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ADVOCATING MULTI-DISCIPLINARITY IN STUDYING COMPLEX EMERGENCIES: THE LIMITATIONS OF A PSYCHOLOGICAL APPROACH TO UNDERSTANDING HOW YOUNG PEOPLE COPE WITH PROLONGED CONFLICT IN GAZA

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Summary. The paper looks at the limitations and strengths of using the A-cope questionnaire for measuring strategies for coping with prolonged conflict by Palestinian young people in Gaza. The scale was administered to young people between the ages of 8 and 17. The results show some gender differences in coping strategies. However, some items on the subscales are not relevant for Muslim societies or societies in situations of prolonged conflict. The authors suggest that combining an anthropological contextual perspective and qualitative data with psychological instruments is an effective way of addressing the limitations of using a single quantitative method of assessment in non-Western complex social and cultural settings.

Introduction

This paper examines to what extent psychological scales of mental well-being are generalizable in different non-Western social and cultural settings. The limitations of using these scales in different cultural settings are discussed and it is argued that some of the limitations can be addressed through adopting a more contextual anthropological approach alongside the use of the psychological scales. The particular scale used as a vehicle for this discussion is the A-cope questionnaire.

This paper is drawn from primary data gathered in Gaza as part of a regional study funded by the Andrew H. Mellon Foundation exploring how Palestinian children and youth and their households cope with the effects of prolonged conflict and forced migration (Chatty & Lewando Hundt, 2002, 2004, in press). The study was interdisciplinary in approach with researchers from the fields of anthropology,

education, political science, public health and psychiatry. There was a core theoretical framework and research methodology but each country team developed additional variations. The use of the A-cope questionnaire was part of the data collection only in the Gaza setting.

Nearly all psychiatric and psychological research employs concepts that are based on Western ideas of pathology. These often do not correspond to local illness taxonomies and classifications (Kleinman, 1978, 1980; Young, 1982; Scrimshaw & Hurtado, 1988). Furthermore, Kleinman has identified clear differences between lay and professional taxonomies (Kleinman, 1986). Somatization – the cultural patterning of psychological and social disorders into a language of distress of mainly physical symptoms and signs – is a serious problem encountered by mental health professionals in making psychiatric diagnoses when working in different societies and cultures. The use of Western diagnostic criteria and scales developed using professional disease classification may, therefore, be conceptually at variance with local and indigenous classifications. Scales for measurement, family well-being and stress management indexes (Langner, 1962; Goldberg, 1978; Brodzinsky *et al.*, 1989; McCubbin & Thompson, 1991) are also liable to the same criticism, even when validated cross-culturally.

More recent work on the history of social construction and use of the diagnostic category of Post-Traumatic Stress Disorder (PTSD) (Young, 1995; Bracken, 1998) examines how this is socially constructed within Western psychiatry and assumed to be new and universal. Scales to measure the incidence of PTSD in Gaza have been used and reported on recently (Thabet *et al.*, 2002).

The methods used in much research in the domain of psychology and psychiatry also present some difficulties, since they limit the extent to which mental health can be conceptualized in the surrounding culture and society. For example, early exploratory discussions with researchers in Gaza working on funded research led by an overseas academic revealed some confusion among the fieldworkers regarding their findings. The results of their questionnaires with children and adolescents trying to establish a hierarchy of fears among this cohort showed a strong community-centric focus to their worries rather than the anticipated ego-centric focus, as would be the case in Europe or North America. Such findings could only be understood by bringing into the analysis the wider cultural context of Palestinian family and community cohesion. Recent research in the psycho-social field, particularly amongst practitioners, is beginning to incorporate qualitative methods into its work (MacMullin & Oudeh, 1999).

In Western societies, coping strategies are often connected to the individualistic approach, where the individuals can seek help through professional channels, such as counselling. In comparison, within the context of developing countries the coping approach is more collective. Individuals are part of the community and they resolve their problems and get their support within community networks, since professional assistance is rarely available. Thus, in developing countries, the support of the family and certain groups in the community may be more vital than professional counselling. Additionally there has been a body of work by anthropologists who have argued that Western conceptions of childhood and grieving cannot be generalized but require careful contextualization within the

particular settings (Allen, 1989; Sheper Hughes, 1989; Eisenbruch, 1991; Boyden, 1994).

