Coping strategies of internal refugees in Baku, Azerbaijan

A qualitative field study

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Abstract

This paper explores how internal refugees living in Baku, from the area of Nagorno-karabakh, have coped with trauma during the waiting period of returning to their home regions. Also including how they have dealt with the waiting period itself and not just their trauma. Results were reached using a qualitative research method in the form of interviewing 10 Internal refugees. The data was later analyzed through the transactional coping theory. All participants of the study used hope of returning to their home regions, helping- and talking to each other about their problems. Other coping strategies employed were patience, withdrawal, work and visiting graves. They have used both approach- and avoidant styles of coping. Avoidant styles of coping were more common in dealing with their trauma, while approach styles of coping was common in dealing with stressors of everyday life as a internal refugee. There were also differing attitudes towards the idea of receiving mental health services where the majority would not use them. Instead all internal refugees desired to return home.

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Abbreviations:

IDP – Internally displaced person

NGO- non-governmental organizations

UNHCR - United Nations High Commissioner for Refugees

BUTA – Humanitarian childrens foundation

UMID – Umid humanitarian and social support center

WHO – World Health Organization

Homelands – The reference to homelands is used often within the text. This refers to their places of origin. The places in Nagorno-karabakh where they lived before becoming an IDP.

1. Introduction and background

This study is based on a two month field study in Baku, Azerbaijan, regarding coping strategies used by Internally Displaced Persons (IDPs) residing within and around Baku.

During the time of the Soviet-Union, the Nagorno-Karabakh area, located between Armenia and Azerbaijan (at the time belonging to the latter), became an area of conflict as the Armenians declared that they wanted Nagorno-Karabakh to become the ownership of Armenia (see Illustration 1 in the Appendix). The conflict intensified between 1988 -1994 in military violence where 30,000 people died and 700,000 persons from the Nagorno-Karabakh region became internally displaced persons (IDPs), meaning that they became refugees within their own country, unable to return to their native lands (IDMC, 2009). Many were forced to leave without necessary documentation. They had also witnessed loved ones killed and had been tortured themselves, running from open violence (HRWF, 2011). A ceasefire contract was reached in 1994 but the conflict still remains unresolved (CIA, 2004). Until this day, the area of Nagorno-Karabakh is occupied by strict Armenian rule. This means that if IDPs attempt to go to visit their homes they risk being shot or killed by landmines (HRWF, 2011). Today there are around 580,000 IDPs where the majority live in and around Baku, and Sumgayit. A large number of IDPs also live in other parts of the country, such as the central-southern route of Fuzuli, Aghdam, Agiabedi, Barda, Mingechevir, Gania, the northern route of Shamakhi, Ismailli, Gabala, Sheki and the southern route of Sabirabad, Saati, Imishli, Beylagan. These areas consist of both rural and urban regions. Since the conflict began, these IDP's have waited approximately 16 years in refugee living, where there can be up to 4 generations of IDPs living in the same placement (UHNCR, 2009). This means that they have now waited for approximatly 21 years to date.

The people of Azerbaijan, after having received independence in 1991, are still developing their country. Professional social work institutions have been established, however, much focus uptill now has been placed on material needs such as; decreasing the price of healthcare, creating legal rights for paperless IDPs and offering access to education (Norwegian Refugee Council, 2008). Help organizations still provide food for the IDPs (UHNCR, 2009). The offering of tangible services has also been a priority. For example, in 2007 all IDP refugee camps in Azerbaijan were torn down and replaced with newly renovated, permanent infrastructure. However, problems

still exist. There are many IDPs that still live in underdeveloped factory buildings residing in unsafe rural areas, far away from government services (ibid). A comparative field study was performed by the Brookings Institution and London School of Economics Project on Internal Displacement (Gureyeva, Aliyeva and Huseynov, 2011). The study found that those living in urban areas have been able to carve their own livelihoods in alignment with that of their previous regions. Thus IDPs, in some geographical regions, remain ahead of poorer residents of Azerbaijan, such as that of housing and access to water. Today the Azerbaijani government spends a greater portion of its national wealth on IDP needs than any other country dealing with a displacement crisis. However, the government still has much to do to relocate the bulk of the IDP population to better housing conditions from the public buildings they currently live in, which are often dilapidated and characterized by overcrowded conditions (ibid).

1.1 Outline of Topic

The purpose of my study is to examine how internally displaced refugees deal with trauma whilst in the midst of the waiting process. This choice has been made because adults have been reported to have significant mental health problems in most IDP communities. Some IDPs were traumatized by events connected to the conflict, and many were reported to also have experienced psychological stress stemming from the lack of employment or recreational activities. It is common to feel uncertainty about the future and cramped living conditions. Families that reported to have a mentally ill family member reported that lack of funds to pay for treatment led to emotional, practical and economic challenges for the whole family. The overcrowded living conditions of IDPs living in urban areas have been reported to lead to tension and an increase of domestic violence. The same reports show that nobody who witnessed domestic violence interfered and that there were not any existing mechanisms to follow-up such cases (UNHCR, 2009). In 2000, studies revealed that there were signs of an increase of social morbidity in the form of abuse, alcoholism, suicide and so on (ibid). The decision of the study of coping strategies has been reached as there is reason to believe that, mental health care services are needed for the IDPs. There is also a lack of information in reports regarding mental health care in Azerbaijan. Social work in Azerbaijan, in the form of mental help, is offered, but is scarce. In 2002 only one psychiatric care center existed in Baku (Ismayilov and Ismayilov, 2002) and it is only offered in the form of psychiatric care where help is issued in the form of medication; very few Azerbaijanis seek mental health care even if it is made available to them

(Ismayilov and Ismayilov, 2002). In 2001 only 314 out of 144 000 IDPs used the city psycho-neuralgic dispensary, which is the only national institution providing outpatient psychiatric care. Later studies reveal that the same problem still exists, connecting it with both the remote location of the IDP settlements and economic reasons (UNHCR, 2009).

In 2002 the results showed that there was a distrust of the government's psychiatric institution (Ismayilov and Ismayilov, 2002). A similar finding was made in the United States, where many refugees from southeast Asia had experienced much physical trauma and still had underused the healthcare available to them in the USA (Uba, 1992). Since it is common for refugees, not only in Azerbaijan, to underuse government facilities, the question remains as to how these IDPs have and do deal with the traumas and anxiety of their refugee conditions, if not through the help of public health care. Earlier studies with the IDPs have tied much of their dealings with trauma to their inability to visit graveyards for their loved ones, which is said to have hindered their healing process. This same study reveals that there is also a feeling of temporariness with the IDPs. These factors affect their lives and affect their everyday decisions and life choices, since many of these IDPs identify themselves with villages and regions (HRWF, 2011).

1.2 Purpose and research questions

In the light of the above background, the purpose of my study is to examine how internally displaced refugees deal with trauma whilst in the midst of the waiting process of returning home. The aim is to find out how IDPs cope with their past trauma, during - and due to the waiting process in a turbulent, unsettled situation. An aspect within this study is to see what services the IDPs desire to help them in their process and thus see what is helpful,contra not helpful to them. This purpose led to the following research questions:

1. What are the coping strategies used by IDPs in dealing with their experienced trauma and waiting?

2. What help is available to them and why are they or are they not seeking the help made available to them?

3. If there are any common factors such a religion, urban and rural culture that may that may explain their choice of coping strategies. What factors can explain this?

2. Existing research

The following section covers current mental health studies done on IDPs in Azerbaijan. As coping strategies have not previously been studied within the country of Azerbaijan, research on the topic from IDPs and refugees in other regions of the world is included. General cultural coping is studied as to gain a wider scope on a cultural level. Research on the topic of Mental health services among refugees and IDP's are also studied, including what previous services have been provided and their effect on those suffering from displacement and experience of trauma.

2.1 Current mental health in Azerbaijan

A WHO report based on quantitative studies, which is still in print, regarding the mental health of IDPs in the south Caucasus region (Azerbaijan, Georgia and Armenia) specified that common symptoms for poor mental health of IDPs in Azerbaijan were: poor appetite, sleeping problems, experienced irritability and restlessness, headaches, and being easily frightened. The results showed that it was normal for those over the age of 60 to suffer from depression, insomnia, lack of interest in things, and finding everyday activities difficult. Amongst the elderly there was also a tendency to experience suicidal thoughts. Those between the ages of 8-60 showed a higher percentage of feeling Asthenia and anxiety. Women more often than men, showed signs of being mentally unhealthy. The survey for this study included questions such as if the person cried and had an inability to make decisions, which may be harder for the IDP to determine, and also might be harder to admit for a man than for a woman. It was typical for men to have a reduced verbal communication. Suicide was more common for women who experienced violence at home (WHO, publication in progress). My study is qualitative and thus similar questions have not been utilized, however I have, through my chosen study method, been able to dig deeper than would have been possible if this were quantitative research. The aim also differs in regards to focus, where mine is not purely on the state of their mental health.

2.2 Mental health and coping strategies of IDPs

Only one other study of coping strategies has been performed with IDPs. However this study is not peer reviewed and can thus not be secured as a reliable source. The results are solely used to gain a general idea of how the IDPs coping strategies in Azerbaijan, may look. This, as it is the group that is most similar to that of the IDPs in Baku, Azerbaijan due to their IDP status. The

study was conducted in Uganda using both quantitative and qualitative research techniques. 116 IDPs residing in the Kitgum camps were interviewed for the purpose of furthering needs of new implications for social services. 23 participants were key informants (KI) whilst 89 were general community members (GC). Within the case of IDPs in Uganda, the primary concerns for the respondents were the structural, social and economic difficulties that affected them. These were issues due to the fundamental issues of food, health and poverty, stemming from the way the camps were structured and resourced.

