.56.2.267
- Chan, K. J., Young, M. Y., & Sharif, N. (2016). Well-being after trauma: A review of posttraumatic growth among refugees. *Canadian Psychology/Psychologie Canadienne*, *57*(4), 291–299. doi:10.1037/cap0000065
- Chang, E. C. (2001). A look at the coping strategies and styles of Asian Americans: Similar and different? In C. R. Snyder (Ed.), *Coping with stress: Effective people and processes* (pp. 222-239). London: Oxford University Press.
- Charara, R., Forouzanfar, M., Naghavi, M., Moradi-Lakeh, M., Afshin, A., Vos, T., Daoud, F., Wang, H., El Bcheraoui, C., Khalil, I., Hamadeh, R. R., Khosravi, A., Rahimi-Movaghar, V., Khader, Y., Al-Hamad, N., Makhlouf Obermeyer, C., Rafay, A., Asghar, R., Rana, S. M., Shaheen, A., ... Mokdad, A. H. (2017). The burden of mental disorders in the Eastern Mediterranean Region, 1990-2013. *PloS one*, *12*(1), e0169575. doi:10.1371/journal.pone.0169575
- Cheung, M. C., Al-Qarni, N., Al-Mazrouei, M., Al-Muhairi, S., Shakra, M., Mitchell, B., ... Al Hashimi, S. (2018). The impact of trauma exposure characteristics on post-traumatic stress disorder and psychiatric co-morbidity among Syrian refugees. *Psychiatry Research*, *259*, 310–315. doi:10.1016/j.psychres.2017.10.035
- Chun, C. A., Moos, R. H., & Cronkite, R. C. (2006). Culture: A fundamental context for the stress and coping paradigm. In P. T. P. Wong & L. C. J. Wong (Eds.), *Handbook of multicultural perspectives on stress and coping* (pp. 29-53). New York: Springer

- Chung, M. C., Al-Qarni, N., Al-Mazrouei, M., Al-Muhairi, S., Shakra, M., Mitchell, B., ... Al Hashimi, S. (2018). Posttraumatic Stress Disorder and psychiatric co-morbidity among Syrian refugees of different ages: the role of trauma centrality. *Psychiatric Quarterly*, 89(4), 909–921. doi:10.1007/s11126-018-9586-3
- Chung, M. C., Al-Qarni, N., Al-Muhairi, S., & Mitchell, B. (2017). The relationship between trauma centrality, self-efficacy, posttraumatic stress and psychiatric co-morbidity among Syrian refugees: is gender a moderator? *J Psychiatr Res*, 94. doi:10.1016/j.jpsychires.2017.07.001
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310-357. doi:10.1037/0033-2909.98.2.310
- Coyne, J. C., & Downey, G. (1991). Social factors and psychopathology: Stress, social support, and coping processes. *Annual Review of Psychology*, 42, 401-425. doi:10.1146/annurev.ps.42.020191.002153
- Csordas, T. (2015). Cultural Phenomenology and psychiatric illness. In L. Kirmayer, R. Lemelson, & C. Cummings (Eds.), *Re-visioning psychiatry: Cultural phenomenology, critical neuroscience, and global mental health* (pp. 117-140). Cambridge: Cambridge University Press.
- DeJong, J., Sbeity, F., Schlecht, J., Harfouche, M., Yamout, R., Fouad, F. M., ... Robinson, C. (2017). Young lives disrupted: gender and well-being among adolescent Syrian refugees in Lebanon. *Conflict and Health*, 11(1), 23. doi:10.1186/s13031-017-0128-7
- Desai, G., & Chaturvedi, S. K. (2017). Idioms of distress. *Journal of Neurosciences in Rural Practice*, 8(1), S94–S97. doi:10.4103/jnrp.jnrp\_235\_17

- Devakumar, D., Birch, M., Rubenstein, L. S., Osrin, D., Sondorp, E., & Wells, J. C. K. (2015). Child health in Syria: recognising the lasting effects of warfare on health. *Conflict and Health, 9*(1), 34 doi:10.1186/s13031-015-0061-6
- Dorais, L., J. (2007). Faith, hope and identity: religion and the Vietnamese refugees. *Refugee Survey Quarterly, 26*(2): 57-68
- Drolet, J., & Moorthi, G. (2018). The settlement experiences of Syrian newcomers in Alberta: Social connections and interactions. *Canadian Ethnic Studies 50*(2), 101-120. doi:10.1353/ces.2018.0017.
- DuBois, D. L., Felner, R. D., Brand, S., Adan, A. M., & Evans, E. G. (1992). A prospective study of life stress, social support, and adaptation in early adolescence. *Child Development, 63*(3), 542-557. doi:10.2307/1131345
- Eatough, V. & Smith, J. (2008). Interpretative phenomenological analysis. In Willig, C., & Stainton-Rogers, W. *The SAGE handbook of qualitative research in psychology* (pp. 179-194). London: SAGE Publications Ltd doi: 10.4135/9781848607927
- El-Khani, A., Ulph, F., Peters, S., & Calam, R. (2017). Syria: Coping mechanisms utilized by displaced refugee parents caring for their children in pre-resettlement contexts. *Intervention, 15*(1), 34–50. doi:10.1097/WTF.0000000000000136
- El-Khani, A., Ulph, F., Peters, S., & Calam, R. (2018). Syria: refugee parents' experiences and need for parenting support in camps and humanitarian settings. *Vulnerable Children and Youth Studies, 13*(1), 19–29. doi:10.1080/17450128.2017.1372651
- Elliott, S., & Yusuf, I. (2014). 'Yes, we can; but together': social capital and refugee resettlement. *Kōtuitui: New Zealand Journal of Social Sciences Online, 9*(2), 101–110. doi:10.1080/1177083X.2014.951662

- Ennab, F. (2017). Being involved in uninvolved contexts: Refugee parent involvement in children's education. *Canadian Centre for Policy Alternatives*. Retrieved from [https://www.policyalternatives.ca/sites/default/files/uploads/publications/Manitoba%20Office/2017/04/Refugee\\_parent\\_involvement.pdf](https://www.policyalternatives.ca/sites/default/files/uploads/publications/Manitoba%20Office/2017/04/Refugee_parent_involvement.pdf)
- Eruyar, S., Maltby, J., & Vostanis, P. (2018). Mental health problems of Syrian refugee children: The role of parental factors. *European Child & Adolescent Psychiatry*, 27(4), 401-409. doi:10.1007/s00787-017-1101-0
- Evason, N. (2016). *Syrian Culture*. Retrieved from: <https://culturalatlas.sbs.com.au/syrian-culture/syrian-culture-references#syrian-culture-references>
- Fabio, M., Parker, L. D., & Siddharth, M. B. (2019). Building on resiliencies of refugee families. *Pediatric clinics of North America*, 66(3), 655–667. doi:10.1016/j.pcl.2019.02.011
- Farhad, N. (2018). Access to education for refugee children in Turkey: Opportunities and challenges. *Innovation and Global Issues in Social Sciences*
- Fathi, A., El-Awad, U., Reinelt, T., & Petermann, F. (2018). A Brief introduction to the Multidimensional Intercultural Training Acculturation Model (MITA) for Middle Eastern adolescent refugees. *International Journal of Environmental Research and Public Health*, 15(7), 1516. doi:10.3390/ijerph15071516
- Fazel, M., & Betancourt, T. S. (2018). Preventive mental health interventions for refugee children and adolescents in high-income settings. *The Lancet. Child & adolescent health*, 2(2), 121–132. doi:10.1016/S2352-4642(17)30147-5
- Food Banks Canada (2016). *Hungercount 2016: A comprehensive report on hunger and food bank use in Canada, and recommendations for change*.