Gaza and the West Bank have faced extensive periods of active conflict with the Israeli army and settlers as well as some minor confrontations with the Palestinian National Authority. There have been some psychological and psychiatric studies of the children in this area (Abu Hein *et al.*, 1993; Baker, 1990, 1991; Punamaki, 1990, 1997; Qouta, 1995; Thabet *et al.*, 2002), which indicate a high prevalence of PTSD amongst children and families owing to living with prolonged conflict. In the context of Palestinian refugee children, the psycho-social or developmental psychology approach holds sway, and the authors of this paper argue that further effort is required in order to effectively contextualize and thus validate research findings.

Setting and population

The creation of Israel in May 1948 led to the displacement and forced migration of Palestinians to the Gaza Strip and elsewhere. Within a very short time, after the creation of the state of Israel, 250,000 Palestinian refugees fled their homes to the Gaza Strip. The population of the Gaza Strip tripled almost overnight, and the internal dynamics of the territory were transformed forever. In 1991, there were 789,444 registered refugees in the Gaza Strip; and the total refugee population currently makes up at least 63% of the general population (UNRWA, 1999). More than half of the refugee population (55%) live in overcrowded refugee camps and the remaining 45% are in villages and towns. UNRWA is the main provider for education, health and relief services for refugees living in and outside the refugee camps (UNRWA, 1999). Unemployment is high as job opportunities in the Gaza Strip are limited, as is access to work in Israel. Many refugees live in overcrowded housing and neighbourhoods and unsanitary conditions. Despite the difficult living conditions, currently many refugee camps have developed and organized significant local activities, which are often supported by UNRWA, NGOs and/or government sectors. Health and educational provision is also provided by the Palestinian Authority in the towns and villages.

Gaza City is an ancient port on the Mediterranean that was vital as a gateway to Europe for spices from the Arabian peninsular. This narrow strip of land has a long history of invading armies and occupiers including the Philistines and Napoleon. It was administered by the Turks within the Ottoman Empire until 1918, then by the British until 1948 and subsequently by an Egyptian administration until 1967. It was then under military occupation by Israel until 1994. During the years of the Israeli occupation, the Palestinian economy was very dependent on the economy of Israel. In December 1987 when four residents of Gaza were killed in a traffic accident involving an Israeli military vehicle in Jebalia camp, civilian protests over the deaths quickly escalated into mass demonstrations. Within a week, the protests had spread to all of the Gaza Strip and the West Bank, and were being referred to as the *Intifada* (Uprising). The *Intifada* lasted for 7 years. It ended with the signing of the Oslo accords, the partial withdrawal of the Israeli military from areas of the West Bank

and Gaza Strip and the handing over of the administration to the Palestinian Authority in 1994.

In 2000, a new period of political instability and conflict arose with the outbreak of the Palestinian *Intifadat Al-Aqsa* in September of that year. The internal chaos within the Palestinian territories, accompanied by Israeli military strikes against Palestinian areas, resulted in major damage to the Palestinian economy and administrative structures. There have been widespread closures of businesses, high levels of unemployment and a sharp drop in GDP. This situation is ongoing at the time of writing.

Methods

The study population comprised Palestinian refugee families living in the Gaza Strip. The regional study was co-ordinated by researchers from the UK (Chatty & Lewando Hundt, 2002) but carried out by five research teams based in Jordan, Syria, Lebanon, the West Bank and Gaza. Ethical permission was obtained from an Ethics Committee at the University of Oxford and informed consent was requested from every household in the study.

The Gaza team worked in three refugee camps (El Bureij, Khan Yunis and Beach camps) and two urban areas (Elzaytoun and El Sheikh Radwan area in Gaza City). The criteria for selection of these areas were ease of access in terms of being close to the homes or workplaces of the researchers and areas both within and outside of camps where refugee families lived.