The coping responses employed by the IDPs were described in four different strategies: assistance from others (including neighbors, relatives, agencies and community organizations) (GC 57% KI 96%); work and income generation (GC 47% KI 91%); personal characteristics (e.g. determination, ability to work hard)(GC 62% KI 52%); and social support(GC 35% KI 39%). Social support consisted of having good relationship with others and social support, but no advice. Other coping strategies were employed but only by 61% of KI. Personal characteristics used were faith in god, acceptance of the situation, anticipation for a better future and determination. Characteristics such as taking responsibility for dealing with problems, hardworking, commitment to family, avoiding negative influences were only mentioned as being used by others. However, differing coping strategies could be employed at the same time. The majority of the IDPs coped by being industrious and maintaining lands. This, however, was largely dependent on geographical lands available (Horn, 2009).

2.3 Mental health and Coping strategies of refugees

WHO reports have been published on occasion regarding mental health aspects of refugees and IDPs. With the term "refugee" including asylum seekers, refugees, internally displaced and repatriated persons, and other non-displaced populations affected by war (WHO, 2009). The latest based on quantitative studies was performed in 1999. The results showed that 5 million suffer from chronic mental disorders (prior to the war) and serious trauma. Meaning that these 5 million refugees required specialized mental health care if it had been available to them. Another 5 million people suffer from a psychosocial dysfunction affecting their own lives and their community. The remaining majority were faced with distress and suffering. It is important to remember that refugees' reactions are normal reactions to abnormal situations. To address the mental health needs of such large populations, specific management ability and approaches are

required. The task becomes even more complex as health and mental health infrastructure, if it ever existed, is destroyed. Also, health professionals are often eliminated (ibid). The IDPs thus share a similar situation with refugees, in the form of experienced war related traumas, thus their coping strategies have also been included.

Studies on coping strategies amongst refugees have been done with Sudanese refugees living in Australia and the United States. Two of these studies were performed in Brisbane, Australia, both of which were quantitative studies. The first was performed on 13 Sudanese refugees in 2007. It was performed to measure their coping strategies and resilience. This means that those coping strategies which were effective were the only ones mentioned. Not the ones which did not make a difference. Here religion, family and community support were mentioned. An interesting factor was that not all refugees seemed to find talking to others as effective. This as advice from their own countrymen was sometimes considered old fashioned and fastened to life in Sudan, rather than their current living. Religion, attitudes and beliefs proved also to be used (Sweitzer, Greenslade and Kagee, 2007).

In 2009 another study was performed on 23 Sudanese migrants. Their coping strategies included reliance on religious beliefs, cognitive strategies such as reframing the situation, relying on their inner resources and focusing on future wishes and aspirations. Social support also emerged as a salient coping strategy. A difference from the IDPs in Azerbaijan is that these refugees had access to established mental health services which the IDPs in Azerbaijan did not (Khawaja, White, Schweiter and Greenslade, 2008).

A qualitative research performed on the resilience and coping strategies of 8 afghan women dealing with violence and immigration has also been performed in the United states (Welsh and Brodsky, 2010). coping strategies utilized by the Afghani women were that of problem-focused/active coping such as taking on new roles, making quick decisions in direct connection is the experienced threats, helping others (such as close family members or other women in similar situations as themselves), using emotional social support from family. Perception coping was also applied, in the form of maintaining hope, focus on the future and good thing sand expressing gratitude. The women seemed to cope by their determination that grew through experienced trials and meaning-making coping such as mentioning the growth they'd experienced through their difficulties (ibid). Like the IDPs in Azerbaijan, these refugee womens country of origin is still in conflict.

2.4 Coping strategies and cultural grounds

This is one of the only extensive studied performed on coping strategies on a multicultural level, in regards to sojourners. This quantitative study was performed on students in transit. It is a extensive study on how coping studies can differ from country to country. Like the IDPs, these students are also in transit. Some countries included in this study are Australia, Germany, Afghanistan, Northern Ireland, Columbia, amongst others (Kuo, 2011). Youth were studied in regard to how they handled serious stress over social issues (e.g. pollution, discrimination, fear of global war, and community violence). Results showed that differences did exist in how students differed in their coping, on a cultural level. Thai culture seemed to emphasize interdependence, social harmony, and respect for authorities. Youth in Northern Ireland employed more non-productive coping, including that of self-blame, tension reduction, as well as not coping. They also displayed a social coping involving that of seeking friends and social support. Colombian youth, on the other hand, were more prone to use problem solving, spiritual support, social action, seek out professional help, and worried more than the Irish and Australian youth (Kuo, 2011). Palestinian youth were also more apt to cope by seeking to belong, investing in close friends, ignorance of the problem at hand, inapt to cope, sought out professional help, social action, social support, solving the problem, spiritual support, and working hard, but less in physical recreations to cope. In comparison to Australian, Columbian and German youth used such coping strategies as engaging in relaxing diversion and tension reduction (e.g. physical recreation) were more common among Australian youth (Kuo, 2011).

2.5 Preferred mental health services for refugees

A theory review made by medical journals reveals that there have been specific challenges in migrant mental health services. Such difficulties have included communication caused by language and cultural barriers. Another difficulty has been the effect of cultural shaping of symptoms. Culture influences on illness, behavior and diagnosis, choice of coping and treatment, family structure and the process affecting adaptation, acculturation and intergenerational conflict. It also affects the view of acceptance by the receiving society which, in turn affects employment, social status and integration. Suggestions for needed services were the use of trained interpreters and culture brokers, having meetings with families, and consultation with

community organizations (CMAJ, 2001).

Qualitative studies have been done on refugee's residing in Melbourne, Australia. These studies were performed in regards to refugee's opinions on their current mental health support services. A number of authors agree on the need to move beyond singular biomedical structures. In Australia alternative therapies with holistic grounds have been implemented into the refugee mental health services. One such alternative to therapy includes a complimentary therapies programs (CTP), in the form of naturopathy, Western herbal medicine, massage therapies, nutritional, dietary and lifestyle advice into its service delivery. These therapies are delivered by qualified personnel within the field. This holistic approach was looked well upon by the patients, and was mentioned as having relieved stress, nightmares and other symptoms of bad mental health. The method itself however, was aimed at offering mental health relief, rather than removing the problem permanently. This study also revealed that there was, generally speaking, a stigma and shame attached to the idea of mental illnesses, which means that some people will more readily seek help for the physical expression of their distress(ibid). The symptoms that these refugees mentioned were also different from Anglo-Australians. There was, for example, a tendency for Vietnamese refugees to express feelings of depression as physical symptoms rather than as psychological concerns, therefore they desired massage rather than counseling (Singer and Adams, 2011). These studies were only based on the opinion on already existing mental health services and lacked information regarding desired mental health services.

3. Theory and concept explanations

In the following section the coping theories will be clarified as well as explanations of the definitions used within this study.

The qualitative study performed in this thesis is analyzed through the coping theory. Coping theory was chosen because it is appropriate for my analysis questions and choice of perspective. There is a current lack of research regarding their mental health. This even though there is apparent reason to believe that they are still affected by their experienced traumas. Recent mental health studies performed by WHO (Publication in progress) state that a number of the IDPs still showed signs of suffering from depressions, nightmares, PTSD along with other common symptoms caused by trauma. 1/3 was believed to need mental health care services. This study emphasizes which ways the IDPs deal with their traumas today. In other words, how they

choose to handle their traumas, with or without mental health care services. Previous studies show that among refugees in westernized countries, as well as in Azerbaijan, too few take advantage of mental health services. Previous reports from 2002 showed that many IDPs in Baku, Azerbaijan, had not applied for the mental services made available to them either (Ismayilov and Ismayilov, 2002). For these reasons, coping strategies will be analyzed from a cultural aspect, in order to gain a broader picture of the issue. Below is an outline to further define both coping strategies and culture. It will be followed by an outline of the current coping theories emphasizing culture.

3.1 Definition of coping strategies

Coping strategies are defined as the way individuals deal with anticipated or actual problems. This also applies to the dealing of experienced negative emotion. Coping strategies may not always be a fully conscious decision, but can also be an emotional reaction. Culture can affect coping strategies through influencing the appraisal of stress and the use of coping strategy. This can be done to a small or large degree (Aldwin, 2007).

3.2 Definition of culture in coping theories

Culture is a broad topic to define, where coping theories differ in their underlying understanding of what culture is and what role it plays in the form of coping strategies. The understanding of culture applied in this study is shared with the transactional coping theory. The underlying belief within the transactional theory is that culture represents the individual's ecological system that permeates the person-environment interaction of stress-coping (Kuo, 2011). Aspects of cultural coping, derived from the sociocultural theory, is also applied. The sociocultural perspective rests on the belief that culture affects the entire stress and coping process, but the person can also change his or her culture or environment through coping. It is also believed that the process can take place bi-directionally (Kuo, 2011). Thus, to clarify, within the transactional theory, culture affects the surroundings that, in turn, decide the choice of coping strategy. While within the sociocultural theory, culture affects the entire process of coping including prior, during and after. To further clarify the difference between these theories, Kuo (2011) clarifies that the sociocultural theory believes that coping efforts are an end result of the culture's effect on the reactions of others in the situation as well is appraisal stress and individual coping resources.