- Frenette, M., Frank, K., & Deng, Z. (2020). School closures and the online preparedness of children during the COVID-19 pandemic.
- Frost, N., A (2011). *Qualitative research methods in psychology: Combining core approaches*. Open University Press.
- Georgiadou, E., Zbidat, A., Schmitt, G. M., & Erim, Y. (2018). Prevalence of mental distress among Syrian refugees with residence permission in Germany: A registry-based study. *Frontiers in Psychiatry, 9*, 393. doi:10.3389/fpsy.2018.00393
- Geres, K. (2017). Resilience through storytelling in the EAL classroom. *TESL Canada Journal, 33*, 62-85. doi.org/10.18806/tesl.v33i0.1246
- Government of Canada. (2017). *#WelcomeRefugees: Key figures*. Retrieved from <https://refugees/key-figures.html>
- Guler, J., & Berman, S. L. (2019). Acculturation, identity distress, and internalizing symptoms among resettled adolescent refugees. *Journal of Adolescence, 76*, 129–138. doi:10.1016/j.adolescence.2019.07.016
- Guo, Y., Maitra, S., & Guo, S. (2019). “I belong to nowhere”: Syrian refugee children’s perspectives on school integration. *Journal of Contemporary Issues in Education, 14*(1), 89-105. doi:10.20355/jcie29362
- Gurung, R. A. R. (2013). *Health psychology: A cultural approach*. Cengage Learning.
- Haboush, K.L. (2007), Working with Arab American families: Culturally competent practice for school psychologists. *Psychology in the Schools., 44*: 183-198. doi:10.1002/pits.20215
- Hadfield, K., Ostrowski, A., & Ungar, M. (2017). What can we expect of the mental health and well-being of Syrian refugee children and adolescents in Canada? *Canadian Psychology/Psychologie canadienne, 58*(2), 194–201. doi:10.1037/cap0000102

- Hagelskamp, C., Suárez-Orozco, C. and Hughes, D. (2010), Migrating to opportunities: How family migration motivations shape academic trajectories among newcomer immigrant youth. *Journal of Social Issues*, 66: 717-739. doi:10.1111/j.1540-4560.2010.01672.x
- Hakim-Larson, J., Kamoo, R., Nassar-McMillan, S. C., & Porcerelli, J. H. (2007). Counseling Arab and Chaldean American families. *Journal of Mental Health Counseling*, 29(4), 301–321. doi:10.17744/mehc.29.4.u5468716955w1023
- Hamdy, S.F. (2009). Islam, fatalism, and medical intervention: Lessons from Egypt on the cultivation of forbearance (Sabr) and reliance on God (Tawakkul). *Anthropological Quarterly* 82(1), 173-196. doi:10.1353/anq.0.0053.
- Hameed, S., Sadiq, A., & Din, A. U. (2018). The increased vulnerability of refugee population to mental health disorders. *Kansas Journal of Medicine*, 11(1), 1–12.
- Hamm, J. V, & Faircloth, B. S. (2005). The role of friendship in adolescents' sense of school belonging. *New Directions for Child and Adolescent Development*, 2005(107), 61–78. doi:10.1002/cd.121
- Hanley, J., Mhamied, A.A., Cleveland, J., Hajjar, O., Hassan, G., Ives, N., ... Hynie, M. (2018). The social networks, social support and social capital of Syrian refugees privately sponsored to settle in Montreal: Indications for employment and housing during their early experiences of integration. *Canadian Ethnic Studies* 50(2), 123-148. doi:10.1353/ces.2018.0018.
- Hasan, N., Mitschke, D. B., & Ravi, K. E. (2018). Exploring the role of faith in resettlement among Muslim Syrian refugees. *Journal of Religion & Spirituality in Social Work: Social Thought*, 37(3), 223–238.

- Hassan, G., Kirmayer, L. J., Mekki- Berrada, A., Quosh, C., El- Chammay, R., Deville-Stoetzel, J. B., Youssef, A., Jefee-Bahloul, H., Barkeel-Oteo, A., Coutts, A., Song, S., Ventevogel, P. (2015). *Culture, context and the mental health and psychosocial wellbeing of Syrians*. UNHCR:Geneva
- Hassan, G., Ventevogel, P., Jefee-Bahloul, H., Barkil-Oteo, A., & Kirmayer, L. (2016). Mental health and psychosocial wellbeing of Syrians affected by armed conflict. *Epidemiology and Psychiatric Sciences*, 1, 1–13. doi:10.1017/S2045796016000044
- Haugen, S. (2019). “We Feel Like We’re Home”: The resettlement and integration of Syrian refugees in smaller and rural Canadian communities. *Refuge: Canada’s Journal on Refugees*, 35(2), 53-63. <https://doi.org/10.7202/1064819ar>
- Hirani, K., Payne, D., Mutch, R., & Cherian, S. (2016). Health of adolescent refugees resettling in high-income countries. *Archives of Disease in Childhood*, 101(7), 670 LP-676. doi:10.1136/archdischild-2014-307221
- Hofstede, G. (1984). *Culture’s consequences: International differences in work-related values*. Newbury Park, CA: Sage.
- Hooberman, J., Rosenfeld, B., Rasmussen, A., & Keller, A. (2010). Resilience in trauma-exposed refugees: The moderating effect of coping style on resilience variables. *American Journal of Orthopsychiatry*, 80(4), 557–563. doi:10.1111/j.1939-0025.2010.01060.x
- Houle, R. (2019) Results from the 2016 Census: Syrian refugees who resettled in Canada in 2015 and 2016. Statistics Canada.
- Hynie, M. (2018a). Refugee integration: Research and policy. *Peace and Conflict: Journal of Peace Psychology*, 24(3), 265-276. doi:10.1037/pac0000326

- Hynie, M. (2018b). The social determinants of refugee mental health in the post-migration context: A critical review. *The Canadian Journal of Psychiatry*, *63*(5), 297–303.  
doi:10.1177/0706743717746666
- Hynie, M., Crooks, V. A., & Barragan, J. (2011). Immigrant and refugee social networks: determinants and consequences of social support among women newcomers to Canada. *The Canadian journal of nursing research Revue canadienne de recherche en sciences infirmieres*, *43*(4), 26–46.
- Ikizler, A. S., & Szymanski, D. M. (2018). Discrimination, religious and cultural factors, and Middle Eastern/Arab Americans' psychological distress. *Journal of Clinical Psychology*, *74*(7), 1219–1233. doi:10.1002/jclp.22584
- International Medical Corps. (2017). Understanding the mental health and psychosocial needs, and service utilization of Syrian refugees and Jordanian nationals
- Jabbar, S. A., & Zaza, H. I. (2014). Impact of conflict in Syria on Syrian children at the Zaatari refugee camp in Jordan. *Early Child Development and Care*, *184*(9–10), 1507–1530.  
doi:10.1080/03004430.2014.916074
- Jackson, M. (1996). *Things as they are: new directions in phenomenological anthropology*. Bloomington: Indiana University Press.
- Jadalla, A., & Lee, J. (2012). The relationship between acculturation and general health of Arab Americans. *Journal of Transcultural Nursing*, *23*(2), 159–165.  
doi:10.1177/1043659611434058
- Jayawickreme, E., Jayawickreme, N., & Seligman, M.E.P. (2013). From trauma victims to survivors: The positive psychology of refugee mental health. In K. M. Gow and M. J. Celinski (Eds.), *Mass trauma: Impact and recovery issues* (pp. 313-330). Hauppauge,

NY: Nova Science Publishers.