A purposive sample of 20 households was selected according to two criteria: firstly, children ranging in age from pre-school to 20 years old; and secondly, grandparents who were more than 11 years old when they left their homes in 1948. Fifteen of these families were living inside the camps and five families were living outside the camps. Two social workers, one male and one female, conducted the household interviews and a female nurse took notes on some occasions. Semi-structured interviews based on a topic list were held with members of different generations within the household. On the whole three visits took place to each household. On the first visit, the experiences of the grandparents were elicited, and on subsequent visits, those of the parents and children. The women and girls in the household were interviewed separately from male family members. Detailed notes were written of the interviews within twenty-four hours of the interview.

Six focus group interviews took place with the children and young people aged 8–18 from these households. There were separate group interviews for boys and girls, three of each type consisting of 6–10 children. The same researchers conducted the focus groups. Boys were interviewed by the male social worker, while girls were interviewed by the female social worker with the female nurse. In addition, 154 children from these households ranging from 8 to 18 years of age filled in the A-Cope questionnaire: 73 girls (53%) and 81 boys (47%). SPSS for windows version 8 was used to analyse the quantitative data (A-Cope questionnaire).

The Adolescents Coping Orientation for Problem Experiences (A-Cope question-naire; Patterson & McCubbin, 1987) is a self-report questionnaire consisting of 54

specific coping behaviours that adolescents may use to manage and adapt to stressful situations. Subjects reported on a 5-point scale (1=never; 5=most of the time) to indicate how often they use each coping strategy when feeling tense or facing a problem or difficulty. Patterson & McCubbin (1987) used factor analyses for the A-cope questionnaire and reported twelve subscales, and reported that coefficients for these scales ranged from 0·50 to 0·76, with a median of 0·72. In another study (Randall & Jerome, 1990) the a coefficients ranged from 0·45 to 0·92, with a median of 0·76. In this research, the split half-reliability technique of the scale was high (r=0·78). Internal consistency of the scale, calculated using Chronbach's alpha, was also high (a=0·81).

Results

Table 1 shows the demographic characteristics of the 154 children and young people and their families who were included in the research sample. The mean age of children was 14·5 years. Seventy-one per cent were 15 years or less and 28·6% were over 15 years. The sample was distributed nearly equally between the three locations. Large families are the norm, so the vast majority of the sample (75%) had more than four children. Household income was low as more than half of the sample said that their monthly income was less than US$350. It is important to mention that they might have additional sources of income from other family members that they did not declare. Since the time of data collection unemployment and hardship in Gaza has increased owing to the continuing conflict.

Illiteracy levels were similar for mothers and fathers. However, fathers had higher educational levels than mothers in terms of completing secondary and tertiary level education. The vast majority of women (80%) worked as housewives, whereas more than two-thirds (42%) of the men were labourers and one-third were employees.

The A-Cope questionnaire

There were a range of coping strategies that emerged from the use of the A-Cope Questionnaire (Patterson & McCubbin, 1987). For the purpose of this discussion on gender variation, individual percentages are grouped within the subscale headings. As there is some overlap within these twelve subscales, a few of them have been combined so that there are six groupings and the headings clearly show this. The discussion focuses on a review of the gender variation and no statistical analysis on the subscales is used. The percentages are presented in Table 2, and refer to strategies used always or often.

Engaging in demanding activity and developing self-reliance and optimism. Girls were more studious than boys, and more focused on improving themselves and thinking about the good things in their lives. The boys had a sense of self-reliance and more of them felt that they could cope by figuring out problems on their own and trying to organize their lives.

Developing social support and investing in close friendships. Both boys and girls helped other people but boys were more reliant on peer support and girls got more involved with school activities.

Table 1. Demographic characteristics of children and young people sample ($n=154$)

Demographic characteristics	Main features	Frequency (no. people)	Percentage
Gender	Male	81	53
	Female	73	47
Age	≤15 years	110	71
	>15 years	44	29
Location	Gaza	55	36
	Middle area	50	32
	South area	49	32
Family size (no. people in family)	1–4	39	26
	5–7	62	41
	8+	52	34
Household income (US$)	<350	90	59
	351–750	40	26
	>750	24	15
Fathers' educational level	Uneducated	6	4
	Primary	47	31
	Secondary	27	18
	Higher degree	74	48
Mothers' educational level	Uneducated	8	5
	Primary	46	30
	Secondary	63	41
	High degree	37	24
Fathers' occupation	Unemployed	19	12
	Labourer	65	42
	Employee	53	35
	Other	17	11
Mothers' occupation	Housewife	123	80
	Unskilled worker	3	2
	Employee	24	15
	Other	4	3

Solving problems within the family. No gender differences were observed in terms of talking with mothers and fathers or siblings, other than boys having a preference to talk with their mothers and girls reporting that they obeyed parental rules more than boys did.