3.3 Coping theories

There are various coping theories of which only four give an explanation of stress and coping on a cultural level. The following section is a brief overview of these four models. The existing models to date include *resource-congruence, multiaxial model, transactional model, and sociocultural model* (Kuo, 2011). The *Resource-congruence model* is built on the theory that coping is used to achieve "congruence." Congruence is reached when one's coping resources and coping responses "match" the demands of the stressor (taxing situation bringing about the need of the coping strategy). The cultural aspect of this theory is that congruence is seen as a function of employing coping responses in line with one's implicit cultural values and practices. In turn, these cultural values impact on what is seen as a stressor or a resource (Kuo, 2011). The *Multiaxial coping model* is derived from conservation of resources theory of stress. This theory has a communal aspect of stress coping indicated by the needs of individuals to enable a collective survival, for example tribes or nations (ibid). This model stresses the importance of viewing individuals in the coping process as an "individual-nested in family-nested in tribe" (ibid). This theory is applicable for more secluded cultures, for example tribes.

3.3.1 The transactional theory

The *transactional model*, unlike the previous two models that have their focus on resources in construing stress and coping within a cultural context, the transactional theory proposes a dynamic, transactional based framework to illustrate culture's interaction with stress-coping (Kuo, 2011). The transactional model asserts that culture covers the entire stress-coping process and bears effects on five sequentially arranged but interactive systems or dimensions (Chun, Moos and Cronkite, 2006). This particular coping model depicts the transactions between the ongoing environmental system (consists of relatively enduring aspects of the environment, such as the social climate and ongoing stressors and resources that arise from settings in different life domains, for example: family and work) and the personal system (personality traits for example). The theory encompasses the impact of the environment- and the personal system on subsequent, transitory conditions, cognitive appraisal, coping skills, and the health and well-being of individuals (Chun, Moos and Cronkite 2006). Included in the Transitory conditions within this theory is new acute life events and changes that occur in an individual's life, such as; individuals appraise these conditions for their degree of threat or challenge and whether they are equipped with adequate personal and environmental resources to deal with the situation (ibid).

3.3.2 Coping goals within the transactional theory

Coping goals are what an individual expects to achieve by the use their coping method. Within the coping strategies used, there exists a coping goals that are the individuals reason for choice of coping. Within the transactional theory there is a divide of how coping goals might vary with individualistic contra collectivistic coping. The four coping goals are: a) Focus on the needs of the self vs. the needs of others state of coping goal. b) Assert autonomy and independence versus reinforce relatedness and interdependence c) Control external environment vs. internal self (which is previously mentioned in the coping strategies) and d) Maximize gain contra minimize loss (Chun, Moos and Cronkite, 2006). From this data we can derive what is of importance to the individual and what also is considered to be lacking. To note is that prior theories mentioned above, only emphasis the coping strategy to which only meets the needs of the individual, but this theory also encompasses the needs of others (self-focused coping contra others focused coping) (ibid).

3.3.3 The sociocultural model

The forth coping model is *sociocultural model* which emphasizes the social context of the stress and coping process. The underlying thought behind this theory is that social context is deeply rooted in one's cultural context. Within this perspective, individuals' experiences with cultural expectations and resources impact their perception of the demands of a stressor and of their available resources to meet the demand. In other words, this theory highlights the given meaning of a stressor and how stress itself is viewed. The way the stresser is perceived, in turn, affects their stress appraisal. Aldwin (2011) describes how within the sociocultural theory culture determines the nature of what belongs in a cultural context and shapes stressors typically encountered by the members the culture. To clarify, the relation betwixt the sociocultural and transactional model, both have focus on the same areas that affect the choice of coping strategy, the transactional theory focuses on *what* affects the use of coping. The sociocultural theory places focus on the meaning of these areas for the individual and answer the question of *why* stressors affect the choice of coping strategies. Whilst this might be related to the study questions, deeper interviews would have been necessary to be able to make an analysis on this level.

3.4 Reason for Coping theory choice

The last two theories; the transactional coping theory and the sociocultural theory, are most applicable to my study as they both use a dynamic and broader view of cultures impact on coping. The IDPs had varying circumstances depending on their living and thus differing stressors that have impacted and impact on their ability to cope. Thus, to get a broader overview of what differing factors apply to the IDPs situation in particular, that also encompassed the impact of interventions; whether mental health interventions served to increase their ability to cope, or not. The transactional model was chosen, as it allows for a broader view of aspects in the individuals' current life that affect their coping, such as living standard, personality, transitory conditions and so on.

4. Method

This section covers what methods have been used to gather information and how it has been analyzed to shape this research.

4.1 Choice of method

The topic of study is how internal refugees in Azerbaijan have handled trauma and waiting during the 20 years of living as IDPs in and around Baku, Azerbaijan. There is not a great amount of information regarding their mental health, with only a few organizations that have worked with this issue. Thus, it was important to interview the IDPs themselves. Because this is a cultural study on a fairly new topic that deals with the participants' own opinions of mental health services and ideas of dealing with trauma, a qualitative study was the chosen method of research. This method was chosen because the aim with the study was to research a not previously covered area, while also giving room for future studies within the field (Bryman, 2011). In this case, subjects such as the IDPs experienced traumas or differing circumstances that may affect their mental health if the participant was willing to share, which would not have been attainable in quantitative studies. A quantitative method has not been employed as it was not appropriate for a field which did not have existing study material. A quantitative study based on questionnaires also required that the participants can read, which was not a guarantee amongst the IDPs (Bryman, 2011). Since this study was done cross culturally, language would have become a barrier, meaning that material may have been lost in paper translation. Using the

medium of interviews gave opportunity to clarify uncertainties during interviews (from both parties participating), ensuring that accurate information was exchanged.

My research consisted of a two month field study in Baku, Azerbaijan. During the entire field study I lived with an Azeri family which helped me gain a better understanding of the culture. Through this I was able to gain insight into Azeri socialization skills and cultural etiquette. This family also helped broaden my understanding of the IDP situation from an outsider's perspective. Impressions and difficulties were also discussed with both my supervisors and my translator during my two month stay in Azerbaijan. A field diary was also kept during my entire stay where observations were recorded on a regular basis. This helped in the process of looking at the IDPs as both subjects I observed and as objects (Aspers, 2007). As the backbone of this field study, I have applied methods from *Social Research Issues, Methods and Process* (May, 2011), Aspers (2007) *Etnografiska metoder* and *Samhällsvetenskapliga metoder* (Bryman, 2011).These were employed in the process of learning how to analyze my material, how to perform interviews, and finding other guidelines important for the ethnic studies performed.

4.2 Interview process

The IDP areas were contacted through the university which, in turn, contacted the executive committee that represented the different areas that we desired to visit, both within Baku and in the rural areas outside of Baku. The IDPs living in areas where organizations were working with them, such as NGOs, were avoided. This was done to create a less biased atmosphere upon the meeting. Planned meeting times were then scheduled with an executive committee representative from each area. Within Baku, the executive committee introduced us to the areas and directed us to IDPs 35 years and older. The selection process was achieved by randomly knocking on doors in the IDP areas, which is a form of randomized sampling (Bryman, 2011). The IDPs were asked if they would like to participate in an interview. This choice was picked as attempts at planning interviews did not seem to produce reliable assurance that the person would be there at the return appointment. At the door, the IDP was given a chance to state if they were interested in participating or not. In the rural and smaller city area, the executive committee representatives of the area decided who we visited, as our time was limited. They would participate in the interview (they knew the people we interviewed well and were with on the interviews with the IDPs). These served as key people in entrance to the field (Bryman, 2011). These interviews had

to be pre-arranged as communal traffic did not allow travel on own initiative and due to inability to return. This may have created restricted wiggle room for the interview and also given the selection process to the executive committee. Regardless of this, interviews still differed greatly.

Questions were kept on topic level, and thus I stated the same question to all IDPs but not word for word. Semi-structured interviews were employed as they leave topics open for the IDP to discuss what is on their mind, while still structuring the interview with equal questions to all as a way to start them off. This was also done for ethical reasons, as it is a good way to avoid sensitive subjects and strengthen the voluntary approach that this project builds upon (Bryman, 2011). Some interviews were also shortened due to the placement of the interview. One interview was held in a store and others in unit living where interruptions by neighbors or family was normal. When this occurred, only few key questions were asked. This occured duing two interviews and may have affected the outcome of the interview and its content, both positively and negatively. Thus leaving the interviewee more or less open to discuss these topics with the translator and interviewer. Organization interviews were conducted in the office of the organization. The majority of the interviews were one hour long, but this varied depending on the participants' willingness of depth and time. A few interviews were 30 minutes while some were 2 hours. This also applied to the organization and professionals interviewed where shorter interviews were held with those organisations not working with mental health.

4.3 Interviewed IDPs

The IDPs interviewed are over the age of 35. This was chosen because the desire of the study was to see how they have handled their trauma since they became IDPs and have not just experienced the IDP living situation. Seven out of ten interviews were voice recorded. The participants within these interviews varied, although organized to be solely one person, it often involved the family (if they were there), or a neighbor that came by whilst the interview was in progress. Only one interview was with only one person present. Three interviews were held in a smaller city outside of Baku, and were not recorded but written down by hand, due to lack of equipment, instead I took notes. These interviews were also shorter and max 30 minutes long. As enough interviews had been held prior to this, these interviews served the purpose of getting more of an overview to see if cultural patterns persisted   .

Those interviewed were a mix of one rural area, and two urban areas consisting of one smaller city and one larger city that were in, and around Baku. Specifics were asked for in

regards to having an even amount of interviews from rural and urban areas. One person was initially approached for the interviews, but during the interview others took a part in and sometimes participated in it, such as friends or family. The main people interviewed were women (5) and men (5) with differing living circumstances, those living in smaller cities that had their own houses (1), and those from rural areas that had government houses (3). Those living in central Baku with own apartments (1), government owned apartments that were newly renovated (1), and those in dormitory living of which one was in a smaller city (4). This selection process was made as to gain a response of coping techniques and how they had been affected by their living standards and areas, thus, seeing the IDPs in differing circumstances and how this may have impacted on their coping. The choice of an even amount of males and females was made to ensure that there was a well-rounded study field covering the entire cultural options, as not to gain a one sided study only aimed at males or females.