- Johnson, B. (2008). Teacher-student relationships which promote resilience at school: A micro-level analysis of students' views. *British Journal of Guidance & Counselling*, 36(4), 385-398.
- Johnson, J. L., Greaves, L., & Repta, R. (2009). Better science with sex and gender: Facilitating the use of a sex and gender-based analysis in health research. *International Journal for Equity in Health*, 8(1), 14. doi:10.1186/1475-9276-8-14
- Junior Achievement. (2020). JA Teens Survey: The financial impact of COVID-19. Retrieved from: <https://www.juniorachievement.org/documents/20009/0/2020+COVID-19+Survey+Executive+Summary.pdf>
- Kessler, R. C., Aguilar-Gaxiola, S., Alonso, J., Chatterji, S., Lee, S., Ormel, J., Ustün, T. B., & Wang, P. S. (2009). The global burden of mental disorders: an update from the WHO World Mental Health (WMH) surveys. *Epidemiologia e Psichiatria Sociale*, 18(1), 23–33. doi:10.1017/s1121189x00001421
- Khamis, V. (2019). Posttraumatic stress disorder and emotion dysregulation among Syrian refugee children and adolescents resettled in Lebanon and Jordan. *Child Abuse & Neglect*, 89, 29-39
- Kia-Keating, M., Ahmed, S., & Modir, S. (2016). Refugees and forced migrants: Seeking asylum and acceptance. In Amer, M. M., & Awad, G. H. (Eds.), *Handbook of Arab American psychology* (pp. 160-172). New York, NY: Routledge/Taylor & Francis Group.
- Kira, I. A., & Wrobel, N. H. (2016). Trauma: Stress, coping, and emerging treatment models. In M. M. Amer & G. H. Awad (Eds.), *Handbook of Arab American psychology* (p. 188–205). Routledge/Taylor & Francis Group.

- Kirmayer, L. J., Thombs, B. D., Jurcik, T., Jarvis, G. E., & Guzder, J. (2008). Use of an expanded version of the DSM-IV outline for cultural formulation on a cultural consultation service. *Psychiatric Services*, *59*(6), 683–686. doi:10.1176/appi.ps.59.6.683
- KidsRights. (2018). The Widening educational gap for Syrian refugee children.
- Kirova, A. (2019). Syrian Refugees' encounters with the Educational System in their Initial Resettlement in Canada. *Journal of Contemporary Issue in Education*, *14*(1), 1-2.
- Kovacev, L., & Shute, R. (2004). Acculturation and social support in relation to psychosocial adjustment of adolescent refugees resettled in Australia. *International Journal of Behavioral Development*, *28*(3), 259–267. doi:10.1080/01650250344000497
- Krieger N. (1990). Racial and gender discrimination: risk factors for high blood pressure?. *Social Science & Medicine* (1982), *30*(12), 1273–1281. doi:10.1016/0277-9536(90)90307-e
- Kuo, B. C. H. (2011). Culture's Consequences on coping: Theories, evidences, and dimensionalities. *Journal of Cross-Cultural Psychology*, *42*(6), 1084–1100. doi:10.1177/0022022110381126
- Kuo, B. C. H., Soucie, K. M., Huang, S., & Laith, R. (2017), The mediating role of cultural coping behaviours on the relationships between academic stress and positive psychosocial well-being outcomes. *International Journal of Psychology*, *53*, 27-36. doi: 10.1002/ijop.12421
- Laible, D. J., Carlo, G., & Roesch, S. C. (2004). Pathways to self-esteem in late adolescence: the role of parent and peer attachment, empathy, and social behaviours. *Journal of Adolescence*, *27*(6), 703–716. doi:10.1016/j.adolescence.2004.05.005
- Lamba, N. K., & Krahn, H. (2003). Social capital and refugee resettlement: The social networks of refugees in Canada. *Journal of International Migration and Integration / Revue de*

- l'integration et de La Migration Internationale*, 4(3), 335–360. doi:10.1007/s12134-003-1025-z
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer Publishing.
- Leanza, Y., Miklavcic, A., Boivin, I., & Rosenberg, E. (2014). Working with Interpreters (pp. 89–114). doi: 10.1007/978-1-4614-7615-3\_5
- Luthar, S. S., Lyman, E. L., & Crossman, E. J. (2014). Resilience and positive psychology. In M. Lewis & K. D. Rudolph (Eds.), *Handbook of developmental psychopathology* (p. 125–140). Springer Science + Business Media.
- Mahmood, H. N., Ibrahim, H., Goessmann, K., Ismail, A. A., & Neuner, F. (2019). Post-traumatic stress disorder and depression among Syrian refugees residing in the Kurdistan region of Iraq. *Conflict and Health*, 13, 51. doi:10.1186/s13031-019-0238-5
- Marfleet, P. (2016). Displacements of memory. *Refuge: Canada's Journal on Refugees*, 32(1), 7-17. doi:10.25071/1920-7336.40379
- Martén, L., Hainmueller, J., & Hangartner, D. (2019). Ethnic networks can foster the economic integration of refugees. *Proceedings of the National Academy of Sciences*, 116(33), 16280 LP-16285. doi:10.1073/pnas.1820345116
- Massfeller, H., & Hamm, L.D. (2019). “I’m Thinking I Want to Live a Better Life”: Syrian refugee student adjustment in New Brunswick. *Journal of Contemporary Issues in Education*, 14. doi:10.20355/jcie29354
- Masten A. S. (2014). Global perspectives on resilience in children and youth. *Child Development*, 85(1), 6–20. doi:10.1111/cdev.12205
- Masten, A. S., & Narayan, A. J. (2012). Child development in the context of disaster, war, and

- terrorism: pathways of risk and resilience. *Annual Review of Psychology*, 63, 227–257.  
doi:10.1146/annurev-psych-120710-100356
- Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology*, 2(4), 425–444. doi:10.1017/S0954579400005812
- Matsumoto, D., & L., Juang. (2013). *Culture and psychology* (5<sup>th</sup> ed.).
- Matsumoto, D., Hirayama, S., & LeRoux, J. A. (2006). Psychological skills related to intercultural adjustment. In P. T. P. Wong & L. C. J. Wong (Eds.), *Handbook of multicultural perspectives on stress and coping* (p. 387–405). New York: Spring
- McCormick, R., & Wong, P. T. P. (2006). Adjustment and coping in Aboriginal people. In P. T. P. Wong & L. C. J. Wong (Eds.), *Handbook of multicultural perspectives on stress and coping* (p. 515–531). New York: Springer
- Mikaeili, N., Einy, S., & Taghavy, R. (2018). Role of coping styles, locus of control, and emotional intelligence in predicting social adjustment of veterans with Post-Traumatic Stress Disorder. *JMERC*, 10(4), 195–201. doi:10.29252/ijwph.10.4.195
- Moore, J. L., & Constantine, M. G. (2005). Development and initial validation of the collectivistic coping styles measure with African, Asian, and Latin American international students. *American Mental Health Counselors Association*, 27(4), 329-347.
- Morantz, G., Rousseau, C., & Heymann, J. (2011). The divergent experiences of children and adults in the relocation process: Perspectives of child and parent refugee claimants in Montreal. *Journal of Refugee Studies*, 25(1), 71–92. doi:10.1093/jrs/fer025
- Motti-Stefanidi, F. (2018). Resilience among immigrant youth: The role of culture, development and acculturation. *Developmental Review*, 50(Part A), 99–109.

doi:10.1016/j.dr.2018.04.002

Motti-Stefanidi, F. (2019). Resilience among immigrant youths: Who adapts well, and why?

*Current Directions in Psychological Science*, 28(5), 510–517.

doi:10.1177/0963721419861412

Mourad, M. R., & Carolan, M. T. A. (2010). An ecological approach to culturally sensitive

intervention for Arab American women and their families. *The Family Journal*, 18(2),

178–183. doi:10.1177/1066480710364474

Nakamura, Y. M., & Orth, U. (2005). Acceptance as a coping reaction: Adaptive or not? Swiss

*Journal of Psychology / Schweizerische Zeitschrift für Psychologie / Revue Suisse de*

*Psychologie*, 64(4), 281–292. doi:10.1024/1421-0185.64.4.281

Nassar-McMillan, S. C., & Hakim-Larson, J. (2003). Counseling considerations among Arab

Americans. *Journal of Counseling & Development*, 81(2), 150–159.

doi:10.1002/j.1556-6678.2003.tb00236.x

Nassar-McMillan, S. C., Nour, M. D., & Al-Qimlass, A. M. (2016). Counseling: Settings,

clinical considerations, and counselor cultural competence. In M. M. Amer & G. H.