Seeking diversions and relaxing. Boys had more relaxation outside the home, being more likely to frequently go shopping, ride in a car or take exercise. The only two activities that were reportedly undertaken to a similar extent were watching TV and listening to music. Girls reported eating and sleeping more, playing video games and having fewer hobbies.

Using drugs. The issue of drug use is confusing since it is not clear if the use of non-prescribed drugs refers to illegal drugs or those obtained over the counter. The

Table 2. Results of the A-Cope questionnaire: coping strategies used by boys and girls in the Gaza Strip

Coping strategy	Items	Girls (%)	Boys (%)
Engaging in demanding activity and developing self-reliance and optimism*	Improving oneself	83	71
	Working hard at school	65	55
	Figure out problems by self	38	59
	Organize own life	49	55
	Work harder/get a job	29	30
	Think of good things	67	50
	Try to make own decisions	33	51
Developing social support and investing in close friendships*	Helping others solve problems	42	41
	Talk with friends about feelings	14	24
	Be with friends	12	50
	Keep up friendships	57	46
	Be close to someone	39	45
	Get more involved in school activities	54	29
Solving problems within the family	Talking to mother	19	29
	Talking to father	19	20
	Doing things with family	51	51
	Going along with parents and rules	62	51
	Reasoning with parents	34	34
	Talking with siblings	17	15
Seeking diversions and relaxing*	Reading	29	21
	Going shopping	10	26
	Playing video games	10	22
	Eating	45	30
	Sleeping	44	30
	Working on hobby	32	46
	Strenuous physical activity	10	28
	Listening to music	33	32
	Riding around in a car	9	26
	Watching TV	49	32
	Going to a movie	9	16
Using prescribed and non-prescribed drugs	Use prescribed drugs	26	20
	Use non-prescribed drugs	1·4	17
Venting feelings and being humorous*	Swearing	7	22
	Complaining to family	12	25
	Saying mean things	54	53
	Saying nice things	49	55
	Crying	28	29

Table 2. *Continued*

Coping strategy	Items	Girls (%)	Boys (%)
Venting feelings and being humorous* *continued*	Being angry and yelling	15	22
	Blaming others	17	36
	Apologizing	39	34
	Complaining to friends	42	42
	Joking	45	34
	Trying to be funny	19	24
Avoiding problems	Staying away from home	3	26
	Using alcohol	0	0
	Smoking	4	12
	Telling oneself that the problem not important	13	15
	Daydreaming	17	26
Seeking spiritual support and professional support*	Praying	67	51
	Talking to a religious person	23	21
	Going to the mosque	21	42
	Talking to a teacher	13	17
	Getting professional counselling	4	11

*Combined subscales.

use of prescribed drugs is high in Gaza and many drugs are available over the counter and are purchased by boys or young men for other members of the family.

   Venting feelings and being humorous. In terms of expressive behaviour, both boys and girls complained to their friends, cried and said mean and nice things equally. They both reported using humour. However, boys were more likely to get angry, yell, swear or complain to their families and girls tended to apologize more as a coping mechanism.

   Avoiding problems. There was little smoking or drinking of alcohol, as one would expect in this culture. Girls could not use staying away from home as a coping mechanism whilst boys could, and both used daydreaming or denying the importance of a problem, but the boys did to a greater extent.

   Seeking spiritual and professional support. Boys and girls prayed and talked to religious persons but boys attended the mosque more frequently and girls reported praying as a frequent coping mechanism in higher numbers than boys. The boys also reported talking with teachers and using professional counselling more than the girls do.