Unplanned discussions were also held with two people from the executive committee who willingly participated in the study, as they worked closely with the IDPs. This was not recorded as they were not planned. Information from these discussions will also be used in the analysis material in regards to offered services. As some of these Executive members were IDPs themselves, this will also be paid attention to. This became a extra resource to the held interviews with the IDPs.

4.4 Interviewed organizations and professionals

Interviews were, prior to the IDPs, held with organizations working with the IDPs. In addition to organizations, the Head of the Psychiatry Department at the Azerbaijan University: Fuad Ismajilov was interviewed. He has previously performed studies regarding the mental health of IDPs in 2002. Both Fuad and UMID Humanitarian and social support center project were interviewed before and after the interviews with the IDPs to aid the process of analysis. As BUTA did not work closely with the IDPs, they were not included in the study, but served as an introduction for acculturation to the study material. An officer from the international NGO; UNCHR which covers and sees to the material costs for the IDPs, along with UMID which deals with training and education of the IDPs, were interviewed. UMID works with the IDPs on a daily basis and is a national NGO.

To gain historical perspective on the matter, the organization BUTA children's foundation was contacted where information was given regarding how BUTA dealt with the mental health

of children up to 18 years of age. This organization treated children during the Nagorno-Karabakh war and today children are still being treated within the organization.

4.5 Limitations and reliability

Problems with my translator may have existed even though the translator spoke English, it was not their mother tongue, and thus some things may have gone missing in translation.This however only existed between their mother tongue and english as I am a native english speaker. This would have affected what was translated and that information could have been forgotten in the process. During longer hours for an interview my translator may have been tired and not translated exactly as stated by the interviewed person. Another factor was that the person being interviewed may not have been used to having somebody translate and, did not allow the interpreter to translate in between much talking, this thus impacted on the translators ability to translate and recall what had been said. In these situations what was said was translated loosely, only giving a gist of what had been spoken   .

Having a translator could also have been a limitation as the interviewer may have been affected by the interpreter's presence. The topic of coping strategies may also have been hard for the participants to describe and this study thus allows only scratching the surface of the topic. The interviews may also have been affected by the lack of one-on-one interviews, even though this may not have been an issue for the IDPs that already share intimate things with their families and close friends. Also, when a group such as IDPs have participated in and undergone several interviews on occasions prior to this, they may have wanted to tell me just what they think I want to hear (Bryman, 2011). Although this may have occurred, the angel of my interviews had a different approach to most interviews prior to this. Who I was to the IDP may also have affected the outcome of the interview. For me to be an observer and as I interview, I have been aware of my own role and how that may affect the atmosphere in which I study (Aspers,   2007).

The reliability of the gathered empirical material may thus be weakened due to factors mentioned above. My study is a field study based on observation and other qualitative mediums. Its realiabilty is strengthened by the fact that there were many interviews coupled with field study. The idea of field studies is not to obtain a selection group of solely one unit. Only reoccurring patterns were mentioned that were strengthened by both observations and interviews. Single cases were mentioned only if the person interviewed had mentioned it

themselves. Generalization in this study, has thus been attained through larger subject group methods (Bryman, 2011). However the results in this study may not be shared by the IDPs as a whole. This because the interview group is small and the IDPs came from differing regions in Nagorno-Karabakh. No generalization can thus be reached on a region level but on a urban one as this is the common ground that they share.

4. 6 Ethical issues

A letter of allowance was issued to the government stating the topic of study and what methods will be used to process it. Once this allowance was accepted, we contacted the refugee council in the differing living areas that we wanted to visit to gain contact with the IDPs themselves. Everyone interviewed was informed of the project's intentions and study purposes. They were informed that their participation was voluntary and that they could withdraw at any time they desired. This is vital for any form of research as not to breach the rights of the individuals involved (Bryman, 2009).They were asked to fill in a consent form regarding this. If they did not desire to do so, or were unable to write, a verbal agreement was made. In this they were able to choose to review their interview before having it published if they so desired.

In choosing a translator, certain standards were met. It was important to have a translator that shared no bias towards or against the IDPs, thus to ease for a comfortable meeting for both parties. The translator had also worked with the IDPs for many years prior to the study. This translator did not belong to any organization but was found through the university.

The sensitive character of the topic of experienced trauma and coping strategies has required that questions regarding the trauma itself have not been asked, because traumatic issues can bring about emotions (Bryman, 2011). As the main focus of the interviews has been to talk about how they have dealt with their situation, traumas have only been discussed if the participants themselves have chosen to. Prior to this study, many IDPs had already participated in interviews regarding their situation and were thus familiar with the interviewing process. If a topic became sensitive or had apparent negative effects on the person interviewed, the topic was changed or they were asked if they wanted to continue or not. The participants' names are not mentioned in this study. They will be referred to as Interview 1-10. Their circumstances will be included in the text.

4.7 Analysis process

Interviews were transcribed early to be able to begin a dialogue between the subject material and the chosen theory (Aspers, 2007). The interviews were transcribed word for word and the material was analyzed to detect patterns of differing aspects of coping strategies. This was carried out using a coding system where the interviews were broken down in order to understand the reviewed material. Coding was used as it can also bring about new theoretical categories (Aspers, 2007). The categories included coping strategy, past history, thoughts of future, present circumstances, personality, perceived stressors, and understanding of the situation. This was done to see if similarities existed between them (see appendix 2) (Aspers, 2007). Many of these areas existed in my Transactional coping theory, and thus enabled me to decipher my study material and the possibility of finding connections between the areas impacting on the individuals interviewed. The categories were then grouped in two different ways a) Their separate fields with special reference to urban and rural culture, current living standard, and perceived stressors, b) every interview written individually and compared with the other. What I find in observations both from my project diary and from observations made in the interviews, were a complement to the written empiric material.

The coping strategies were also analyzed individually through an adapted version of coping scales that had been suggested within the transactional theory, that include more variation within the coping strategies themselves. The coping strategies that the IDPs were found using were analyzed through this scale. This because the suggested coping scales leave more room for analysis than the existing coping scale within the transactional coping theory. This means that the used coping strategies were measured in regards to their aim, movement towards or away from the stressor, their focus and effort. If the individuals direction is towards the stressor it is approach coping whilst if the individual moves away from the problem, it is avoidant coping. This coping scale measures if the effort is active or passive and, if the main focus with the chosen coping is problem- or emotional- focused. It also measured to what degree the individual is openly using the coping strategy or not by using the scale of observability. If they are open about it, it is they are being overt, if it is concealed behaviour, it is covert (figure 2) (Chun, Moos and Cronkite, 2006).

This was a suggested coping scale as emotional coping, could be viewed as an active coping and

not just passive. These scales measure if emotional coping is an active decision aimed at the inner self to alter and adapt to the problem at hand or not. This scale is also more appropriate as some cultures may deem avoidant coping as more effective or more suited (ibid). The coping strategies were also quantidifed due to its versatility.

Movement	Direct	Indirect
Direction	Approach	Avoidant
Focus	Problem	Emotional
Effort	Active	Passive
Observability	Overt	Covert
	Confrontational	*Disengaging avoidant*

Figure 2 proposed coping strategy scale conducted for this study.

5. Analysis

The following section will be largely focused on the conducted study material. It will be compared to, and analyzed through the transactional theory. Special emphasis is placed on the differing coping strategies and possible reasons that they might be used. First a short overview of the combined coping strategies is given followed by a more indepth look at each individual coping strategy. Desired interventions by the IDPs are also included in this section. A short review of the common experiences shared of the IDPs will also be included.

5.1 Background of participants in the study

The IDPs interviewed come from differing regions in, and around, the area of Nagorno–Karabakh. In these regions thier position differed in regards to wealth and working position even though they all mentioned that they had thier own farms. They are of varying ages over 35, and many shared a special connection to their homelands. A common mindset of the IDPs was shared by one participant; *"there is no place like home."* (Interview 4). Numerous IDPs shared their stories from when they fled their lands, and shared similar stories. For example, that they had experienced trauma themselves or had witnessed traumatic experiences which were, directly or indirectly, tied to the war. Many, on their travel away from their lands, had to stay in warmer

climates where many of those around them died simply because of the different climates they encountered on their journey to Baku. Others had relatives who were killed in the war, witnessed dead bodies, or were themselves tortured by Armenian troops. Some had been injured, while others had developed sicknesses during their move, such as; heart disease, diabetes, respiratory illnesses or paralysis from the shock. None of these IDPs have received or been a part of any mental health services.

5.2. Coping strategies

The coping strategies are analyzed by whether they were; using approach or avoidance, focused on the emotional or the problem (cognitive) and if they were active or passive. Another scale in which they were measured was whether the movement was directly or indirectly targeted at eliminating the stressor; in other words, if it was a conscious decision or not, to use this particular coping strategy. The coping strategies were also analyzed as their observability of being overt or covert. This means that it was either open and known to themselves (overt) or concealed (covert), for example that they may not have known they were using it as a coping strategy themselves.. Some of these coping strategies could not be analyzed on all levels mentioned above because of lack of information given by the participants. In these cases the movement and primary focus were usually left unanalyzed. Figure 3 Below is a summarized table of the conclusions reached in this study.