Awad (Eds.), *Handbook of Arab American psychology* (p. 289–302). Routledge/Taylor &

Francis Group.

Niemi, M., Manhica, H., Gunnarsson, D., Stähle, G., Larsson, S., & Saboonchi, F. (2019). A

Scoping review and conceptual model of social participation and mental health among

refugees and asylum seekers. *International Journal of Environmental Research and*

*Public Health*, 16(20), 4027. doi:10.3390/ijerph16204027

Nieswiadomy, R. M. 2012. Chapter 10: Qualitative Research Designs. In *Foundations of*

*Nursing Research*. 6th ed. Saddle River, NJ: Pearson Health Science.

- Noh, S., & Kaspar, V. (2003). Perceived discrimination and depression: moderating effects of coping, acculturation, and ethnic support. *American Journal of Public Health, 93*(2), 232–238. doi:10.2105/ajph.93.2.232
- Noh, S., Beiser, M., Kaspar, V., Hou, F., & Rummens, J. (1999). Perceived racial discrimination, depression, and coping: a study of Southeast Asian refugees in Canada. *Journal of Health and Social Behavior, 40*(3), 193–207.
- Oda, A., Hynie, M., Tuck, A., Agic, B., Roche, B., & McKenzie, K. (2019). Differences in self-reported health and unmet health needs between government assisted and privately sponsored Syrian refugees: A cross-sectional survey. *Journal of Immigrant and Minority Health, 21*(3), 439–442. doi:10.1007/s10903-018-0780-z
- Oltmann, S. (2016). Qualitative interviews: A methodological discussion of the interviewer and respondent contexts. *Forum qualitative Sozialforschung / Forum: Qualitative Social Research, 17*(2). doi: 10.17169/fqs-17.2.2551
- Peconga, E. k., & Høgh Thøgersen, M. (2019). Post-traumatic stress disorder, depression, and anxiety in adult Syrian refugees: What do we know? *Scandinavian Journal of Public Health*. doi:10.1177/1403494819882137
- Petrosky, M. J., & Birkimer, J. C. (1991). The relationship among locus of control, coping styles, and psychological symptom reporting. *Journal of Clinical Psychology, 47*(3), 336–345. doi:10.1002/1097-4679(199105)47:3<336::AID-JCLP2270470303>3.0.CO;2L
- Phillimore, J. (2011). Refugees, acculturation strategies, stress and integration. *Journal of Social Policy, 40*(3), 575-593. doi:10.1017/S0047279410000929
- Pieloch, K. A., McCullough, M. B., & Marks, A. K. (2016). Resilience of children with refugee statuses: A research review. *Canadian Psychology/Psychologie Canadienne, 57*(4), 330-

339. doi:10.1037/cap0000073

Pietkiewicz, I. & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological Journal*, 20, 7-14.

doi:10.14691/CPJ.20.1.7

Pineles, S. L., Mostoufi, S. M., Ready, C. B., Street, A. E., Griffin, M. G., & Resick, P. A. (2011). Trauma reactivity, avoidant coping, and PTSD symptoms: a moderating relationship?. *Journal of Abnormal Psychology*, 120(1), 240–246.

doi:10.1037/a0022123

Poole, D. N., Hedt-Gauthier, B., Liao, S., Raymond, N. A., & Bärnighausen, T. (2018). Major depressive disorder prevalence and risk factors among Syrian asylum seekers in Greece. *BMC Public Health*, 18(1), 908. doi:10.1186/s12889-018-5822-x

Pottie, K., Greenaway, C., Hassan, G., Hui, C., & Kirmayer, L. J. (2016). Caring for a newly arrived Syrian refugee family. *Canadian Medical Association Journal*, 188(3), 207 LP-211. doi:10.1503/cmaj.151422

Quosh, C., Eloul, L., & Ajlani, R. (2013). Mental health of refugees and displaced persons in Syria and surrounding countries: A systematic review. *Intervention: International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict*, 11(3), 276–294. doi:10.1097/WTF.0000000000000013

Rabiau, M. A. (2019). Culture, migration, and identity formation in adolescent refugees: a family perspective. *Journal of Family Social Work*, 22(1), 83–100.

doi:10.1080/10522158.2019.1546950

Ratković, S., Kovačević, D., Brewer, C. A., Ellis, C., Ahmed, N., & Baptiste-Brady, J. (2017). Supporting refugee students in Canada: Building on what we have learned in the past 20

- years. Report to Social Sciences and Humanities Research Council of Canada, Brock University, St. Catharines, ON
- Roberts, A., Seidman, E., Pedersen, S., Chesir-Teran, D., Allen, L., Aber, J. L., Duran, V., & Hsueh, J. (2000). Perceived family and peer transactions and self-esteem among urban early adolescents. *Journal of Early Adolescence*, 20(1), 68-92.  
doi:10.1177/0272431600020001004
- Robson, C. & McCartan, K., 2016. Chapter 3: Developing your ideas. In *Real World Research* 4th ed., Chichester, UK: Wiley.
- Rousseau, C., Drapeau, A., & Platt, R. (2004). Family environment and emotional and behavioural symptoms in adolescent Cambodian refugees: Influence of time, gender, and acculturation. *Medicine, Conflict and Survival*, 20(2), 151–165.  
doi:10.1080/1362369042000234735
- Rousseau, C., Drapeau, A., Lacroix, L., Bagilishya, D., & Heusch, N. (2005). Evaluation of a classroom program of creative expression workshops for refugee and immigrant children. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 46, 180–185.  
doi:10.1111/j.1469-7610.2004.00344.x
- Sangalang, C. C., & Vang, C. (2017). Intergenerational trauma in refugee families: A systematic review. *Journal of Immigrant and Minority Health*, 19(3), 745–754. doi:10.1007/s10903-016-0499-7
- Shakya, Y. B., Guruge, S., Hynie, M., Akbari, A., Malik, M., Htoo, S., Khogali, A., Mona, S. A., Murtaza, R., & Alley, S. (2012). Aspirations for higher education among newcomer refugee youth in Toronto: Expectations, challenges, and strategies. *Refuge: Canada's Journal on Refugees*, 27(2), 65-78. doi:10.25071/1920-7336.34723

- Sheikh, M., & Anderson, J. R. (2018). Acculturation patterns and education of refugees and asylum seekers: A systematic literature review. *Learning and Individual Differences*, 67, 22–32. doi:10.1016/j.lindif.2018.07.003
- Shields, J., Drolet J., & Valenzuela, K. 2016. Immigrant settlement and integration services and the role of nonprofit service providers: A Cross-national perspective on trends, issues and evidence. RCIS Working Paper No. 1. Ryerson Centre for Immigration and Settlement.
- Sijbrandij, M., Acarturk, C., Bird, M., Bryant, R. A., Burchert, S., Carswell, K., de Jong, J., Dinesen, C., Dawson, K. S., El Chammay, R., van Ittersum, L., Jordans, M., Knaevelsrud, C., McDaid, D., Miller, K., Morina, N., Park, A. L., Roberts, B., van Son, Y., Sondorp, E., ... Cuijpers, P. (2017). Strengthening mental health care systems for Syrian refugees in Europe and the Middle East: integrating scalable psychological interventions in eight countries. *European Journal of Psychotraumatology*, 8(sup2), 1388102. doi:10.1080/20008198.2017.1388102
- Sim, A., Bowes, L., & Gardner, F. (2019). The Promotive effects of social support for parental resilience in a refugee context: a Cross-sectional study with Syrian mothers in Lebanon. *Prevention Science : The Official Journal of The Society for Prevention Research*, 20(5), 674–683. doi:10.1007/s11121-019-0983-0
- Simich, L., Beiser, M., & Mawani, F. N. (2003). Social support and the significance of shared experience in refugee migration and resettlement. *Western Journal of Nursing Research*, 25(7), 872–891. doi:10.1177/0193945903256705
- Simich, L., Beiser, M., Stewart, M., & Mwakarimba, E. (2005). Providing social support for immigrants and refugees in Canada: Challenges and directions. *Journal of Immigrant and*

*Minority Health*, 7(4), 259-268.

