TOWARDS A PROCESS-BASED

UNDERSTANDING OF

RESILIENCE:

An Investigation into Post-Trauma

Resilience in Eritrean Refugees

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A thesis submitted in part fulfilment of the requirements for the degree of

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DECLARATION

I, hereby declare that this thesis is an original piece work carried out and written by myself. It is being presented in part fulfilment of the requirements of the degree of Professional Doctorate in Counselling Psychology at London Metropolitan University and has not been previously submitted for any other academic award.

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Signature   *Date*

To Mum,

You have been the most profound example of resilience

And my inspiration to endure, persevere and achieve.

ABSTRACT

Resilience literature has recently seen an important shift in focus from the identification of individual characteristics that seem to contribute to positive adaptation to a focus on how these characteristics appear to work together cumulatively to result in such adaptation. There is a paucity of research though that conceptualises post-trauma resilience as an interactional and transactional process or adopts a culturally-sensitive perspective. This study therefore sets out to consider some of these gaps by qualitatively investigating the processes underlying resilience from an ecological, developmental and culturally-sensitive perspective in an adult population that have endured high levels of psychological trauma. Refugees were the population of choice given the proportionally high levels of exposure to traumatic events present within this population. Moreover, the study of the resilience process within the experience of refugees hailing from certain cultural backgrounds such as Eritrean is remarkably scarce. Six in-depth interviews were conducted with Eritrean refugees who have sought asylum in Malta. Subsequently, in the theoretical sampling stage, an additional seventh interview was conducted with one of the original participants. Themes garnered from a constructivist grounded theory data analysis highlight the role in resilience of a variety of psychological processes including responding to external messages critically and analytically and striving to maintain existential well-being. Additionally, analysis pointed towards the role of contextual factors such as religious practices and cultural norms and indicated the presence of a set of transactional processes between these two aspects. Finally, a theoretical model was developed attempting to capture how these processes operate in conjunction to lead to post-trauma resilience in Eritrean refugees. Following a discussion of this study's limitations, suggestions detailing how future research can help enlighten areas that were only partially examined by this research, were provided. Finally, implications for theory and practice were discussed in view of providing suggestions for resilience-based interventions for refugees exposed to traumatic events.

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LIST OF ABBREVIATIONS

AAD	Adversity Activated Development
APA	American Psychiatric Association
CER	Conditioned emotional response
CoP	Counselling Psychology/Psychologist
CS	Conditioned stimulus
DSM-III-TR	Diagnostic and Statistical Manual of Mental Disorders (3rd Ed., Text Revision)
DSM-IV-TR	Diagnostic and Statistical Manual of Mental Disorders (4th Ed., Text Revision)
ELF	Eritrean Liberation Front
GT	Grounded theory
GTM	Grounded theory method
HSCL-D	Hopkins Symptom Checklist
HTQ	Harvard Trauma Questionnaire
IRP	International Resilience Project
JRS	Jesuit Refugee Service
NGO	Non-governmental organisation
PTG	Post-traumatic growth
PTSD	Post-traumatic Stress Disorder
UCR	Unconditioned response
UCS	Unconditioned stimulus
WWI	World War I

GLOSSARY OF KEY TERMS

Term	**Current Study's Definition**
Broad Resilience Research	This will be taken to encompass research pertaining to all three conceptualisations of resilience (i.e. Post-trauma resilience, positive adaptation within high-risk backgrounds and positive adaptation following a challenging event or experience of misfortune). This term was developed for use in this study as not all literature distinguishes between the three conceptualisations.
Coping	The process of adapting positively in the face of normative developmental challenges and daily stressors.
Positive Adaptation	An individual will be understood to adapt positively following traumatic events if, in the long-term, s/he does not experience negative psychological effects and significant disruption to their general functioning. That is, possible negative psychological abreactions displayed in aftermath of traumatic events would not be of a pervasive nature and the individual would not be currently experiencing high levels of psychological distress.
Post-traumatic Growth (PTG)	The individual display of positive psychological change after going through a traumatic event/s.
Psychological Trauma / Trauma	The unique individual experience of objectively distressing event/s or prolonged conditions that *may* overwhelm one's capacity for emotional integration. These traumatic events are understood as encompassing a subjective a threat to life, sanity or integrity.
Refugee	An individual who owing to a well-founded fear of being persecuted because of reasons such as race, religion, war and violence, is outside their country of nationality, and is unable to or, owing to such a fear, unwilling to avail him/herself of the protection of that country (Geneva Convention, 1951).
Resilience	A dynamic and interactive process leading to positive adaptation within the context of significant threat, severe adversity or trauma.
Stress	In contrast to 'Trauma', refers to the experience of more normative and frequent stressors and challenges such as fulfilling a work deadline or relocating.
Traumatic Event / Experience	Objectively distressing events that are usually understood as encompassing a subjective threat to life, sanity, physical or psychological integrity.