The coping strategies that were found were patience, withdrawal, gratitude, visiting graves, and helping and talking to others. The coping strategies that approached the stressor varied in their focus, thus if they were focusing on the problem or on the IDPs own emotions. If they were emotion-based, such as patience and gratitude, they were passive, whilst visiting graves, helping and talking to others was active. All coping strategies that were approaching the stressor were conscious strategies and were directly aimed at their stressor. The coping strategies that were used as a form of avoidant coping were; work, nostalgia, hopeful thinking and withdrawal. All of these avoidant coping strategies were indirectly focused on the stressor except for nostalgia, and could be both focused on the problem or the emotional experience of the IDP. The avoidant coping strategies varied in their use, where all but hopeful thinking, was active. This could mean that the same coping strategy could be an active choice by one IDP and a passive effort by another IDP, such as withdrawal. If withdrawal was passive or active depended

on if withdrawal was a conscious decision or not.

Coping strategy	Movement direct/ indirect	Direction approach/ avoidant	Primary Focus: problem or emotion	Effort: active/passive	Observabilty overt/covert
Patience	Direct	Approach	Emotion	Passive	Overt
Withdrawal	Direct and indirect	Approach Avoidant	Problem Emotion	Active Passive	Covert
Nostalgia	Direct and indirect	Avoidant	Emotion	Passive	Covert
Gratitude	Direct	Approach		Passive	Covert
Visiting graves	Direct	Approach	Emotion	Active	Overt
Work	Indirect	Avoidant	Problem	Active	Overt
Helping others	Indirect	Approach	Problem emotion	Active	Covert
Talking to others	Direct	Approach	Problem emotion	Active	Overt
Hopeful thinking	Indirect	Avoidant	Emotional	Passive(can generate active coping, ie. Work).	Overt

Figure 3: coping strategies used by IDPs in Azerbaijan, Baku (A product of this study).

The coping strategies that were overt, in other words the strategies that were openly used, were patience, withdrawal, work, visiting graves, talking to others, and hopeful thinking. The fact that they are openly used could be a sign of cultural influence or expectation. Those that were covert, thus concealed and not consciously used, were withdrawal, nostalgia, gratitude and helping others. This phenomenon could mean that it is a natural cultural behavior, something innate. It could however also depend on personality rather than cultural influence.

The majority of the coping strategies were active, although they varied on if they were approaching or avoiding the stressor; and also if they were direct or indirect. These variations could be due to the fact that the IPDs had differing stressors to cope with, such as their own traumas and their current living. Thus by dealing with their current situation (focusing on the problem rather than emotion), they may be direct towards one stressor but at the same time indirect dealing with another stressor, such as their traumas. We always observed more than one coping strategy being used simultaneously. Even though it was mentioned that these coping strategies had been used in order to feel better, some participants used them even if they were not effective. However this study is not large enough to be able to do an analysis on the degree

of effectiveness of the coping strategies used. Below are more detailed explanation of how the specific coping theories were applied. It will also state the possible reasons for their use and cultural findings will also be included, as possible explanations to the usage of the above mentioned coping strategies.

5. 3 Family, friends and community

As stated above, talking with family members was a common coping strategy used among all IDPs that was mentioned to have helped them experience relief from their suffering. Some examples of this are as follows:

> *We have a very good relationship here with other people, so we manage, we handle our trauma by treating, well treating between each-other* (Interview 4)**.**

> *Being in touch, in contact with my daughters, may console and comfort me. Now, at present, only this relieves my suffering* (Interview 2).

> *My sons visit me regularly and take care of me. This is why I feel happy. That I have such sons taking care of me* (Interview 6).

The act of talking to others involved talking to "each-other", for example daughters and sons. The act of talking to, visiting and taking care of' others was said to relieve them of their suffering and make them feel happy. This was in another example not only referring to close family, but also relatives and friends from the same areas or living in their current neighborhood. This strategy was stated to be used by all IDPs, which could imply this was used regardless of whether they were living with their families or not. The interviewees that lived alone also indicated that not living with family was a stressor. It was also more common for the IDPs to talk with friends outside of the family if they lived in an area where IDPs from the same original region also resided. The coping strategy of talking to- or receiving help from others (family, friends), when analyzed through the transactional theory, shows signs that the IDPs are aware of their stressors. For the IDPs this was a form of approaching their emotional or problem focused stressor (as both could be in focus by the IDP when using this coping strategy) and dealing with

them directly. It is an active choice that they make and this suggests that talking to others, for the IDP, is considered to be an overtly confronting coping strategy.

Aldwin (2007), states that having a supportive family is crucial to adaptive coping. In these examples, contact with family proves to be an effective coping strategy that relieved the participants who apply it. Not all IDPs expressed this as helpful even if they employed the strategy and the IDPs, regardless of the effectiveness of talking to others, did not seem to be soothed by the use of this strategy, long term. The usefulness of the coping strategy seemed to vary depending on the opportunity for social interaction with others. The one example where this coping strategy did not apply was when only distant relatives were the closest family members (a great uncle and aunt). This participant was occupied with caring for her mother and was unable to be involved with her community or meet relatives often. As this coping strategy was employed by all IDPs, it could imply that it is a cultural coping strategy, since it was employed regardless of whether the experienced stressors were emotional or temporal.

Those that did not have close relatives living with them did show signs of a more depressed state. Although many factors could play a part of contributing to this negative emotion, such as poor living standards. Some cultural explanations are offered as to explain to use of this coping. It is also considered common in collectivistic societies for the nuclear family to include the extended family. In these cases boundaries are not so clear due to its extensiveness (Chun, Moos, Cronkite, 2006). This seems to apply to the IDPs. Fuad Ismayilov also supported this theory by stating that larger families are said to be involved in the support system of the individual and that this relationship is inter-dependent. The transactional theory would describe this as normal for collectivistic cultures. According to prior studies analyzed with the transactional-theory, the social climate in Collectivistic cultures tends to promote social conformity and interdependence. In these cultures, their view is that the pursuit of individualism is considered selfish and a betrayal. The highest value in collectivistic society is to sacrifice for the larger community, meaning that individuals who promote actions of this sort are regarded as having mature behavior and characteristics (Chun, Moos and Cronkite, 2006). However, regardless of this, as stated earlier, that one participant who did not have close family to talk to about her problems, did not seem to gain the end result of relief by talking to her distant family, as other IDPs mentioned. This could mean that there is more importance placed with the closer family than is ok for their culture to include. Those that did not mention that talking to family

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helped them, had both extended and close family nearby.

5.3.1 Helping others

The above could also explain to the use of helping others as a strategy and could also have been applied by other IDPs even though they did not directly mention it as a coping strategy. By those that mentioned it as something that made them feel better, it was either an indirect coping strategy and or a direct one. In other words, some used it consciously to make themselves feel better, whilst it was not a conscious decision for others, which they connected to being a coping strategy. This means that this was something that was mentioned but that the action itself was not a direct aim at solving their problems or relieving their sufferings. This has given both positive and negative effects on the individual applying the strategy. An example from the interview material is that of the IDP that had a family member needing constant care. This example, however, was not mentioned it as a coping strategy in itself even though it was being used. The transactional theory states that when other focused coping goals require some amount of self-sacrifice, it may result in an immediate increase in distress, rather than the decrease that previous researchers have found effective (Chun, et al, 2006). The example above seems to confirm this statement.

Other IDPs that mentioned helping others as a helpful coping strategy came to include helping friends and their own children. They stated that they received consolation in the performing of this action. For example:

> *Because I love my kids, it gives me power to remain in the same state of health, and life means struggle. Life is struggle, so if we want to live we have to struggle all the time, and so is life* (Interview 1)**.**

> *Now I am out of my work, out of that job, but anyway, now I am still doing that kind of work, I try to share with people, their own problems...When I do such kinds of work, I feel very easy, you know, after that. It also helps me to help other people to relieve their suffering* (Interview 5).

This shows a coping goal of other-oriented coping which seemed to, at the same time, relieve

their own suffering if it is an active choice made by the individual. The result of the interview implies that it is helpful, which contradicts the statement made by Chun, moos and Cronkite (2006), that it would increase the individuals stress levels. From what is shown here, is that it is used as a direct coping strategy, aimed at dealing with the stressor. This could be the factor that contradicts Chun et al. We find that most of the elderly were taken care of by significant others, such as children. The elderly stated gratitude for their children doing this.

Those that lived alone, or had children that were old enough to have gotten married and moved out, had trouble dealing with the inability for them to live together. According to field observations of the Azeri culture, large families live together and the first son stays with their parents with their newly created family. Not living with their children was considered a stressor regardless of if the IDP had regular contact with their children or not. As this was common for those living alone, this might also be a product an inter-dependent culture.

Helping others find consolation was also displayed by others in the neighborhood. As stated by interview person 4, many other IDPs not interviewed worked in this way to help improve the IDPs situation in the form of being executive committee members, or working for the UNHCR. This example above proves that IDPs also can serve beyond their assigned duties. Another point that will be mentioned further down is that of all IDPs desiring to return to their homelands as a way to help them deal with their trauma. A plausible reason for this may also derive from the effective coping strategy of community service. Previous studies display the importance of community efforts for victims to be able to deal with experienced trauma (Aldwin, 2007).

When asked what they would do upon their return, they were willing to restore their houses and rebuild everything. This could have been a display of a coping strategy built on the idea of community support but could also belong to the coping strategy of hopeful thinking. The importance of community was also mentioned as a stressor when some IDPs experienced segregation between locals and themselves. For example, those living in dormitory living seemed to have to deal with being looked down upon by the locals, in comparison to them being highly regarded in their home regions. The importance of community was also observed. In the smaller cities where IDPs were interviewed, there existed an intermingling with the locals. Here common buildings were constructed for festivities for residents living in the nearby apartment complexes. In the rural living areas, there seemed to be a degree of togetherness amongst the

locals and the IDPs. The IDPS living in these areas were all from the same village and knew each other from their previous regions in Nagorno-Karabakh. They could thus council with each-other on a regular basis. Because of this, certain roles, from their places of origin seemed to have been preserved, even today. For example, one man stated that he was very trusted by those in the region back home, which is why they still turned to him even as an IDP.