Sirin, S., & Rogers-Sirin, L. (2015). The educational and mental health needs of Syrian refugee children.

Sleijpen, M., Boeije, H. R., Kleber, R. J., & Mooren, T. (2016). Between power and powerlessness: a meta-ethnography of sources of resilience in young refugees. *Ethnicity & Health*, 21(2), 158–180. doi:10.1080/13557858.2015.1044946

Smeekes, A., Verkuyten, M., Çelebi, E., Acartürk, C., & Onkun, S. (2017). Social identity continuity and mental health among Syrian refugees in Turkey. *Social Psychiatry and Psychiatric Epidemiology*, 52(10), 1317–1324. doi:10.1007/s00127-017-1424-7

Smith, J. A., & Eatough, V. (2007). Interpretative phenomenological analysis. In E. Lyons and A. Coyle (Eds.), *Analysing qualitative psychology* (pp.35-50). Thousand Oaks, CA: SAGE Publications Inc.

Smith, J. A., & Osborn, M. (2007). Interpretive Phenomenological Analysis. In Smith, J. A. (Ed.), *Qualitative psychology: A practical guide to research methods*. (pp. 51-80). London: SAGE.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, method and research*. Thousand Oaks, CA: Sage Publications.

Stanton, A. L., Kirk, S. B., Cameron, C. L., & Danoff-Burg, S. (2000). Coping through emotional approach: Scale construction and validation. *Journal of Personality and Social Psychology*, 78(6), 1150–1169. doi:10.1037/0022-3514.78.6.1150

Stephan, R., & Aprahamian, M. (2016). Gender and sexuality: Treading complex cultural challenges. In M. M. Amer & G. H. Awad (Eds.), *Handbook of Arab American psychology* (p. 117–129). Routledge/Taylor & Francis Group.

- Tabbah, R. (2019). Discrimination and developmental processes: Bridging the research gap with adolescents of Arab descent in America. *Adolescent Research Review*. doi:10.1007/s40894-019-00125-x
- Timshel, I., Montgomery, E., & Dalgaard, N. T. (2017). A systematic review of risk and protective factors associated with family related violence in refugee families. *Child Abuse & Neglect*, 70, 315–330. doi:10.1016/j.chiabu.2017.06.023
- Tweed, R. G., & Conway, L. G. III. (2006). Coping strategies and culturally influenced beliefs about the world. In P. T. P. Wong & L. C. J. Wong (Eds.), *Handbook of multicultural perspectives on stress and coping* (p. 133–153). Spring Publications.
- Underwood, M. K., & Rosen, L. H. (2013). *Social development: Relationships in infancy, childhood, and adolescence*. Guilford Publications.
- UNHCR (2018). *Syria emergency*. Retrieved from: <https://www.unhcr.org/syria-emergency.html>
- UNHCR (2020). *Syria regional refugee response*. Retrieved from: <https://data2.unhcr.org/en/situations/Syria>
- UNICEF. (2014). *Mental health / psychosocial and child protection for Syrian adolescent refugees in Jordan*.
- UNICEF. (2017). *Education uprooted: For every migrant, refugee and displaced child, education*.
- Vossoughi, N., Jackson, Y., Gusler, S., & Stone, K. (2018). Mental health outcomes for youth living in refugee camps: A review. *Trauma, Violence, & Abuse*, 19(5), 528–542. doi:10.1177/1524838016673602
- Walker, J., & Zuberi, D. (2019). *School-aged Syrian refugees resettling in Canada: Mitigating*

the effect of pre-migration trauma and post-migration discrimination on academic achievement and psychological well-being. *Journal of International Migration and Integration*. doi:10.1007/s12134-019-00665-0

Williams, D. R., Spencer, M. S., & Jackson, J. S. (1999). Race, stress, and physical health: The role of group identity. In R. J. Contrada & R. D. Ashmore (Eds.), *Self, social identity, and physical health: Interdisciplinary explorations* (p. 71–100). Oxford University Press.

Woltin, K.-A., Sassenberg, K., & Albayrak, N. (2018). Regulatory focus, coping strategies and symptoms of anxiety and depression: A comparison between Syrian refugees in Turkey and Germany. *PLoS ONE*, *13*(10), Article e0206522.

doi:10.1371/journal.pone.0206522

Wong, P. T. P., Reker, G. T., & Peacock, E. J. (2006). A resource-congruence model of coping and the development of the coping schema inventory. In P. T. P. Wong & L. C. J. Wong (Eds.), *Handbook of multicultural perspectives on stress and coping* (p. 223–283). Spring Publications

Wylie, L., Van Meyel, R., Harder, H., Sukhera, J., Luc, C., Ganjavi, H., Elfakhani, M., & Wardrop, N. (2018). Assessing trauma in a transcultural context: challenges in mental health care with immigrants and refugees. *Public Health Reviews*, *39*, 22.

doi:10.1186/s40985-018-0102-y

Yalim, A.C., & Kim, I. (2018). Mental health and psychosocial needs of Syrian refugees: A literature review and future directions. *Advances in Social Work*, *18*, 833-852.

Yaylaci, F. (2018). Trauma and resilient functioning among Syrian refugee children.

*Development and Psychopathology*, *30*, 1–14. doi:10.1017/S0954579418001293

Yeh, C. J., Arora, A. K., & Wu, K. A. (2006). A new theoretical model of collectivistic coping.

In P. T. P. Wong & L. C. J. Wong (Eds.), *Handbook of multicultural perspectives on stress and coping* (p. 55–72). Spring Publications.

Yoshihama, M. (2002). Battered women's coping strategies and psychological distress: Differences by immigration status. *American Journal of Community Psychology*, 30(3), 429-452.

Zhang, D., & Long, B. C. (2006). A multicultural perspective on work-related stress: Development of a collective coping scale. In P. T. P. Wong & L. C. J. Wong (Eds.), *Handbook of multicultural perspectives on stress and coping* (p. 555–576). Spring Publications.

## Appendix A: Letter of Consent Form for Adolescents



### LETTER OF INFORMATION / CONSENT

Study Title: The Relationships That Help Teenage Syrian Refugees Cope with Stress

Investigators:

Local Principal Investigator:

Dr. Elysee Nouvet  
Department of Health Research  
Methods, Evidence, and Impact  
McMaster University  
Hamilton, ON, Canada  
(905)-512-2620  
E-mail: [nouvete@gmail.com](mailto:nouvete@gmail.com)

Student Investigator:

Salam Zoha  
Department of Global Health  
McMaster University  
Hamilton, ON, Canada  
226-260-5584  
E-mail: [zohas@mcmaster.ca](mailto:zohas@mcmaster.ca)

*What am I trying to discover?*

You are invited to take part in this study on exploring how the relationships that Syrian refugees have with others, such as their friends, family, and religious group, help them deal with issues. I want to focus on teenage Syrian refugees aged 13 to 18 who are living within Ontario. I am hoping to learn about the experiences that teenage Syrian refugees have with their close relationships when dealing with issues. This research is being completed for my Master's thesis.

*What will happen during the study?*

If you are interested in this study and would like to participate, you will be interviewed one-on-one with me and online through Zoom for an hour to two hours and 30 minutes. You will be allowed to pick any time for this interview that is convenient for you based on your personal schedule. With your permission, the interview will be digitally recorded (audio only).