Focus group interviews

   The main coping strategies of the qualitative interviews are summarized in Fig. 1. Although quantitative questionnaires enable standardized data to be collected and
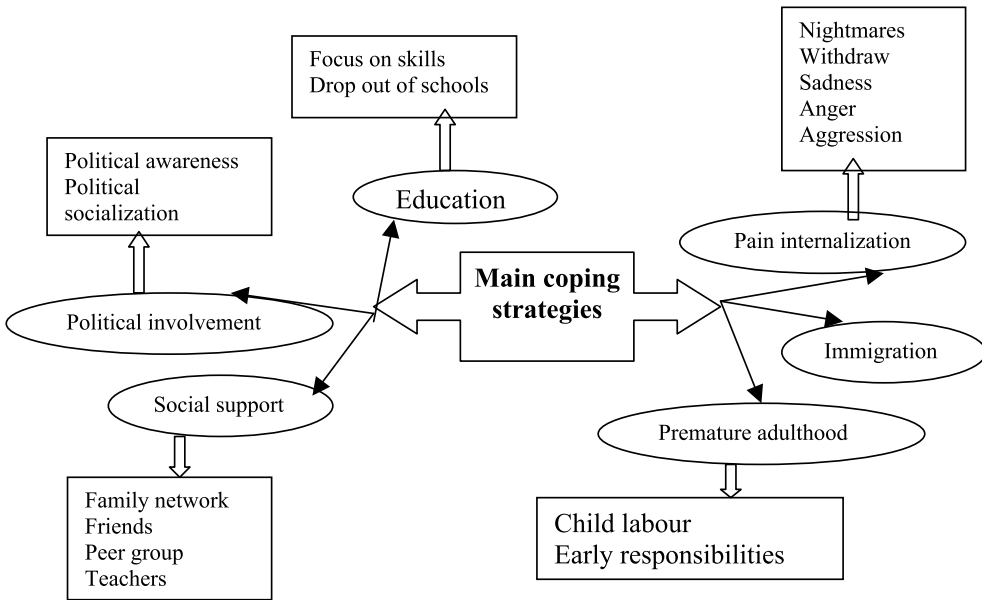
Fig. 1. Coping strategies among young Palestinian refugees in the Gaza Strip.

compared between different settings and societies, they nevertheless represent a data set of self-reported individual responses that are not contextualized within the household or wider society. In addition, a standardized instrument does not allow for the recording of local knowledge and mechanisms for coping with situations of political conflict. These shortcomings can be addressed to a certain extent if they are combined with qualitative data either in the form of semi-structured interviews, narratives or participant observation so that local unheard voices can be heard.

For example, the understanding of PTSD is better understood when placed within the experience of family members of different generations. Repeated intergenerational trauma was one of the recurrent aspects of the narratives collected in this study on the experiences of forced migration of each generation. Children heard stories describing the traumatic experiences of their grandparents (the first generation). They also had witnessed or suffered a wide range of traumatic experiences, especially during the years of the first and current *Intifada*, such as the killing of a friend or a close relative. Many witnessed members of their families being killed or injured and their houses being raided by soldiers and their neighbourhoods being under military curfews. As one said:

> Israeli soldiers beat my friend and placed him in a dustbin. A few weeks ago, I went to buy medicine from a nearby pharmacy, the army caught me, they beat me and put me in a dustbin. I was terrified, and now I avoid the army. (Teenage boy)

Many young people saw incidents of death and they felt helpless as they could not do anything to help their dying friend, which was very frustrating. Islam remembered her experience of her classmate's death as:

> A few weeks ago, the Israeli soldiers conducted raids in my neighbourhood; they beat many boys and threw tear gas bombs. They shot my classmate. I saw him lying on the ground. I saw the shooting and killing of the son of neighbours. I could not do anything for him. I cried. The Israeli army entered my home and beat my father and my brothers in front of me. (Teenage girl)

Stress and anxiety were reflected clearly in the responses of many interviewees. Stress occurred as a result of the uncertainty of facing the unknown and not knowing what the future would hold. The uncertainty caused by political conflict increased stress, anxiety and unhappiness for many people. Furthermore, living in overcrowded camps was reported as increasing stress and anxiety. Lack of personal space might lead to tension between family members that might lead to aggression. For instance, many young people complained that their fathers were often nervous, irritable, did not listen to their opinions, and were too busy earning a living. As one said:

