

Surviving, Striving, and Thriving: A Qualitative
Study with former Refugees and their Service
Providers in Australia

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Abstract

Over the years, the major focus of refugee mental health has been on trauma and psychopathology. Research has reported varying rates of psychiatric disorders among refugees including elevated rates of PTSD compared with the general population in resettlement countries (Beiser, 2014; Fazel, Wheeler, & Danesh, 2005; Steel et al., 2009).

More recently, there has also been growing research interest in the resilience, coping and successful adaptation of refugees mainly because the vast majority of refugees in resettlement countries successfully overcome past adversity, manage post-migration stressors, and adapt to their host environments (Simich, 2014).

Accordingly *Research Project I* explored the coping resources and strategies of refugees to overcome past and ongoing distress; and how they find meaning in their life experiences. *Research Project II* explored the experiences of service providers working with refugees and asylum seekers. In *Research Project I (empirical studies 1 and 2)*, I used qualitative narrative methods (Riessman, 2008; Squire, 2008) to collect and analyse life narratives of 25 former refugees of two African communities (i.e. Sierra Leonean and Burundian) living in the Australian state of South Australia. *Research Project II (empirical studies 3 and 4)* was conducted with a cross section of 28 physical healthcare, mental health and resettlement workers; I systematically analyzed service providers' interviews using a thematic qualitative method (Braun & Clarke, 2006, 2013).

In the first empirical study (*Chapter 3*) I identified 'altruism and helping' as a prominent and recurring pattern in refugee life narratives. 'Altruism and helping' was encapsulated in four subthemes: (1) surviving war and exile; (2) adapting to Australian society; (3) reaching back home; and (4) meaning-making through religious beliefs.

Past research has indicated that altruism and helping behaviours can be prompted by positive experiences preceding or following adverse life experiences together with psychological reactions such as empathy, identification with others' suffering and a sense of social responsibility (ABS; Hernández-Wolfe, 2011; Staub & Vollhardt, 2008; Vollhardt & Staub, 2011). However no study had explored the significance of altruism and helping among refugee populations.

Study findings demonstrated how participants reached out to help others both individually and collectively, prompted by the help they themselves had received in times of need. Supportive family relationships, communal spirit within collective societies and 'learning by doing'; together with empathy, identification, and a sense of responsibility for the welfare of family, community and friends also promoted altruism. Helping, cooperating and sharing were entwined with participants' coping strategies and meaning-making of past and present experiences (e.g. via religious beliefs/ spirituality).

In the second empirical study (*Chapter 4*) I observed how refugees talked about past trauma and strove to make meaning of their past, present and future lives. Previous research has shown that people made sense of their life experiences—especially after disruptions to life—through the stories they told, including the 'silences' and incomplete narrative segments within those stories (Ghorashi, 2008; Riessman, 2008; Sorsoli, 2010; Squire, 2008).

Accordingly, I identified salient differences between the stories shared by the two refugee communities: whereas Sierra Leonean stories were evenly distributed along their life storyline and contained fully-formed narratives of all stages of their narrated lives from home to host country; Burundian narratives were largely silent about life in the home country. Five narrative types were also identified along a continuum from detailed

disclosure to near-complete silence about past trauma: (1) avoiding narratives; (2) struggling narratives; (3) prompted narratives; (4) narratives exceeding demarcated boundaries of disclosure; and (5) returning narratives. I analyzed the personal, interpersonal, sociocultural and historical influences together with the differences in narrative structure and content to offer several hypotheses as to how participants engaged in identity reconstruction and meaning-making through the stories they told.

In the third empirical study (*Chapter 6*) I identified vicarious resilience (VR) and vicarious traumatization (VT) together with work satisfaction and cultural flexibility as prominent and recurring themes of service provider interviews. VT is the negative psychological impact of trauma work (McCann & Pearlman, 1990a) whereas VR, a more recent concept, indicates the positive consequences to workers of identifying with the strength, growth and empowerment of traumatized clients (Engstrom, Hernández, & Gangsei, 2008; Hernández, Gangsei, & Engstrom, 2007). Few if any studies have inquired into VT and VR in a cross section of service providers working with refugees and asylum seekers.

The fourth analytic study (*Chapter 7*) was an exploration into how service providers ameliorated their clients' psychological trauma and eased their ongoing distress. The identified themes were: (1) establishing safety, trust and connection; (2) talking about trauma (3) working with silences and (4) promoting coping and growth. Service providers described the importance of establishing a trusting relationship with clients and the innovative strategies they used to work with clients who were reluctant or unable to talk about traumatic experiences (e.g. drumming, art, theatre). The study also described how participants explored, promoted and enhanced the resilience, strengths and capacity of clients based on a strengths-based model of therapeutic intervention.