In the interview, I will first ask you some questions about yourself. These questions include how old you are, when you moved to Canada, and which grade you are in. From then I will ask you to recall about events that bothered you and how you overcame them with the help of people close to you. Some examples of potential questions I will be asking you are: "why did that event bother you?", "why did you go to that person for help?", and "what did you end up doing?".

*Are there any risks to doing this study?*

The risks involved in participating in this study are expected to be minimal. You may potentially feel uncomfortable with reflecting on past experiences that bothered you in the past. You do not need to answer questions that you do not want to answer. You are also allowed to take a break at any time during the interview. You can stop taking part at any time.

*Are there any benefits to doing this study?*

The research will not benefit you directly. We hope to learn more about how different types of personal relationships play a role in helping teenage Syrian refugees cope with stress. This could help improve refugee agencies, resettlement policies, and mental health providers. Therefore, by participating in this study you might be helping your fellow community members.

Reimbursement

As a token of appreciation, you will receive \$20.00 and I will sign off your community hours sheet for your Ontario Secondary School Diploma.

Confidentiality

You are participating in this study confidentially. I will not use your name or any information that would allow you to be identified. No one but me will know whether you participated unless you choose to tell them. Every effort will be made to protect your confidentiality and privacy. If you choose to disclose the name of a person during your interview, I will change the name to keep their privacy. Similarly, if I am using quotes from your interview in the study's results, I will not use your name. The audio interview files will be kept on a computer will be protected by a password and only I will have access to it. The interview will be transcribed by me, and the recordings will be kept for referencing. Also, the transcript of your audio file will be kept in a locked filing cabinet separately from your consent form. Once the study is complete, an archive of the data, without identifying information, will be kept for 10 years. You are also allowed to participate if you are enrolled in other research during the time of this study.

This study will use the Zoom platform to collect data, which is an externally hosted cloud-based service. A link to their privacy policy is available here: <https://zoom.us/privacy>. While the Hamilton Integrated Research Ethics Board has approved using the platform to collect data for this study, there is a small risk of a privacy breach for data collected on external servers. You will also not be able to make any unauthorized recordings of the interview. [SEP]

If you are concerned about this, I would be happy to make alternative arrangements for you to participate, perhaps via telephone. Please talk to the researcher, Salam Zoha, if you have any concerns. [SEP]

b) Legally Required Disclosure

Although I will protect your privacy as outlined above, if the law requires it, I will have to reveal certain personal information (e.g., child abuse or suicidality). Please note that I have an obligation to report this as a researcher.

*What if I change my mind about being in the study?*

Your participation in this study is voluntary and confidential. It is your choice to be part of the study or not. If you decide to be part of the study, you can decide to stop, at any time, even after signing the consent form or part-way through the study. If you decide to withdraw, there will be no consequences to you. If you want to remove your interview data that has been already collected, you can contact Salam Zoha at the email and phone number provided above before July 31, 2020.

*How do I find out what was learned in this study?*

I expect to have this study completed by approximately September, 2020. If you would like a brief summary of the results, please let Salam Zoha know how you would like it sent to you.

Questions about the Study

If you have questions or need more information about the study itself, please contact Salam Zoha at: 226-260-5584 or [zohas@mcmaster.ca](mailto:zohas@mcmaster.ca). Additionally, you can contact Dr. Elysee Nouvet at [nouvete@gmail.com](mailto:nouvete@gmail.com)

This study has been reviewed by the Hamilton Integrated Research Ethics Board (HiREB). The HiREB is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the Chair, HiREB, at 905.521.2100 x 42013.

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## CONSENT

I have read the information presented in the information letter about a study being conducted by Salam Zoha of McMaster University.

I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.

I understand that if I agree to participate in this study, I may withdraw from the study at any time. I will be given a signed copy of this form. I agree to participate in the study.



\_\_\_\_\_  
Name of Participant (Printed)                      Signature                      Date

Consent form explained in person by:

\_\_\_\_\_  
Name and Role (Printed)                      Signature                      Date

## Appendix B: Letter of Consent Form for Parents



### LETTER OF INFORMATION / CONSENT

Study Title: The Relationships That Help Teenage Syrian Refugees Cope with Stress

Investigators:

Local Principal Investigator:

Dr. Elysee Nouvet  
Department of Health Research  
Methods, Evidence, and Impact  
McMaster University  
Hamilton, ON, Canada  
(905)-512-2620  
E-mail: [nouvete@gmail.com](mailto:nouvete@gmail.com)

Student Investigator:

Salam Zoha  
Department of Global Health  
McMaster University  
Hamilton, ON, Canada  
226-260-5584  
E-mail: [zohas@mcmaster.ca](mailto:zohas@mcmaster.ca)

*What am I trying to discover?*

Your child is invited to take part in this study on exploring how the relationships that Syrian refugees have with others, such as their friends, family, and religious group, help them deal with issues. I want to focus on teenage Syrian refugees aged 13 to 18 who are living within Ontario. I am hoping to learn about the experiences that teenage Syrian refugees have with their close relationships when dealing with issues. This research is being completed for my Master's thesis.

*What will happen during the study?*

If you are interested in letting your child participate in this study, they will be interviewed separately and individually one-on-one with me and online through Zoom for an hour to two hours and 30 minutes. You and your child will be allowed to pick any time for this interview that is convenient for you based on you and your child's personal schedules. With your permission, the interview will be digitally recorded (audio only).

In the interview, I will first ask your child some questions about them self. These questions include how old they are, when they moved to Canada, and which grade they are in. From then I will ask them to recall about events that bothered them and how they overcame them with the help of people close to them. Some examples of potential questions I will be asking are: "why

did that event bother you?”, “why did you go to that person for help?”, and “what did you end up doing?”.

*Are there any risks to doing this study?*

The risks involved in participating in this study are expected to be minimal. Your child may potentially feel uncomfortable with reflecting on past experiences that bothered them in the past. They do not need to answer questions that you do not want to answer. They are also allowed to take a break at any time during the interview. They can stop taking part at any time.

*Are there any benefits to doing this study?*

The research will not benefit them directly. We hope to learn more about how different types of personal relationships play a role in helping teenage Syrian refugees cope with stress. This could help improve refugee agencies, resettlement policies, and mental health providers. Therefore, by participating in this study your child might be helping your fellow community members.

Reimbursement

As a token of appreciation, your child will receive \$20.00 and I will sign off their community hours sheet for their Ontario Secondary School Diploma.

Confidentiality

Your child is participating in this study confidentially. I will not use their name or any information that would allow them to be identified. No one but me or you will know whether your child participated unless you or your child choose to tell them. Every effort will be made to protect their confidentiality and privacy. If they choose to disclose the name of a person during the interview, I will change the name to keep their privacy. Similarly, if I am using quotes from their interview in the study's results, I will not use their name. The audio interview files will be kept on a computer will be protected by a password and only I will have access to it. The interview will be transcribed by me, and the recordings will be kept for referencing. Also, the transcript of the audio file will be kept in a locked filing cabinet separately from the consent forms. Once the study is complete, an archive of the data, without identifying information, will be kept for 10 years. Your child is also allowed to participate in this study if they are enrolled in other research during the time of this study.

This study will use the Zoom platform to collect data, which is an externally hosted cloud-based service. A link to their privacy policy is available here: <https://zoom.us/privacy>. While the Hamilton Integrated Research Ethics Board has approved using the platform to collect data for this study, there is a small risk of a privacy breach for data collected on external servers. You will also not be able to make any unauthorized recordings of the interview. [SEP]

If you are concerned about this, I would be happy to make alternative arrangements for your child to participate, perhaps via telephone. Please talk to the researcher, Salam Zoha, if you have any concerns. [SEP]

b) Legally Required Disclosure

Although I will protect your child's privacy as outlined above, if the law requires it, I will have to reveal certain personal information (e.g., child abuse or suicidality). Please note that I have an obligation to report this as a researcher.

