Coping Strategies of Refugees from the Sudan: A Narrative Account of Resilience Themes

Robert Schweitzer

School of Psychology and Counselling, Queensland University of Technology

Jaimi Greenslade

Dept of Psychology, University of Queensland

Ashraf Kagee

Department of Psychology, Stellenbosch University

Address correspondence to: Robert Schweitzer,

School of Psychology and Counselling,

Queensland University of Technology,

Brisbane, QLD 4034, Australia.

Telephone: +61 7 3864 4617. Fax +61 7 3864 4660.

E-mail: r.schweitzer@qut.edu.au

Abstract

Objective: Explores the coping strategies employed by 13 resettled Sudanese refugees

Method: Refugees were asked to outline the strategies that assisted their coping throughout the premigration, transit and postmigration periods. Interviews were administered to refugees with the assistance a bilingual community worker.

Results: Resettled refugees outlined three strategies that assisted their coping across all periods. These included religious beliefs, social support and personal qualities. A fourth strategy, comparison with others, also emerged in the post migration context

Conclusions: Sudanese refugees identify a number of strategies that assist their coping with trauma. Such strategies can be used to improve the well being of resettled refugees in Australia.

Key words: refugees, coping, Australia

Word Count 4386 words.

In the 2002-03 program year, Australia granted a total of 12 525 visas under its Humanitarian Program [1]. In keeping with the United Nations High Commission for Refugees (UNHCR) guidelines, priority was given to the resettlement of people from Africa, with this group comprising 47% of all humanitarian entrants [1]. A national longitudinal survey commissioned by the Department of Immigration, Multicultural and Indigenous Affairs (DIMIA) found that humanitarian entrants experienced greater levels of stress and social difficulties than other migrant populations [2]. Many have fled situations of extreme violence [3] and have experienced significant trauma, hardship, loss of family, and interruptions to schooling or work [4].

The deleterious psychological effects of exposure to trauma and torture have been well documented [5,6]. However, there is growing recognition that a large number of refugees do not experience long term mental health difficulties despite being exposed to considerable trauma [6, 7]. Limited research has focussed on such refugees and the factors that allow postmigration adjustment. The present study aims to address this empirical gap by outlining the themes highlighted by a sample of Sudanese refugees as enabling coping and adaptation following traumatic experiences.

Research on refugee mental health

Evidence emerging from the field of refugee mental health has revealed that the traumatic events experienced by refugees lead to an increased risk of psychological distress and psychopathology. Recent investigations have pointed to elevated rates of emotional distress, symptoms of post-traumatic stress, anxiety and depression [5,6]. Other mental health problems such as psychosomatic disorders, grief related disorders and crises of existential meaning have also been reported but to a lesser extent [8, 9]. In general, a robust dose-response relationship has been found between the number of traumatic events and the level of

psychological stress reported among refugees [10]. For example, Steel , Silove, Phan & Bauman [6] found that refugees reporting more than three trauma categories had an eightfold increase in risk of mental illness. Further, participants reporting one or more trauma categories had a twofold increase of risk compared to those who had experienced no exposure to trauma after 10 years of resettlement.

Recent research has also highlighted the deleterious effect of stress in the postmigration period. For example, Schweitzer et al. [7] found that postmigration difficulties such as unemployment, and family separation were associated with symptoms of depression and anxiety in 63 resettled Sudanese refugees. Similarly, Heptinstall, Sethna & Taylor [11] found that family financial difficulties and having an insecure asylum status were predictive of depression and PTSD in a sample of 40 refugee children between the ages of 8 and 18.

Limitations of research on refugee mental health

Despite support for the relationship between traumatic events and symptoms of traumatisation, recent research [3] has noted that there are several limitations to the refugee research in conceptualising the psychological status of refugees. With few exceptions, psychological studies have utilized quantitative methodologies to examine exposure to traumatic events, posttraumatic psychiatric reactions, and the identification of risk factors to mental illness or acculturation stress. Such an approach has offered clinicians an understanding of the level of DSM-related psychopathology among refugees. However, the strong focus on trauma and posttraumatic stress reactions means that limited attention has been directed towards understanding positive adaptation in refugees. Specifically**,** most research based on checklist and structured questionnaire data fails to acknowledge that the majority of refugees appear to have adapted to the various stressors they have encountered without any formal assistance from mental health professionals [6, 7]. Indeed, a considerable body of literature has emerged on resilience and growth in response to trauma-related to

natural disasters, medical illness, war and combat and bereavement [12, 13]. For example, Schaffer and Moos [12] report that individuals who have been confronted with life-threatening experiences frequently report a re-evaluation of their own lives and strengthened family relationships. They also demonstrate increased empathy for others and more frequently utilise social resources such as family members, friends, and co-workers. Tedeschi and Calhoun [14] also report that victims of trauma perceive that they have improved relationships, new possibilities, a greater appreciation for life, a greater sense of personal strength and spiritual development. However, limited research has examined resilience and coping strategies for persons who have been forced to flee their country of origin and assume refugee status.