PROLOGUE

REFLEXIVE STATEMENT

This thesis makes a case for the novelty of investigating the phenomenon of resilience from a cross-cultural and counselling psychology perspective. Within the field of cross-cultural research, ethnocentrism debates run rife (Stanfield, 1998) and much has been argued about the place of the historically empowered majority culture researcher who engages in the "colonising discourse of the other" (Adamson & Donovan, 2002, p.816; Eleftheriadou, 2009). Counselling psychology with its premium on reflexivity appears to equip this research with the tools required to quell such a debate which has predominant considerations for this particular research. It has been emphatically stated by Adamson and Donovan that reflexivity is one of the major and most effective ways of addressing the impact of certain factors that impinge on the research process, such as the gender and ethnicity of the researcher that, continue to fuel the debates mentioned above. It is hence argued that reflexivity in research can truly allow the researcher to provide an account of the world in a way that it can be justified and allows the audience to more comprehensively understand the specific interpretation of data collected (Sword, 1999). Such an outcome is of particular importance in cross-cultural research as the research process is greatly impacted by characteristics like ethnicity of the researcher and participant (Adamson & Donovan) and such an impact is greatly heightened when these are not matched.

It is therefore essential to begin this work by situating myself, the researcher, within the context of this piece. I have always been enthralled by the strength of the human spirit and despite the wealth of literature on the detrimental effects of traumatic exposure, I remained intrigued by how certain individuals not often mentioned in our statistics, survive and adapt positively. This was fuelled by witnessing first-hand children's lives in developing countries; children who, in the midst of extreme poverty and deprivation, managed to move on to live fulfilling and productive lives. In particular, while working in refugee detention centres in Malta and the UK, I witnessed the distress caused by the refugee experience and the individuals' sheer courage and determination to survive. This continued to fuel my interest in

resilience. It was here that I became concerned with the refugee's plight and I sought to find ways to give refugees the space to speak about their experiences through organisations and initiatives I became involved in.

While working with refugees as a psychology graduate, I became aware of the lack of interventions that were specifically designed to meet the needs of the refugee reality and the culturally diverse refugee population. I was also struck by the fact that clinical practice in the field lacked an understanding of the personal and social resources this population possesses. Feeling unskilled to meet the psychological needs of this population, I was motivated to search for ways in which to build up my skill base. Furthermore, it seemed to me that while psychological literature had niches for populations like war veterans or child abuse victims, it did not seem to have a specific niche for refugees. Throughout my later training, my desire to shed more light on the refugee experience and their resilience never quite left me, culminating in my choice of population for this investigation of resilience.

On a personal level, I recognise that I have always faced obstacles with a determination to overcome them and more importantly not allow them to break me. My relationship with adversity in recent years has been no different. While this does not preclude feeling the intense rawness and pain of adversity, I notice that I consciously do not allow myself to despair or reach certain depths of "lowness". Rather, I constantly encourage myself to keep my spirit above the pain and look forward. This is what I believe has really spurred me on amidst difficulties encountered in recent years; allowing me to continue persevering towards my goals, believing in a brighter tomorrow.

Entering an undergraduate psychology degree, I began to question the prevalence of such a response to adversity. It seemed that the "normal" developmental life course was pitched against the pathological responses to challenging life paths with no other presentations in between. This resulted in a keen determination to understand the resilience to overwhelmingly difficult life events I was convinced existed through the lives I had witnessed.