*What if I change my mind about being in the study?*

Your child's participation in this study is voluntary and confidential. It is your choice for them to be part of the study or not. If you decide for them to be part of the study, they can decide to stop, at any time, even after signing the consent form or part-way through the study. If you decide to withdraw, there will be no consequences to you or your child. If you want to remove your child's interview data that has been already collected, you can contact Salam Zoha at the email and phone number provided above before July 31, 2020.

*How do I find out what was learned in this study?*

I expect to have this study completed by approximately September, 2020. If you would like a brief summary of the results, please let Salam Zoha know how you would like it sent to you.

Questions about the Study

If you have questions or need more information about the study itself, please contact Salam Zoha at: 226-260-5584 or zohas@mcmaster.ca. Additionally, you can contact Dr. Elysee Nouvet at nouvete@gmail.com

This study has been reviewed by the Hamilton Integrated Research Ethics Board (HiREB). The HiREB is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the Chair, HiREB, at 905.521.2100 x 42013.

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CONSENT

I have read the information presented in the information letter about a study being conducted by Salam Zoha of McMaster University.

I have had the opportunity to ask questions about my child's involvement in this study and to receive additional details I requested.

I understand that if I agree to let my child participate in this study, I may have my child withdraw from the study at any time. I will be given a signed copy of this form. I agree for my child to participate in the study.

---

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\_\_\_\_\_  
Name of Participant (Printed)                      Signature                      Date

Consent form explained in person by:

\_\_\_\_\_  
Name and Role (Printed)                      Signature                      Date

## Appendix C: Assent Form



- 
- 
- Title of Study: The Relationships That Help Teenage Syrian Refugees Cope with Stress
  - Investigator: Salam Zoha. 226-260-5584. zohas@mcmaster.ca
  - Why are we doing this study?  
We are doing a research study about understanding how your close relationships help you deal with problems. A research study is a way to learn more about people.
  - Why am I being asked to be in the study?  
We are inviting you to be in the study because your view would help us understand better that the role close relationships play in overcoming problems.
  - What if I have questions?  
You can ask questions if you do not understand any part of the study. If you have questions later that you don't think of now, you can talk to me again or ask your parents to call me at (226)-260-5584.
  - If I am in the study what will happen to me?  
If you decide that you want to be part of this study, you will be asked to talk to me in an interview online on Zoom that can last from 1 hour to 2 hours and 30 minutes. I will ask you questions about yourself, like your age, what grade you are in, and when you came to Canada. I will also ask you about any problems that happened in the past, who was there to help you, and how you solved them.
  - Will I be hurt if I am in the study?  
There are some things about this study you should know. Since I am asking you to talk about any problems that happened in the past, you might feel a bit upset. If you do not want to answer some questions, that is fine, and we can skip them.
  - Will the study help me?  
If you are in the study it may not help you to get better or benefit you. The study may help us to understand better how close relationships are important in helping people.

- Do I have to be in this study?  
You do not have to be in this study, if you do not want to be. If you decide that you don't want to be in the study after we begin, that's OK too. Nobody will be angry or upset. We are discussing the study with your parents and we encourage you to *tell* them about it too.
- What happens after the study?  
When we are finished this study, we will write a report about what was learned. This report will not include your name or that you were in the study. If you wish to receive a copy of the report, let the interviewer know.
- Assent:  
If you decide you want to be in this study, please print/write your name. If you decide that you don't want to be in the study, even if you have started in the study, then all you have to do is tell Salam Zoha.

I, \_\_\_\_\_ (Print your name) would like to be in this research study.

\_\_\_\_\_ (Date of assent)

\_\_\_\_\_ (Name of person who obtained assent)

\_\_\_\_\_ (Signature of person who obtained assent and Date)

\_\_\_\_\_ (Local Principal Investigator name)

\_\_\_\_\_ (LPI signature and Date)

## Appendix D: Interview Guide

To get to know you a little better, let me ask you a few questions about yourself...

1. How old are you?
2. What gender do you identify as?
  - Female, male, other ... etc.
3. Who do you live with here?
  - How many siblings do you have?
  - Both parents?
  - Any other relatives?
4. What grade are you in?
5. How long have you been in Canada for?
  - Do you remember the year you arrived in Canada?
  - Do you know what your immigration status is (i.e., government assisted, privately sponsored)?

Thank you for answering those questions. I appreciate it a lot. We are now going to get into the interview, but first I will have you complete a small activity.

Now I am going to ask you to look at the paper I sent you, it is sort of like an activity sheet, please look at it carefully. I am going to ask you to think of *three* events that happened within any time in the past that were problems that stressed you out, who helped you during them, and what did you do to try to solve the problem. Once you are done thinking of those *three* events and the other details, please jot down small points about them on the activity sheet. I will give you 10 minutes to collect your thoughts and finish the sheet. Once you are done, I am going to ask you to walk me through each event and the details about them.

Please remember that whatever you share with me stays with me and no one else will know. You do not need to answer any questions that you do not want. You can also end the study whenever you want.

Let me know if you have any questions as you complete the sheet, or when you are done.

Ok, thank you for completing the activity sheet. Is it ok if we talk about the events you selected?

Tell me about Event 1.

### Stressor:

- Tell me a little more about what led up to this situation.
  - What do you think contributed to this problem?
- Why did [insert situation] bother you?
- Is this a problem that you had before?

### Social Support:

*Questions if person was selected:*

- Why did you go to [insert person selected] for help?
  - Was it easy to go ask them for help?
  - Do you normally speak to [insert person selected] about your problems?
  - Does it depend on what type of situation or problem it is for you to go to [insert person selected]?
- How did [insert person selected] react?
  - What did they say about it?
  - What did they suggest you should do?
  - Was that helpful?
  - Did you worry about how they would respond or what they might think?
- Would you have gone to someone else for help?
  - How would they react?
  - What would they say?

*Questions if no one was selected:*

- Tell me more about why you decided to keep this problem to yourself.
  - What were the thoughts that went through your mind that made you not seek support from anyone?

*Cope:*

- What did you end up doing?
  - Why did you decide to deal with this situation this way?
  - Is this a way to cope with problems you have observed in your family or community?
  - Is that a way you have found helpful in the past?
- How did you feel afterwards?

*Questions if situation did not resolve:*

- What could have helped?
- Who do you wish could have helped you in this situation?

Thank you for sharing with me. Do you want to take a break before I ask you about the next event? Do you want to continue participating with the study?

*If participant does not wish to proceed with study:* I understand. Thank you for telling me this. I will end the interview. Please send me your consent form and I will also make sure to send your compensation.

*If participant wishes to take a break before continuing:* Take your time! I will be right here. Let me know when you're ready.

*If participant wishes to continue with the study without a break:* Thank you! Let us move onto the second event.

Tell me about Event 2.

*Stressor:*

- Tell me a little more about what led up to this situation.
  - What do you think contributed to this problem?
- Why did [insert situation] bother you?

-Is this a problem that you had before?

Social Support:

*Questions if person was selected:*

- Why did you go to [insert person selected] for help?
  - Was it easy to go ask them for help?
  - Do you normally speak to [insert person selected] about your problems?
  - Does it depend on what type of situation or problem it is for you to go to [insert person selected]?
- How did [insert person selected] react?
  - What did they say about it?
  - What did they suggest you should do?
  - Was that helpful?
  - Did you worry about how they would respond or what they might think?
- Would you have gone to someone else for help?
  - How would they react?
  - What would they say?

*Questions if no one was selected:*

- Tell me more about why you decided to keep this problem to yourself.
  - What were the thoughts that went through your mind that made you not seek support from anyone?

Cope:

- What did you end up doing?
  - Why did you decide to deal with this situation this way?
  - Is this a way to cope with problems you have observed in your family or community?
  - Is that a way you have found helpful in the past?
- How did you feel afterwards?