Research Project I findings with refugees were to a large extent triangulated by the findings of *Research Project II* with service providers. Together both Research Projects supported the meta-theme of this thesis: the importance of moving beyond the negative focus on refugee people, for service providers, policy makers, and others, to take advantage of their tremendous capacity: to heal from past trauma, to utilize their unique coping strategies, to reach out to others and make meaning, to experience growth and to inspire their service providers.

Declaration

I, Teresa Puvimanasinghe, certify that this work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will in the future, be used in a submission for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide.

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Date: 15/6/2014

List of Publications

Publications are listed in order of appearance in this dissertation.

Puvimanasinghe, T., Denson, L.A., Augoustinos, M., & Somasundaram, D. (2014). 'Giving back to society what society gave us': altruism, coping and meaning-making by two refugee communities in South Australia. *Australian Psychologist*, 49(5), 313-321. DOI:10.1111/ap.12065

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Statement of Contributions on Jointly Authored Papers

Title of Paper 1: ‘Giving back to society what society gave us’: Altruism, coping and meaning-making by two refugee communities in South Australia.

Publication Status: Published.

Co-Authors: L. A. Denson, M. Augoustinos, D. Somasundaram

Title of Paper 2: Narrative and silence: How former refugees talk about loss and past trauma.

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Co-Authors: L. A. Denson, M. Augoustinos, D. Somasundaram

Title of Paper 3: Vicarious resilience and vicarious traumatization: Experiences of working with refugees and asylum seekers in South Australia.

Publication Status: Accepted for Publication.

Co-Authors: L. A. Denson, M. Augoustinos, D. Somasundaram

Title of Paper 4: Talking therapies and therapeutic silences: Working with refugees and asylum seekers in South Australia.

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Co-Authors: L. A. Denson, M. Augoustinos, D. Somasundaram

Contributions: I was responsible for initiating the aforementioned studies; after consultations with supervisors (the co-authors), as well as key informants from refugee communities and service providers at resettlement, mental health and healthcare agencies in South Australia. I was also responsible for the study design, literature searches, data collection, data analysis and interpretation; and manuscript preparation. All co-authors acted in a supervisory capacity during all stages of this research and manuscript preparation. Preparation of manuscripts was also assisted by the recommendations of the anonymous Reviewers of Journal manuscripts presented in Chapters 3, 4, and 6.

The undersigned agree that the aforementioned statements regarding author contributions are accurate and true:

L. A. Denson:

Date: 12/6/2014

M. Augoustinos:

Date: 12/6/2014

D. Somasundaram:

Date: 12/6/2014

Permission to use Published Papers

Chapter 3

I give permission for the following publication to be included in Teresa Puvimanasinghe's Thesis:

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Abbreviations and Acronyms

ABS – Altruism Born of Suffering

ACHR – Australian Commission of Human Rights

ACT – Acceptance and Commitment Therapy

AMHOCN – Australian Mental Health Outcomes and Classification Network

AMR – Applied Muscle Relaxation

BF – Biofeedback

BV – Bridging Visa

CA-CBT – Culturally Adapted Cognitive Behaviour Therapy

CBT – Cognitive Behaviour Therapy

CaLD – Culturally and Linguistically Diverse

DA – Discourse Analysis

DESNOS -- Disorders of Extreme Stress Not Otherwise Specified

DIAC – Department of Immigration and Citizenship

DIBP – Department of Immigration and Border Protection

EMDR – Eye Movement Desensitizing and Reprocessing

GAD – Generalized Anxiety Disorder

GP – General Practitioner

HRW – Human Rights Watch

HSS – Humanitarian Settlement Services

ICIB – International Commission of Inquiry for Burundi

IDP – Internal Displaced Person

IPA – Interpretative Phenomenological Analysis

IPT – Interpersonal Psychotherapy

IPV – Intimate Partner Violence

K-10 – Kessler-10

KIDNET – Narrative Exposure Therapy for children

MDD – Major Depressive Disorder

NET – Narrative Exposure Therapy

NGOs – Non Governmental Organizations

PPV – Permanent Protection Visa

PTG – Post Traumatic Growth

PTSD – Post Traumatic Stress Disorder

QMHS – Queensland Multicultural Health Services

RCOA – Refugee Council of Australia

SA – South Australia

SBS – Special Broadcasting Service

SGP – Settlement Grants Program

SLTRC – Sierra Leonean Truth and Reconciliation Commission

TAU – Treatment As Usual

TIS – Translating and Interpreting Service

TPV – Temporary Protection Visa

THCV – Temporary Humanitarian Concern Visa

TT – Testimony Therapy

UNDP – United Nations Development Program

UNHCR – United Nations High Commission for Refugees

V-PTG – Vicarious Post Traumatic Growth

VR – Vicarious Resilience

VT – Vicarious Trauma

WHOQOL – World Health Organization Quality of Life