Some notable exceptions do exist in the literature. For example, a number of quantitative studies have noted that social support is associated with increased psychological well being in refugees [7, 15, 16]. Further, having a strong religious or political belief system has been associated with better therapy outcomes [17]. Finally, avoidance strategies such as prayer, sleeping, and reading have been identified as methods which help refugee youth cope with sadness [18].

While these studies have been useful in identifying the coping strategies associated with refugees, they are limited in that they focus only on the coping strategies employed in the postmigration period. As such, they ignore the impact of coping strategies employed during periods of trauma. Further, studies focussing on adaptation tend to utilise quantitative methodologies. Quantitative methods rely on *a priori* assumptions about the range of relevant variables to be assessed. These assumptions may be problematic in under-researched areas where little is known about the phenomenon being examined.

Therefore, the present investigation aims to document the resources utilised by recently arrived refugees in Australia. The study addresses coping strategies adopted by refugees

through three phases of their lives; that is, premigration, transition and postmigration. It will employ a qualitative methodology so that the salient themes reflecting coping strategies will emerge from the data. To do this, it will utilize a sample of resettled Sudanese refugees in Australia. Sudanese refugees have been exposed to an ongoing civil war since 1983 when violence erupted between the predominantly Muslim north and the Christian south [19]. It is estimated that this conflict has claimed the lives of over 2 million Sudanese over the past two decades [20]. The combination of war and drought has produced chronic food shortages in many areas of the south, resulting in famines in 1988, 1992, and 1998. As a result, humanitarian conditions in Sudan remain among the worst in the world [20]. Approximately 5.5 million refugees have been forced to flee their homes and have either become internally displaced persons within the country's borders or are living as refugees or asylum seekers in neighbouring states [20]. Consequently, Sudan has ranked as one of the world's leading producers of uprooted people since the mid-1980s, with more than 80 percent of southern Sudan's population having been displaced since 1983 [19]. Despite experiencing considerable hardship, reports of resettled Sudanese refugees emphasise that the refugees are extremely resilient and have high expectations for the future [21].

METHOD

Participants

Thirteen Sudanese refugees aged between 17 and 44 years (M = 29.77, SD = 8.35) comprised the sample for this study. Of the total sample, four (three males and one female) participants were recruited through liaison with a non-government refugee resettlement organisation. A further nine (six male and three female) participants were recruited via convenience sampling. Two community liaison workers (one male, one female), who had strong links with the Sudanese refugee community, identified potential participants and approached them to participate in the study.

Participants had lived in Australia an average of 4.15 years (*SD*=2.27, range = 1 - 7 years) at the time of interview. Eight respondents were unmarried, four were married and one was divorced. The participants had an average of 1.54 children (*SD* = 2.33, range = 0 - 8) and 6 of the 13 had at least one child. Eight participants had completed high school and three had obtained a tertiary qualification. Of the 13 respondents, six had not been in the workforce in their home country and four had engaged in either semiskilled or unskilled employment. At the time the data were collected, six were not employed in the workforce in Australia. All participants identified themselves as Christians and reported speaking a variety of different languages at home including Arabic (three), Low (three), and Dinka (two). The majority of participants reported some difficulty in understanding English, although four stated that they were fluent.

The Interview.

A semi-structured interview protocol was developed for this study. This protocol first asks participants to describe their experiences during the pre-migration, transition and post-migration periods. As participants tend to detail only the stressors they experience in each period, specific prompts were then utilized to allow participants to outline the strengths and resources they brought to bear on the situation that allowed them to cope. An example of such a prompt included “was there anything (or anyone) that helped you handle difficulties”

Procedure

Following ethical approval being provided by the institutional university ethics committee, two bilingual multicultural workers (one male and one female) assisted in the recruitment and interviewing of participants. Prior to commencement of interviews, all participants were informed of the goals of the study, given assurance of confidentiality and asked to sign an informed consent form. Fourteen people were originally identified to participate in the study, of which one declined to enroll. All other persons invited to

participate agreed to be interviewed. One participant was under 18 years of age and obtained consent from his guardian to participate. Twelve of the participant interviews were conducted in English, which is a second language in Sudan. One interview was conducted in Dinka, with the assistance of a female bilingual multicultural worker. Four participants were interviewed at a non-government refugee resettlement organisation and the remainder were interviewed in their homes. Interviews were conducted as part of a larger investigation into the psychosocial adaptation of refugees from the Horn of Africa. All interviewers had received training and experience in conducting in-depth qualitative interviews.