> My father did not love my brothers or me, and he treated us as servants. He just wanted people to know how his sons were strong and had established themselves without any help. I feel I am not my own person but the son of X. I accept my father's authority, but not my mother's. I cannot talk to my father, only to my mother, because father is nervous and aggressive. Being around my father is very stressful. (Teenage boy)

Stress was not only related to incidents experienced directly but also to the impact of television coverage and the involvement of friends and acquaintances in violence and fatalities. Many girls reported feelings of sadness and grief. Two girls expressed this as follows:

> One day, I was watching the television showing painful pictures caused by the Israeli military forces; suddenly, our telephone rang, my mother answered, she became silent and looked sad. We hesitated to ask her what happened. She told us that our friend and three other people were killed while trying to remove a suspected parcel. We were speechless, felt the size of the catastrophe and started crying in silence. Next day I went to school and could not concentrate on my lessons. I sat on the floor and started weeping. One of my teachers noticed and asked me 'Why was I upset?'. When I told her the reasons for my sadness, she said 'Don't be sad, he is not the first martyr'. I went home sad. I felt better when I remembered that a martyr is God's favourite. I still remember that painful incident and I will never be able to remove it from my memory. (Teenage girl)

> I saw some painful and sad pictures on TV that made me sad, irritable and weepy. I saw destroyed houses, displaced women and children, burned land and uprooted trees. If I wrote down what I have seen the pages of all the papers in the whole world would not be enough. I feel speechless, because such people lack sympathy and sensitivity….(Teenage girl)

Discussion

The results of the A-Cope questionnaire show that boys and girls share the most common coping strategies (50% and over) that relate to self-reliance and optimism. Boys and girls choose to engage in activities that are demanding of themselves and within their control, such as getting their bodies in shape and getting better marks at school. Both girls and boys explore ways to figure out how to deal with problems or tensions on their own. Studying hard at school is clearly an important coping strategy for these young people, as it is for Palestinian young people in other areas (Alzaroo & Hundt, 2003).

Girls were more likely to use coping strategies that involved social interaction and support close to home. These findings fit in with traditional Palestinian society's expectations of both males and females. They also fit with the educational expectations as many people invest in education, seeing it as a way out of poverty.

Girls used religious activity more commonly, by praying at home. But due to cultural factors the boys were praying in mosques more than the girls and the boys reported seeking advice from religious persons more than girls. This is also expected as boys more than girls have the freedom to mix with people outside their households.

Using avoidance behaviours such as drinking beer or alcohol or using drugs were the least used coping strategies. These behaviours are prohibited within the society in general and it is difficult to evaluate self-reported use rather than actual behaviours. The finding that girls used prescribed drugs more than the boys seems to indicate that they would seek medical help either through seeing a physician or buying directly from pharmacies. This would fit an explanation of the somatization of distress that is often used as a means of expressing distress by people who have little power and therefore often used by women or children. In Gaza a very wide range of drugs is available over the counter in pharmacies and there is a high utilization of drugs bought over the counter or prescribed in clinics (Beckerleg *et al.*, 1999).

In using leisure activities as a means of coping with stress, girls watch TV more than boys, both will listen to music, twice as many boys as girls will play video games and pinball and boys read more than girls. This is also expected in a society where girls have to help with the housework while boys have more free time to do other activities.

The outcomes show that boys have more relaxation outside the home as this is more socially acceptable: they are more likely to frequently go shopping, ride in a car, go to a movie or take exercise. The only two activities that are done to a similar extent are watching TV and listening to music. Girls eat and sleep more, play video games and take up their hobbies less often. This may reflect not only less social activity outside the home but also that they are busier in the home with domestic activities helping their mothers and sisters.

As for expressive behaviour, both boys and girls complain to their friends, cry and say mean and nice things equally. They also both use humour. However, boys are more likely to get angry, yell or swear, and complain to their families; girls tend to apologize more as a coping mechanism. This would seem to indicate that boys could be more expressive in terms of negative emotions in assertive ways.