> *I try to help them to find consolation. I am still doing this job despite the fact that it is related to my previous occupation. Anyway, people respect me, that's why people come to me to share their own problems.., So of course it helps them, relieves their suffering Of course, because people trust me, they respect me. That's why it helps, it works (Interview 4).*

Working with the community thus, did not seem to be an active choice with focus on the problem at hand. It is an approaching coping choice that can be both direct and indirect. Direct in regards to dealing with the temporal problems, but at the same time indirect in dealing with trauma and their emotional needs. This means it dealt with both the problem and the emotion at the same time. This was common and may be due to the interdependent culture they share which seems to encompass neighborhood and, friends, thus not just extended family.

5.4 Coping strategies and work

Work as a coping strategy was also mentioned to have lowered the IDPs stress levels and have made the IDPs feel better, where 5 participants mentioned the use of it. Work, according to the transactional theory, is a form of approach coping in which its aim is to confront and modify the external stressors (Chun, Moos and Cronkite, 2006). The action of working is aimed at altering the individual's circumstances.

> *My job helps me to forget for a while my troubles and problems. When I am engaged, I have full engagement at work* (Interview 1).

This quote states that the process of working helps the IDP to forget their troubles. It is an active

coping strategy but can be both avoidant and approach towards the stressor. Avoidant as it helps the individual to forget their emotional problems, while at the same time approach as it alters other difficult circumstances in their lives. Interview person 1 (exemplified above) mentioned that they suffered from nervousness and stress regularly. The job was the place where they could get time for themselves. In this regard the purpose of working became, apart from income, a way to assert independence. Where the most pressing stressor for them was that of their living situation, work can also fulfill all coping goals. Other examples of work as a coping strategy have been previously mentioned in interview 5, where a retired IDP still performed his work responsibilities outside of his duty. The participant that did this stated that the process of working outside of his duty (offering consolation) also helped him to feel better. The act of consoling others could signify that there exists a coping goal focused on the needs of others. It may also serve as a way to reinforce relatedness, to a previous status held by the retired participant. The application of work as a coping strategy was applied regardless of living circumstances and thus shared differing everyday stressors such as segregation, tight living and not being able to bury loved ones.

Some living in poorer apartment buildings displayed the usage of own initiative. Two IDPs interviewed had built their own bathrooms, showers and kitchens. This was because they had a relative that was a carpenter that was able to assist them. One other participant had built his own house, on the side of his regular job. This was possible if they had access to lands and building materials.

5.4.1 Reasons for work as a coping strategy

There seemed also to be a connection with those that used work as a coping strategy, and the mentioning of their children's capability of remaining industrious regardless of their living circumstances suggesting that this coping strategy was taught from generation to generation. This could denote that this is of cultural origin even though not all IDPs mentioned the application of this. As only 5 persons mentioned its use, it could also be a coping strategy chosen because of personal traits and way of thinking. However all IDPs employing work as a coping strategy mentioned that their people are hard workers and industrious. No other participants stated this. They were more apt to mention the generosity of their people. Chun, Moos and Cronkite (2006) mentions that cultural patterns can be found in both the way a person describes

himself or herself and what characteristic they say they possess. He explains that those from collectivistic societies describe their characteristics as that of belonging to the people of their native lands. This is exactly how the IDPs described themselves: hardworking and industrious. This seems to denote a cultural influence, perhaps not belonging to all IDPs as a whole but depending on the different regions that they came from in Nagorno-Karabakh. Although evidence is also found to support the idea that the act of work might derive from personality rather than culture as only the IDPs that mentioned work shared also this common mindset. No other IDPs mentioned this.

> *Life is a fight- live in order not to die* (Interview 8).
> *We must fight and work* (Interview 9).

Thus, there might be a connection between the characteristic of being a fighter and the choice of work as a coping strategy. These comments were also made when already on the topic of work. There seems also to be a cultural influence that would hinder the idea of work as a coping strategy. This might be why only 5 IDPs mentioned its benefits. However, this could also simply mean that some participants may have been unable to employ it due to sickness or other limitations in the job market. It might be of importance to note that those using this were both male and female. When Fuad Ismayilov was interviewed, he had described thought patterns inherited from the Soviet region that may have impacted the IDPs not using work as a coping strategy. Before the war the culture seemed to be very consumer oriented. Meaning, that instead of providing for oneself they would wait for the help they felt they needed and in such a way, expected to be provided for or supported by others. When compared with the above information, the idea of consumer orientation can be questioned.

5.5 Emotional based coping

Emotional based coping refers to those who have chosen coping strategies that affect the changing of the inner self by the use of emotional characteristics, meaning that the individual attempts to modify the internal psychological state, rather than the external stressor. This section will discuss hope, patience and nostalgia and withdrawal. Within the transactional theory, the original coping scale states that it is a form of cognitive or avoidance-focused coping (Chun,

Moos and Cronkite, 2006). With the suggested scale, we found that this did not have to be case (refer to table 2).

> *Only patience helps to bear all these difficulties, all these horrors, yeah that's why…I am patient. That's why, and we live with only one hope, this hope is connected with our return to our home places...Nostalgia, and thinking of those places, it is nostalgia, it is this feeling that helps to relieve my suffering. And secondly is patience, that I am patient. It also helps me, you know, to survive from this situation* (Interview 2).

This participant states that patience helps them handle their difficulties, along with the use of hope. Both the use of patience and hope seem to put the IDPs in a waiting period. This exemplifies that their motivation for patience and nostalgia is tied to their places of origin. Thus, in this sense it could be interpreted as having the coping goal of reinforcing connection with a former life. Patience is a way for the IDPs to approach the emotional problem at hand. The act itself is passive as it does not promote specific action, it does however promote the emotional managing of the situation: to alter the persons emotions in order to handle the situation at hand which still makes patience an active. Nostalgia, on the other hand, is harder to decipher and thus cannot be analyzed further than mentioning the fact that it was used. Observation of its use seemed to suggest that it was an active choice aimed at altering their negative emotion. Person in Interview 2 spoke outwardly of it being helpful to their situation. This seemed to be a common way for the IDPs to cope, as those schools that were visited, built for IDPs, had pictures of war heroes and their areas to consistently remind them of their heritage. Another participant also described a use of patience that was strongly connected with religion, when asked about religion.

> *Of course, it helps me, religion helps me, religion relieves my suffering, and I find a satisfaction in that. I find my consolation, my comfort there, because God always supports me. As I pray to God, soon I receive comfort and consolation… The most important thing is to have patience. God indicates paths, causes people to be patient. Now I'm talking about one religious book that I have recently read and will try to explain. Good actions, bad actions, beyond life. Bad people will be punished by God for their actions. Good people*

also will be awarded by God, for their actions (Interview 3).

The two IDPs that applied patience as a coping strategy were experiencing confined living and isolation and were unable to work. They lived in apartments but of differing conditions. Other examples where religion showed signs of influencing an emotionally focused coping strategy were 3 participants that mentioned their gratitude towards God, even though they did not mention religion itself as being a reason to them feeling better. Another variation of emotional coping is the act of gratitude. The IDPs did not mention gratitude as something that was helpful to them, but all IDPs that had received better living standards, meaning that they no longer lived in run-down apartment buildings, expressed gratitude for what they had received. This also could be a way of altering the psychological state and adapting to circumstances. For instance:

> *I lost my husband before we left, but thank God, that I still have my sons and that they are with me now. That they are safe and sound, that they live together. That's why I thank god for that, despite the loss of my husband"* (Interview 6).

Gratitude was both expressed to the government and to God, especially towards that of their living. Gratitude in itself is passive as it does not deal with the problem at hand, but is still directly focused on the experienced emotional stressor.

5.5.1 Cultural explanations to the use of emotional based coping

Religion, whilst not a coping strategy in and of itself, is an underlying factor that seemed to affect the choice of coping as seen above. This seems to imply that belief or a religious tradition brings about the use of emotional coping, as both patience and gratitude are a form of emotional coping. (Plausible reasons for the use of nostalgia will be included in the following section). The act of mentioning or experiencing gratitude towards God may also be an advised characteristic, offered to them by their religion. Aldwin (2007) explains that all cultures provide formal rituals to enable their people to cope. Advice may be given in the form of religious or professional counseling, psychiatric care, etc. The above quoted IDP displays how religion advises individuals to use patience. Through religion individuals are expressed to be able to receive interpretations to the causes of their problems, and given specific suggestions to cope with their

given stressor. This might be a reason for its success of relieving the IDP. This is something that was displayed in interview 3 quoted above. This religious interpretation offers a clear coping goal for being a good person. If viewed from the aspect of a coping goal, the IDPs firm belief that the good people will return to God can also be seen as a way to minimize the loss of her homelands.

However, this could also be personality dependent and be more applied by those in harder transitory conditions. Factors that hint at this are that these persons lived isolated in apartments, one newly built and one old standard. The interview persons applying these coping strategies of patience and gratitude had no opportunity to work due to illness and having to take care of ill family members, leading both to confinement in the home. Descriptions of themselves were only given in comparing their relationship to God. For example, the before mentioned IDPs mentioned that they were small people that lacked control of the outcome of the future. In the cases where gratitude was displayed in regards to God, the participants had better living conditions and lived with their families. In reference to the use of nostalgia, where religion was not mentioned, not God, Aldwin (2007) suggests that advice given can also be dependent on what ethnic group or social class the individual belongs to. More will be explained in regards to this is "Homelands and rituals."

5.6 Homelands and rituals

Another example of emotional-focused coping was that of the use of hope as a coping strategy. This is included in the section of homelands and rituals as the use of the IDPs "hope" was only mentioned in connection with their hope of returning home. All IDPs interviewed desired to return to their homelands, for example:

> *I connect my future with the hope of returning to my home place. We live only with this hope* (Interview 5).