Interviews were tape recorded and transcribed and each participant was provided with a $20 voucher to a large supermarket chain as a token of appreciation of their participation. Due to the sensitivity of the topic and the possibility of interviewees becoming distressed as a result of the interview, referral procedures were put in place to address the needs of distressed respondents. Over the course of data collection, two referrals were made to a specialist agency for follow up.

Analysis

The analysis was conducted using the guidelines developed by Smith, Jarman and Osborn [22] for Interpretive Phenomenological Analytic principles (IPA). The interview transcriptions were read and filler words were removed, after which the transcriptions were entered into Atlas.ti 4.2. The first stage in the analysis of the data involved the identification of themes that were considered expressions of the salient experiences and concerns of the respondent. This process involved two steps. The first was open coding where interview transcripts were read holistically and key issues mentioned by respondents were noted. The second step was selective coding where key phrases, statements, and comments were labeled and categorised according to their content.

The second stage involved treating the data nomothetically and identifying

connections between the codes identified in the first stage. The aim of this stage was to identify emergent (or superordinate) themes. Emergent themes were identified by noting similarities and differences in the content of the statements that were categorised through the coding process. We also searched for patterns in the codes by examining the frequency of codes across participants. This technique is associated with grounded theory [23]. The second stage of the analysis provided the basis for the explication of the data, which involved translating the emergent themes into a narrative account of the experiences of the participants. The structure of the findings was confirmed by means of re-reading the original narratives and modifying the codes accordingly. A second investigator and an independent researcher checked each phase of the explication in order to ensure that the emergent themes could be traced to the original data.

RESULTS

Participants identified several strengths and resources that allowed them to cope with pre-migration, transition and post-migration stressors. These coping strategies included family and community support, religion, personal qualities and comparison with others.

Family and community support. One resource that participants commonly reported as assisting their coping was social support from their family, friends and the commonly. In the pre-migration and transition periods, participants reported largely receiving support from their family and friends. Family, including extended family members such as grandparents, cousins, aunts and uncles were described as providing emotional support. For example, one informant described receiving support from his Grandmother: "*at that time my grandmother was alive so if I have anything I just go and talk to her and yeah, she comforts me*". Emotional support was also provided by close friends. As one participant reported:

> "*if I had a fight or with my, say with my Aunty or my uncle, and I am feeling down, if I go to my, to my friends family they will comfort me, you know they will say, OK, you*

will one day grow up and have your own family, don't think about that, you know, use encouraging words".

Once participants arrived in Australia, the individuals reported having lost a large degree of their social network. As such, they relied on a broader range of individuals to provide them social support. Specifically, individuals no longer relied on only family and friends but utilized support from a broader range of individuals from the Sudanese community. Community members were used primarily as a means to discuss problems with adaptation to Australia and were seen as particularly encouraging with regard to education and employment given that they understood the difficulties faced by newly arrived refugees in these areas.

However, it should be noted that not all participants reported receiving comfort from the Sudanese community. Several participants reported that they "*isolate themselves from the community"*. Such participants felt either that the Sudanese community did not understand their problems or that they expected problems to be solved in a manner that was in keeping with traditional cultural norms of Sudan. One participant reported that she preferred to seek assistance from non-Sudanese individuals, as they encouraged her to "*follow her heart"* rather than to act in the manner expected in Sudan. As such, participants reported that they had formed friendships with Australians to help them cope. Such friendships were utilised in three ways. First, they provided informational support which assisted their adaptation to the culture. Second, they provided emotional support so that individuals could discuss their difficulties. Third, they provided a source of distraction from problems that existed. One participant who was asked how he coped with stressors replied "*I just go and play basketball with a few friends.*

The role of religion. A second factor that allowed refugees to cope with their difficult experiences is belief in God. As one participant reported, *"you know when I pray and I say,*

God is there, God will help". Belief in God provided participants with a mechanism via which they could regain some of the control and meaning they had lost over their lives. As one participant reported: "*I was losing my control and I decided to walk out and just leave it to God, that's just what I said and nothing has happened since then"*. Another stated, "*when you put everything in God's hands, and believe in God, it happens*".