Girls cannot use staying away from home as a coping mechanism whilst boys can, and both use daydreaming or denying the importance of a problem, but the boys do to a greater extent. Both boys and girls pray and talk to religious persons, but boys attend the mosque more frequently and girls report praying more frequently than boys. This is a cultural pattern: men attend the mosque more regularly than women and women pray more often solely within the home. The boys also reported talking with teachers and using professional counselling more than the girls do, which reflects perhaps a pattern of coping that is more focused on life outside the home.

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to help with the housework while boys have more free time to be encouraged in social and entertainment activities. These results can be compared with those of the Patterson & McCubbin (1987): their study of 709 adolescents showed that the most frequent coping patterns were relaxing, social supports, investing in a friend, and developing self-reliance.

Palestinian children and young people engage in demanding activity to overcome their stressful situations: they work hard to get high school marks, to develop self-reliance and fulfil parental expectations. Some researchers, such as Seiffge-Krenke (1993), have also documented striking gender differences in the use of coping strategies. Regardless of the type of problem, girls address problems immediately, talk about them frequently with significant others and usually try to solve the conflict with the person concerned. Boys, on the other hand, seem to tackle problems when these are imminently present, but do not put themselves under pressure as much as girls do. However, others, like Compas *et al.* (1988), found no gender differences in coping strategies.

Cultural limitations to the interpretation of instrument findings

The A-Cope questionnaire instrument was created, and is often used, within Western societies. There are general limitations to this instrument when used in non-Western settings, as well as particular limitations to the way in which it was used in this study where prolonged conflict is a part of life. There are several items in the A-Cope questionnaire instrument that are irrelevant in an Arab, primarily Muslim setting; those that obtained high scores in the 'never' or 'hardly ever' category amongst both boys and girls. They reflect the social realities and norms in Arab societies or in Gaza currently. An example of a coping mechanism that would fit this category would be the use of alcohol, which 97% of girls and 92% of boys reported never or hardly ever using. Alcohol is not available in Gaza in public places and is only used by a small minority. Its use would be covert, discreet or more prevalent amongst Christian families who are a minority in Gaza.

Other items found to be inappropriate for daily life in Gaza at the time of conducting the research included: going to a movie (there were no cinemas); getting professional counselling (this is very limited); going shopping for things you like (high levels of unemployment mean that shopping is often limited to the basic necessities); using non-prescribed drugs (it was not clear if this item referred to illegal drugs or over-the-counter drugs and a large array of drugs are available over the counter).

Additionally, the age of children who filled in this instrument ranged from 8 to 17 years. Compas (1988) and Seiffge-Krenke (1993) have reported that the coping mechanisms that young people use vary with age. This limits the generalizations one can make from these data.

Psychological instruments such as the A-Cope questionnaire yield data from individuals whose responses become socially constructed statistical artefacts that do not adequately reflect the social and cultural context of their lives (Ahearn, 2002). However, when qualitative data such as household intergenerational narratives as gathered in this study are combined with the quantitative data, these individually reported coping strategies are then contextualized within the wider historical

experience and day-to-day realities of families' lives. For example, an activity such as watching television could be categorized as a leisure activity but experienced as a source of stress when watching media coverage of the conflict.

In addition, the use of a standardized instrument on coping mechanisms does not distinguish between different forms of violence. Political violence is between groups and is collective, as for example seen on television or experienced when under curfew, whereas inter-personal violence involves individuals known to each other such as peers at school, teachers and family members. These distinctions become possible when using qualitative data.

Through using multiple multidisciplinary approaches, triangulation is achieved, and it is argued that a deeper, more contextual understanding of coping with prolonged conflict can be developed. Rather than looking at the pathology that develops in situations of conflict and forced migration by administering standardized instruments, it would seem more appropriate to adopt a holistic approach. This would place the findings of the psychological instruments within qualitative data, which look at the wider context of young peoples' lives. The resilient coping of these young people is extraordinary but not captured adequately by a standard psychological instrument which objectifies and decontexualizes their lives. Neither do instruments of this type capture the texture of the day-to-day suffering and courage of these young people and their families.

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