Hope is a passive coping strategy that is both dealing with the problem and the emotion. In this example it is focused on the idea of the future. Even though the coping strategy in itself is passive, many other coping strategies were used by the IDP. For example, hope, as a mentioned coping strategy was only used by 2 persons that also employed work as coping strategy. Those

not mentioning hope as something that helped them, but that still applied it in regards to their homelands, also mentioned that nothing helped them in their current situation. To note that those that used hope and showed signs of bad mental health stated likening comments to this:

> *First of all, the living conditions that I must be provided with all necessary conditions for normal living, I put it at first place. It also will promote then to get rid of all troubles. I am always nervous, have stress, that's why there is nothing that can help me in this situation* (Interview 1).

Rituals of various sorts can also be a cultural mechanism. That may lend support to the individual through both the use of emotion and problem-focused coping (Aldwin, 2007). Weddings were mentioned in passing as a way to distinguish the normality of life. For example the stress they felt over not being able to get clothes for the wedding. Other IDP communities had built a local hall together for them to be able to house and host wedding parties. Weddings were, however, not mentioned as a stressor or as coping strategies. On the other hand, the importance of proper burials was mentioned. Without that opportunity to visit or bury loved ones properly, they felt that they could not be cured from their trauma. Reasons for the choice of this coping strategy were that they still felt bad that they were unable to bury their deceased brother. If relatives were buried nearby, it was mentioned that visiting graves of their other loved ones helped to console them. If in retirement, they mentioned that in the future they would like to be buried in their homelands. Aldwin (2007) describes that funeral and wedding rituals help to assist the individual transitioning between one status and into another. Rituals, through their symbolism, also provide ways for the individual to network and cope with various stressors (ibid). Those that mentioned the importance of funerals to cope with their current situation and to relieve them from their traumas seemed to gain relief from doing so. The same author furthers on to describe that by the help of rituals, the individual is provided with a sense of closure for one part of their life to allow a smoother transition into a new life (Aldwin, 2007).

5.6.1 Reason for ritual coping and the application of hope

Hope seemed to be mostly used as a default coping strategy that was open, meaning that it was acceptable to mention the application of it. The coping strategy of nostalgia also seems to be

coupled with this. As mentioned earlier, it was often coupled with those that still showed signs of suffering from previous traumas. Cases where rituals were mentioned as a needed coping strategy and as a used one, was with those living in government houses, which involved having their own gardens. They lived with their entire family and had experienced traumas. They served in higher positions of work in their homelands. Thus, this could be a coping strategy of the higher classes. Others that mentioned the desire to be buried in their homelands was regardless of current living circumstances. Reasons for the use of rituals and religion are said to be more common in urban living, which these IDPs come from. Faud Ismayilov, from the department of psychiatry mentions that many IDPs from rural areas were religious and that religion can protect them from behaviors such as suicide and drug- or alcohol use. No IDPs mentioned the use of this and nor did they mention that others did so. On a few occasions the IDPs mentioned that other IDPs around them, were coping badly but did not give a detailed description of how. What we see from the above is that religion has had the impact of controlling who the IDPs surround themselves with. As to the ways in which religion might protect them from bad behavior such alcohol consumption, drug use, and suicide is not confirmed.

5.7 Withdrawal and distraction

The use of withdrawing from being social in social settings was also found in the study material. It too is a form of emotional coping even though it was not an open one: it was performed in a hidden manner. When interviewing a family with husband and wife, after only a few minutes into the interview, the husband left the room. The wife later mentioned that he tries to stay away from people and that talking about these sensitive issues made him feel very nervous. This behavior can be interpreted as emotional numbing, and shows signs of an emotionally focused coping strategy. Such a strategy can involve using defense mechanisms such as denial and distortion (Aldwin, 2007). This could thus be a direct coping mechanism in regards to dealing with their traumas, more specifically, in regards to those individuals who seemed to still be suffering from them to a larger degree. In other interviews it was also common to change the topic when trauma was being discussed. The IDPs in these cases would offer to get me something to eat, drink or ask me questions about my country. The act of subject changing and withdrawing from the topic of trauma is the usage of avoidant coping behavior whilst it at the same time is active. This was used by those that had experienced traumas. They also showed

more signs of experiencing nervousness and stress. Interview person 1 and 2, were the only interviews where this was an issue. According to Aldwin (2007), people that have experiences trauma are more apt to have a conscious control over their coping strategies. A previous review found that avoidance strategies reduced the emotional distress in the short term while approach coping was more effective in long term use (Aldwin, 2007). It was clear that withdrawal and distraction are an avoidant coping strategy but it was unclear as to whether if it was used consciously or not.

5.7.1 Cultural background to the use withdrawal

With regards to Azerbaijani Mental health, Fuad Ismayilov from the department of psychiatry mentioned that there was an inherited view of mental health from the soviet rule. This may have impacted on the way in which the IDPs have dealt with their experienced trauma.

> *At the time of independence, at the time of the Karabakh war, there were no existing mental health services, they were collapsed. Just imagine it, there was no (even in the soviet period) perfect mental health system. It was over-institutionalized, it was over-centralized. There was* an *absolutely inhuman attitude towards people with mental health problems. Because the existing ideology in the Soviet Union did not consider mental health problems important, because the thought that all people living in colonies or socialist societies should be happy. There should be no depression, there should not be anxiety...there should not be...Because we are communists. We are socialists, we are strong and it is weakness* (Fuad Ismayilov).

The facts stated above that there were no mental health resources available for out-patients, meaning that those that may only be in need of counseling, family therapy, etc., did not have such options made available to them. Thus mental health resources may be thought to be coupled with those of inpatient services. This may have an effect on the choice of whether they desired services or not, as services offered might be considered to be bad and were not applicable for them. The use of withdrawal could have been impacted upon by cultural factors such as that there might be a certain stigma surrounding the idea of feeling sad or depressed, meaning that it

was not considered culturally acceptable to have such feelings: "they should be happy". This could also be a contributing factor to the use of withdrawal. The idea of being a carrier of negative emotions or needing mental health provisions was considered to be negative. This may suggest that a cultural influence for the IDPs might be to use disengaging, avoidant coping strategies, in order to maintain a positive emotion in its place. Whilst this does appear to have been used among the IDPs, it has been done both actively and passively, both covert and overt. However, coping strategies used that denote a positive attitude can be both confrontational and avoidant, depending on their reasons of use (or their affect), such as the example of hope and gratitude, that we explained earlier.

According to Moos (2002) collectivistic cultures use cognitive avoidance and affective resignation. Thus, it is common in collectivistic cultures to seek alternative rewards and ways of emotional discharge. Although Azerbaijan is considered to be largely collectivistic, only three persons interviewed showed signs of using withdrawal. Most other interviewed IDPs used approach styles of coping strategies, rather than avoidance. This could interpret as that collectivistic cultures use more approach coping, or that Azerbaijan is more Individualistic. The coping strategies used by the IDPs that employ avoidance coping (apart from withdrawal) are; nostalgia, hopeful thinking and work.

5.8 Coping and intervention

A large part of this study is to come to understand what services the IDPs desired to use, in order for them to feel better. When this was approached to the IDPs, the suggestion of group therapy and hotlines were made, if they, themselves could not think of anything they desired. Below are detailed explanations of their thoughts towards and against this idea followed by the IDPs own suggested interventions.

5.8.1 Attitude towards mental health services

The existing mental health services, as shown above, did not exist for out-patient care. Services offered to the IDPs were in the form of material provisions and vocational programs to enhance education and ability to join the work force. The use of this is said to enhance the ability of the improvement of social and vocational abilities (Moos, 2002). On the other hand intervention programs can also emphasize self-understanding and expressiveness, where participants have a

tendency to become more forthright and insightful (ibid). There was always a choice of whether IDPs wanted to partake of the intervention or not, for example internships. But not the case in mental health needs. Although, because there was a selection process to partake of the intervention programs, this intervention was not available to all and many did not apply for it. No programs up to date have been focused on the coping itself of their past trauma or of their current situation. This was only made available to them depending on the person working with them rather than it belonging to the intervention program itself. For example, those working for the refugee council offered cognitive-behavioral services, where they reinforced the IDPs current idea of the ability of going home and giving them hope. This was said to console them however, it was not considered to be a cognitive-behavioral services.

There was a mix in the desire of using cognitive-behavioral services. And the IDPs reasons for using and not using them varied. The norm was that group sessions and hotlines were not a desired intervention. For example that the services would only be used for requesting to return to their native lands or ask for better living conditions. Some IDPs stated the need of the person listening to their problems, to have experienced what they had gone through, for them to believe that it would render any comfort. For example:

> *Even if we apply to such a hotline, the person who is sitting there, he cannot, he will never understand our own problems, our souls, our hearts. Only great powers are able to solve this problem. I mean, to be able to release the occupied areas* (Interview 4).

Many gave the impression that there was no way for them to feel better until they have returned to their home places. This suggests that there appears to be a link between the letting go of the traumas and the idea of going home. No IDPs mentioned hotlines as a possibility when asked what help they would want. This was something that became a specific interview question raised as a suggestion of how cognitive-behavioural services could be provided. The fact that they did not mention it themselves even if they did desire it as option, shows how uncommon the idea of having mental health services was. Many did not know what it was referring to or what they would talk about if using these services, even though the idea of group therapy and hotlines was considered a possible intervention both by some IDPs and by professionals. The idea of these services arose by professionals in the field of psychiatry but not from other organizations that

worked with them. Another interviewee mentioned that because she was religious she would apply.