*Questions if situation did not resolve:*

- What could have helped?
- Who do you wish could have helped you in this situation?

Thank you for sharing with me. Do you want to take a break before I ask you about the next event? Do you want to continue participating with the study?

*If participant does not wish to proceed with study:* I understand. Thank you for telling me this. I will end the interview. Please send me your consent form and I will also make sure to send your compensation.

*If participant wishes to take a break before continuing:* Take your time! I will be right here. Let me know when you're ready.

*If participant wishes to continue with the study without a break:* Thank you! Let us move onto the second event.

Tell me about Event 3.

Stressor:

- Tell me a little more about what led up to this situation.
  - What do you think contributed to this problem?
- Why did [insert situation] bother you?
- Is this a problem that you had before?

Social Support:

*Questions if person was selected:*

- Why did you go to [insert person selected] for help?
  - Was it easy to go ask them for help?
  - Do you normally speak to [insert person selected] about your problems?
  - Does it depend on what type of situation or problem it is for you to go to [insert person selected]?
- How did [insert person selected] react?
  - What did they say about it?
  - What did they suggest you should do?
  - Was that helpful?
  - Did you worry about how they would respond or what they might think?
- Would you have gone to someone else for help?
  - How would they react?
  - What would they say?

*Questions if no one was selected:*

- Tell me more about why you decided to keep this problem to yourself.
  - What were the thoughts that went through your mind that made you not seek support from anyone?

Cope:

- What did you end up doing?
  - Why did you decide to deal with this situation this way?
  - Is this a way to cope with problems you have observed in your family or community?
  - Is that a way you have found helpful in the past?
- How did you feel afterwards?

*Questions if situation did not resolve:*

- What could have helped?
- Who do you wish could have helped you in this situation?

Thank you for sharing with me. We are almost done the interview. Do you want to continue participating with the study?

*If participant does not wish to proceed with study:* I understand. Thank you for telling me this. I will end the interview. Please send me your consent form and I will also make sure to send your compensation.

*If participant wishes to continue with the study:* Thank you!

We are now at the end of the interview. However, is there is anything else you would like to share in order to help me learn about your experiences better?

Thank you for participating in this study. I value the time that we spent together today and also sharing your experiences about the events. I appreciate your participation. Could you please send me your consent form and activity sheet? I will also follow up with your compensation. Again, thank you so much!

**Appendix E: Capture Sheet**

	Event 1	Event 2	Event 3
What made you stressed?			
Who helped you?			
What did you do?			

## Appendix F: Study Flyer



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### **Are you a teenage Syrian refugee who is...**

- ▶ between the ages of **13 to 18**?
- ▶ comfortable having a conversation in English?
- ▶ came to Canada less than **3 years ago**?
- ▶ living with your parents?
- ▶ going to secondary school?
- ▶ living in Ontario?

### **If **YES** to all. You are invited to participate on a study!**

- You will be asked to partake in an interview about how your close relationships helped you overcome problems.
- The interviews will be done through Zoom.
- As a token of appreciation, you will get \$20.00 and your high school community hours signed off!

**If you are interested, please contact Salam Zoha  
at:**

**zohas@mcmaster.ca**

**226-260-5584**



This study has been reviewed by the Hamilton Integrated Research Ethics Board under Project 10596

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## **Appendix G: Email and Phone Scripts**

E-mail response:

Hello!

Thank you so much for showing interest in my study and reaching out to me. I am a student in the Global Health Master's program at McMaster University.

The study I am leading is on understanding the experiences of how teenage Syrian refugees use their social support systems to cope with stress. I looking to interview a number of adolescents in the area about this. You must be within the ages of 13 to 18, be attending secondary school, live with your family, live in Ontario, and be comfortable conversing in English. Participation is voluntary. Interviews will be conducted by myself and will last approximately from one hour to two hours and 30 minutes. I will digitally record these to analyze them for key patterns and points over the following months. The results of this study will be available online if you are interested.

Do you think you might be interested in participating in this study? If you think you might be interested, please let me know and we can set up a time to call. I will be able to answer any questions that way, there is a consent form for participants to sign, and if you are still comfortable at that point, we can do the interview. The interviews will be conducted online through Zoom.

If you're under the age of 16, you have to let your parents know about this study because they have to sign off on the consent form as well. However, I just want you to know that everything that you share with me will stay with me and I will not tell anyone to maintain your confidentiality and privacy. I would be happy to answer any questions or concerns you might have about what the study is or the interview.

Thank you so much for your interest!

You can contact me again through my e-mail or call me at 226-260-5584.

Telephone script:

Hello!

Thank you so much for showing interest in my study and reaching out to me. I am a student in the Global Health Master's program at McMaster University.

The study I am leading is on understanding the experiences of how teenage Syrian refugees use their social support systems to cope with stress. I looking to interview a number of adolescents in

the area about this. You must be within the ages of 13 to 18, be attending secondary school, live with your family, live in Ontario, and be comfortable conversing in English. Participation is voluntary. Interviews will be conducted by myself and will last approximately an hour to two hours and 30 minutes. I will digitally record these to analyze them for key patterns and points over the following months. The results of this study will be available online if you are interested.

Do you think you might be interested in participating in this study? If you think you might be interested, please let me know and we can set up a time to call. I will be able to answer any questions that way, there is a consent form for participants to sign, and if you are still comfortable at that point, we can do the interview. The interviews will be conducted online through Zoom.

If you're under the age of 16, you have to let your parents know about this study because they have to sign off on the consent form as well. However, I just want you to know that everything that you share with me will stay with me and I will not tell anyone to maintain your confidentiality and privacy. I would be happy to answer any questions or concerns you might have about what the study is or the interview.

You can contact me again through my number e-mail which is [zohas@mcmaster.ca](mailto:zohas@mcmaster.ca).

## Appendix H: Resource Sheet

	What is offered?	How to contact?
<b>Kids Help Phone</b>	Kids Help Phone is Canada's only 24/7, national support service. We offer professional counselling, information and referrals and volunteer-led, text-based support to young people in both English and French.	<ul style="list-style-type: none"> <li>• 1-800-668-6868</li> <li>• Text: CONNECT to 686868</li> </ul>
<b>COAST Hamilton</b>	Provides services to people experiencing a crisis related to mental health and addictions. COAST is a unique partnership between mental health professionals from St. Joseph's Healthcare Hamilton and specially trained police officers from Hamilton Police Service. Available 24 hours a day.	<ul style="list-style-type: none"> <li>• 905-972-8338</li> <li>• Toll-free: 1-844-972-8338</li> </ul>
<b>Barrett Centre for Crisis Support</b>	Provides a safe environment in the community and responds to the needs of individuals, 16 years of age or older, who experience a mental health crisis and do not require a hospital stay. We provide confidential and free services 24 hours a day, 365 days a year.	<ul style="list-style-type: none"> <li>• 905-529-7878</li> <li>• Toll-free: 1-844-777-3571</li> </ul>
<b>Catholic Family Services</b>	A nonprofit, multi-service agency offering services to anyone in need regardless of faith, race, ethnicity, economic status, or sexual orientation.	<ul style="list-style-type: none"> <li>• 905-527-3823</li> <li>• 460 Main Street East, Unit 404 Hamilton, ON L8N 1K4</li> </ul>
<b>Youth Wellness Centre</b>	St. Joseph's Healthcare Hamilton's Youth Wellness Centre is a unique service that provides expert mental health care by appointment including counselling, support, and navigation services for young people aged 17 to 25. This service is covered by OHIP and confidential.	<ul style="list-style-type: none"> <li>• 905-522-1155 ext. 31725</li> <li>• St. Joseph's Healthcare Hamilton's Youth Wellness Centre 2nd Floor, 38 James Street South, Hamilton, ON L8P 4W6</li> </ul>