This could be described as one of the motivators in the choice of counselling psychology as the specific discipline I wanted to pursue, believing in the fit with CoP's interest in positive outcomes and human potential. Moreover, my undergraduate dissertation had whet my appetite for empirical research and certain of its value in furthering the understanding of

complex phenomena in human experience it instilled in me a deep interest to investigate resilience at a higher level of study.

Unsurprisingly, my CoP training served to challenge my belief in the value of resilience as a response to adversity. Engaging with therapeutic approaches, whose aim was to restore functional patterns of cognition and behaviour when these had been disrupted, a response I was once convinced of, perhaps blindly, became one I questioned and deconstructed. This increased as my personal "strengths focus" was challenged both in therapy and in supervision. Naturally, I became more critical of the construct and was less ready to accept what I initially saw as resilient individuals at face value, attempting to understand whether certain responses may be more related to resignation or denial and hence maladaptive in the long-term. With a more critical lens, I saw that certain responses to traumatic events are indeed not always negative and certain processes that allow the individual to maintain stability and live a fruitful life are indeed adaptive. I hence became very interested in understanding the individuals' process in relation to the severe adversity they faced. This personal path with the phenomenon of resilience, convinced me of its existence all the more, but at the same time made me surer of the need to investigate the individual's resilience process comprehensively. This hence became the natural choice for my own research and the following chapters will present the process and findings of the investigation into resilience upon which I embarked.

DOCTORAL THESIS

PORTFOLIO

Alexia Rossi

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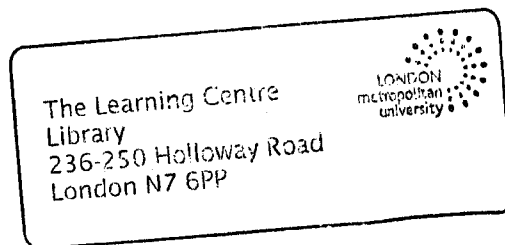
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PREFACE

This prologue will introduce the four components of this Doctoral Thesis Portfolio and present the common thread linking these elements. Each of these components is particularly focused on a facet of the practice of counselling psychology and I feel that together they serve to highlight the scientist and reflective-practitioner identities of a counselling psychologist. The portfolio begins with an empirical piece of research that strives to obtain an intricate understanding of the phenomenon of resilience; developing a theoretical model explaining the resilience process in a sample of Eritrean refugees. Subsequently, a reflective essay charts my journey as a trainee counselling psychologist and discusses the development of my professional and clinical identity. Thirdly, a theoretical essay will explore the nature and benefits of group therapy and utilise case examples to engage in a comparative analysis of two different models within this therapeutic format. The portfolio ends with a process report illustrating issues pertaining to cross-cultural work in my clinical practice and highlights the potential pitfalls I faced as a trainee in these novel situations.

A closer look at the portfolio's components will indicate how they all to some degree emphasise the importance of a multi-dimensional approach in psychological praxis; be it through an ecological/systemic contextualisation of client issues, adopting an ecological, developmental and cultural lens in one's investigation of psychological phenomena or the benefit of integrating concepts from various therapeutic modalities to offer more effective treatment. Apart from being a main tenet of counselling psychology philosophy, this multi-dimensional approach to theory and practice fits in with my personal philosophy as I have always valued multiple ways of knowing and shunned away from unitary frames of reference.

Section A: Empirical Research Project

Motivated by the lacunae uncovered in the field of resilience, this research project sought to investigate how post-trauma resilience operates in a sample of six Eritrean refugees. This investigation strived to obtain a comprehensive understanding of resilience that encompasses the possible adaptive role of ecological and developmental systems. This qualitative inquiry adopted a constructivist grounded theory methodology in order to fulfil these research aims and chose to focus on refugees given the high levels of exposure to traumatic experiences present in this population.

Through its multi-faceted approach to the study of the resilience phenomenon, this research highlights that a refugee's ability to adapt positively following traumatic events is contingent on psychological processes such as striving to maintain existential well-being as well as transactions between the individual and contextual factors such as family and culture. Based on its findings, this research suggests that prevention and intervention programmes for refugees might be more effective if they strive to concurrently target psychological processes such as meaning-making and mobilise external resources like cultural values that have an adaptive significance.