> *If there were such a service, like a hotline, I would ask about improving my living conditions at least, but not for my kids. Because they rent house and pay for that, that's why I feel discomfort from that...I normally don't like to complain about my life but anyway, I would apply, because I am a religious believer, I only rely on God* (Interview 3).

We see from this example that the idea of mental health hotlines is not common. However, interview 3 sees thier religious loneliness as a stressor and would thus use the hotline. This could mean that they would use this service because there is a lack of others around them that they would find helpful or perhaps trustworthy. The participant also states that they "Don't like to complain about my life." This could mean that hotlines gain the meaning of complaint. The fact that the participant wants to do this, still displays the *need* to vent and discuss these issues but also that it is uncommon for them to do so. This could mean that those that feel isolated and do not have the network of family (as was the case with interviewee 3), need these services more than those that has an existing network. Another participant states that they would apply because they desire to talk about their traumas with somebody who is trustworthy and knowledgeable within the field. This partcipant could based on thier surroundings and background, like the earlier participant desiring hotlines, also be experiencing loneliness, but in thier position. This because they held a high position is thier current living and rendered a lot of consolation to others from their prior region, this because they were thought to be very trustworthy.

5.8.2 Other desired interventions

When the IDPs were offered to answer what they thought would make them feel better. The following options were given, all of which tied to their homelands. Such as the release of their lands and returning home:

> *Much depends on our president, on his position, if he really wants to do something for us, to permit us to come back, it will happen. But, if he doesn't want to in fact do something seriously, so it will not happen. I mean to liberate those lands. That´s why all of our hopes are connected with the decision of the*

president. It´s up to him to solve this problem, that's why we are waiting on this decision (Interview 2).

So that's why we are not pleased, not satisfied, with the current situation here in the country. Our government spends a lot of money, a huge amount of money, on construction, some on buildings. Instead of that, they could do something for us that would promote us to return (Interview 1).

Many of the IDPs coping strategies are tied to the desire of the releasing of their lands. In these particular examples, the releasing of their lands was given responsibility to their president. This may bring about the idea of a waiting period. There also seems to be distrust towards the government, where there is a placing blame on the government as their reason not to be able to return home. Observations also seem to suggest that the idea of asking for any extra services would deter them from returning home. Some IDPs actively worked towards helping to get their lands back, for example, by requesting us to spread information about the truth of the Nagorno-Karabakh war. Not all displayed an active approach to returning home, but the above was one example that did. All IDPs desired to go back to their homelands to be able to be healed from their traumas.

There is only one thing that could really help me, in this situation, in this position, only my native place, my lands, my house (Interview 2).

But if we return to our places, our native places, I would, at once, leave this house and go back and will build new houses, with my own hands. The only thing that we want is to come back to our native places. Nothing can replace those places because of spring water, mountain areas, a lot of fruits and vegetables. So far, it is hard for us to adapt to these condition because we are from a mountain area, that's why it creates problems for me to adapt here (Interview 2).

This suggests that their bodies cannot adapt and receive better health unless they were in their homelands. Their bodies simply cannot adapt to these places. The same type of thinking was held in regards to their experienced trauma. Many thought that they would be feel fine as soon as

they were able to return to their native lands. In this example above displays that there is a desire to rebuild. What comes across as important is nature, and that interviewee 2 is willing to rebuild it themselves. Thus it could also be that they now feel hindered to fulfill thier daily life of working in nature, because of their living conditions. Their homelands seemed to be very important to them which might may have specific cultural reasons but also physical, such as that of their bodies' inability to adapt to unhealthier and humid climates. But it may also be due to other beliefs as the idea of being barried in thier homelands was also important to them. From both obersvations made and what was commoly discussed is regards to thier homelands, status was also something that the homelands provided for them depending on thier relationships with the locals.

6. Conclusion

This study discovered that the resources contra stressors were for the IDPs; the larger family sharing a co-dependent relationship, the desire for social support and the ignorance of mental health issues. Weather it was a resource or a stressor depended on the circumstances surrounding them and if they had physical access to them or not. The transactional theory's main way to devide cultures into the scale of individualistic or collectivistic. The IDPs showed signs of not being strictly individualistic or collectivistictivisitc. This could mean that, as Azerbaijan is a country in transition and derives from secular grounds, they might be becoming more individualistic. Thus using coping styles that are common for both fields, were employed by the IDPs. Talking with family and significant others and community work seemed to be more commonly used among the IDPs. This was proven to be preferred, if there was a good connection between locals and IDPs. Emotional based coping such as patience and nostalgia were used sparingly. Work was a coping strategy that many applied but not all mentioned it as helpful. The always preferred strategy was that of returning to their homelands, in that The common cultural finding was that of coping with their traumas by being back in their homelands. Their homelands seemed to provide for them the opportunity of appropriate burials, healthier climate and food, as well as their identity and prosperity. Some stated being burdened by the inability to be hospitable people in the same way as in their homelands. The goals of returning home did not just seem to be for their own well-being but for the well-being of their families also. As the idea of returning home was considered to be a way to relief for them, from the suffering. Question arises as to whether going home really will have the affect that they believe

it will, or not. Or if perhaps by focusing future services on the key points regarding their homelands, that the IDPs have mentioned as important to them could help them is their healing process. For example by focusing on integration to apt for those that felt burdened by their IDP status in areas where segregation was experienced.

The coping styles varied greatly in ability of being active, passive, direct and indirect, approached or avoidant, covert and overt, problem- or emotional focused. This means that there is a more varied use of coping than previously perceived through the collectivistic or individualistic cultural scale. This means that there will be a differing idea of what help is required and some will want access to services and others will not state the need. However the majority of the coping strategies used were active, which seems to show signs of IDPs culturally choosing active methods of coping. The fact that the majority then use active coping strategies signifies that active interventions also might be preferred by the IDPs. Passive coping strategies only seemed to be used when the IDP focused on altering the self and were not focused to controlling the surroundings. The majority of coping strategies also seemed to focus on the emotional instead of the problem at hand. It proved that even though the focus was on the emotional, it did not mean that it was a passive coping. It also demonstrated that approached coping could be both passive and active. Whilst culture has impacted on which coping strategies are used, there is still a great deal of personal attributes that affect weather that coping strategy is used to focus on the emotional or on the problem itself. These coping strategies could be directly aimed at fixing the problem at hand, but be indirectly focused on the trauma, meaning that they, in their coping, did not aim to deal with their actual traumas. The coping strategies employed directly aimed at trauma, were visiting graves, hopeful thinking and withdrawal.

Interventions that have been useful has been improved housing situation and economic services. It seems as though there is a misunderstanding of what mental health services are, which may derive from earlier perceptions of mental health in the USSR period. There appeared to be no particular cultural connection between living standards and the desire for helplines or group therapy, which could be due to a misconception of what these services are and how they are viewed by the IDP. There appears to be a need for an explanation of what mental health services are and also a mixed conception of what those services might be. The fact that some stated that they desired helplines and group therapy, can depend upon individual differences rather than cultural impact due the widespread desire for and against these services. It also would appear as though those experiencing loneliness are more apt to apply for mental health services.

Could perhaps their desire not to utilize these services be that their needs are met in current belief systems, for example that which they connect to their homelands and to held religion? And if so, is there a need for interventions?

It also seems as though there is a general concern for the use of mental health services as taking away attention from the IDPs returning to their native lands. Thus, those that rejected group therapy and hotlines, saw the implication of these services as a threat to their ability to return home which may derive from a mistrust towards the government. Question is if implementations of future interventions will late this thought pattern or not.

Within this study I perceived that there was a connection between mindset and outcome. These findings suggested that when the belief of going to their homelands was an attainable possibility, it gave a positive impact on their mental health, whilst if the IDPs did not know what would happen, and if they would return, they seemed to feel more stressed and nervous. My study cannot draw on conclusions due to its limited size but has brought forth information to enhance/encourage further studies. This is a possible topic of continued studies. Further points that could be of interest to study are how coping strategies may vary in regards to gender, to see what similarities and differences that might be found in a larger study of this kind. Also in regards to status.

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Appendix:

Appendix 1: Interview questions

Example questions included here with the IDPs were;

What is the difference between your current living and your prior living?

How has it been to live in transit?

What do you do to feel better today/while you can't go back to your lands?

Who do you communicate with today?

Have you experienced any body reactions after you left your homelands?

What are your thoughts regarding your future?

Illustration 1: *The Area Nagorno-Karabakh (CIA world fact book, 2004).*

Appendix 2: Analysed material

Coping strategy	Desired services	Social stressor	Other coping	Personality	Result	Living/resources	Ground beleif
Religion and ritual	No hotline return home desired hotline	Isolation (not living with family) poor living, bad health trauma done to family feels like a stranger economy	Talking to others, reach out to get help prayer, patience,	Builder master punctual farming life, doesnt like to complain	Still not cured, hole in heart.	House family and freinds(close) family, childrn	Only god can help them
Nostalgi, patiance, withdrawal Patiance	No hotline

hotline | Trauma, sick family members, | Talking to family | | Relives suffering | Distant family apartment(good quality) apartment, bad quality | |
Work	Helpline homelands	tight living, economy, segregation no longer working pollution employment	Hope return home, talk to others help others(kids)	Hard working pålitlig	Ntohing can cure thier wounds always stress,tension (othing helps)	House close and distant relatives freinds not good living	
Going home	Alla	All	All	All	All	All	all
service		Pentionerad,			Nervous		
Talking with family	Hotline to return home	Health, not being in hoemlands	grattitude	Director/ retired	Not nervousness relief pain, suffering	Houses, neighbours, family,	They WILL return home
Gratitude	No hotlines	Not being in homelands	-	Unemployed, retired	Some Nervous, some not	House, newer apartment, poorer apartments	Only god knows what will happen