Participants also noted that they used their belief in God as a form of emotional support. Specifically, they described how praying to God provided them with a way to cope with present unhappiness and loneliness. For example, one respondent stated that she prayed a great deal of the time, as she did not have anyone to talk to. Another reported that it helped her when she was depressed: "*sometimes when depressed, and I stay two weeks at home without going to college, so I'm just praying to God to just help me, to do something, to forget about all this"*.

A belief in God also assisted participants as they often became involved with the Church who provided them social support, informational support and material support. Specifically, one participant reported that the church gave them money and clothes and assisted them in gaining safe passage from Sudan. Another participant described the emotional support that the church provided to his mother "*my mum goes to church because you know, because they speak English and they understand. The thing I like about them is they understand the problem you know"*.

Personal attitudes and beliefs. During the premigration and transition periods, participants stated that their attitude in responding to highly adverse personal circumstances as a factor that allowed them to cope. Some participants felt that they became strong, dealt with each of the challenges that arose and resolved to fight for what they believed in despite the hardships that it may cause. For example, one participant stated

> *"I said to myself that I will not go to fight. I rather die than going to fight. I said I'm not going to give up, I'm not going to say I'm not getting enough food, I'm not having fun, I'm not having everything I used to have before, so I'm going to give up and just lie there and kill myself, no I didn't".*

Other participants stated that the way that they dealt with the stressors experienced was to give up. For example, one participant reported: *"you know you just I guess you just say, ah, when it is my time, it is my time so you just don't care about safety any more"*. Another stated *"There is not really much choice that you have to face it, just, I guess, go through it"*.

Comparison with others. A final coping strategy that was employed by participants was comparison with others. This coping strategy was only reported by participants in the post migration period and involved comparing themselves to others who were less fortunate allowed them to gain perspective and cope with their difficulties. As one participant stated

> *"I am fortunate enough because I'm in Australia but there are some people that are still in Africa, not even in Australia, there are some refugees that are in places like Woomera and they are still going through more hell than me"*

The comparison of themselves to others allowed participants to feel hope for the future. They found that such a comparison reminded them that they had survived through worse experiences and that they were in a fortunate position despite their difficulties.

DISCUSSION

Participants in this study were able to identify those critical coping strategies associated with their well-being through the premigration, transition and postmigration periods. Such strategies included; seeking support from extended family and friends, religious beliefs, recognition of personal attitudes and beliefs that promote coping and comparing themselves to others who were seen as less fortunate than themselves.

These coping strategies are consistent with those pre-stressor characteristics that have been identified in other populations as buffers to the development and maintenance of psychological disturbance. Specifically, past research has suggested that social and family support, spirituality and religious faith [24] are important factors in promoting resilience. Further, a number of studies have noted that the capacity to make meaning of situations is associated with positive outcome [25]. Therefore, the coping strategies employed by refugees in the present study are likely to lead to improved adaptation following significant stressors.

The findings of the study demonstrate that people do not respond passively to events. Even after experiencing forced migration respondents are able to engage with others in an active and problem-solving way. This is not to suggest that all refugees are able to access the resources demonstrated by many of the current sample, but rather, that it is important to focus on the individuals' capacity to make meaning based upon their experiences in seeking refuge. We concur with the findings by Kline and Mone [4] who called attention to the limitations of a narrow mental health focus. These authors argue for a psychosocial approach that takes into account the beliefs, perspectives and values of the individuals. Our findings underpin the strengths that refugees bring to this task and provide a basis for rebuilding and reinforcing an adaptive orientation in building a new life in their adopted country.

A strength of the present study is that it extends on trauma research by focussing on the factors that lead to psychosocial health. It also utilised a qualitative methodology which is arguably better suited to gaining an understanding of the refugee experience. However, an important limitation of the present study is the small sample size and the heterogenous nature of the sample in terms of time spent in the period of transition and in Australia. Future studies utilising larger samples may be able to examine specific groups of refugees more closely and explore whether there are factors that result in specific trajectories or result in more robust resilience for the respondents.

In summary, the study highlights the role of family and community in enabling people who have been exposed to significant traumatic events to make meaning of those events. It also highlights the role of spirituality and the respondent's personal attitudes and beliefs in promoting emotional adjustment. It is hoped that future studies will compliment a perceived focus on negative outcomes and symptomotology with some of the more positive attributes identified in the current study to gain a more comprehensive picture of the refugee experience.

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