Section B: Reflective Essay

Through this essay I discuss my personal journey as a counselling psychology trainee, starting from my interest in the humanistic philosophy underpinning this discipline and continuing with the gradual development of my personal identity as a counselling psychologist. The latter spans the breath of the essay. The development of my counselling psychology identity is depicted as a dynamic process, with my personality and epistemological position acting as firm starting points and then being nurtured by clinical and reflexive experiences. As explicated in the essay, this process has, up to this point, led to the cultivation of a personal theory of therapy that views the client as the expert of his life and the therapist as the facilitator of his/her personal journey of personal growth.

This essay also discusses in detail my personal approach to therapy. Starting with Cognitive Behavioural Therapy (CBT) as my main theoretical orientation, largely, due to situational factors, a number of clinical experiences that exposed the limitations of this approach served to fuel a growing appreciation of the value of an integrative practice. In this respect, I describe how the integration of concepts from psychodynamic and gestalt therapy within my

CBT practice has enhanced client case conceptualisations and the therapeutic process in a manner that compensated for CBT's limitations for those particular issues. Hence, it is here that I feel that a multi-dimensional approach to theory and practice has been particularly fruitful in my professional development.

Section C: Theoretical Essay

This section discusses group therapy's strengths, especially its ability to effect change through a collective focus on the internal, interpersonal and systemic-contextual facets of an individual's experience. This essay examines the hypothesis that therapeutic change may result from factors that operate at a group-level, e.g. interpersonal learning and support, a sense of belonging and (depending on the theoretical model) the corrective recapitulation of the primary family group (Yalom, 1985). Hence it is clear that a pluralistic approach to psychological difficulties is itself a perspective that is deeply seated within group therapy's mode of action.

This essay also seeks to critically analyse psychodynamic and cognitive-behavioural group therapies with a particular focus on their distinct utilisation of process and content interventions. To discuss this theme, the essay utilises clinical examples of a parent-training and aggression-management groups, demonstrating a practical application of the theory being discussed.

Section D: Process Report

In this final section, I present my clinical work with Gulcin (pseudonym), a Turkish client who was being seen with an interpreter. This report provides an in-depth analysis of crucial practice issues in cross-cultural work such as the impact of the presence of a third person in therapy and trust and confidentiality issues. In this case, these issues assumed an even greater relevance due to Gulcin's presenting problem relationship history. I feel that this work was priceless in my training as the pitfalls I encountered and a subsequent reflective analysis afforded me a valuable opportunity to grapple at length with cross-cultural complexities.

The need to attend to the client's ecological/systemic context in assessment, formulation and intervention is clearly apparent in this therapeutic encounter. Feeling different from family/peers and struggles against societal cultural pressures emerged as recurrent themes in this work with Gulcin, suggesting a complex web of social and cultural pressures impinging on her psychological well-being. Together with cognitive-behavioural theory,

Bronfenbrenner's (1979) theory was used to explain how Gulcin's issues may have been influenced by the interaction between herself and the messages she received from the various units in her microsystem from childhood to adulthood. While this served to provide me as a clinician with a more comprehensive understanding of Gulcin's case, I was less in touch with the possible systemic factors impacting on the therapeutic process within the therapy room itself.

This case and the reflective analysis it set in motion, allowed me to appreciate the value of grounding myself in the ethos and perspective of counselling psychology. They reinforced my awareness about the value of attaching importance to the individual's subjective experience, prioritising the therapeutic relationship, understanding the client's context and aiming for empowerment. This focus provides, in my opinion, the best point of departure for the provision of an effective service to the varied client group a counselling psychologist encounters.

Section A

Empirical Research Project

INTRODUCTION

1.1 Introduction

Exposure to counselling psychology's (CoP) long-standing emphasis on human potential, positive adaptation and strength-based interventions (Arbona & Coleman, 2008) during my training years reinforced my profound interest in the ability of certain individuals to withstand what objectively seems like highly adverse experiences. Historically though, psychology has tended to place an emphasis on human frailties rather than strengths (Hall & Lindzey, 1985) with often singular prominence afforded to vulnerability (Garmezy, 1992). Whereas the field of risk and vulnerability has a long and successful research history (Zautra, Hall, & Murray, 2010) the same cannot unequivocally be said for resilience; the phenomenon of positive psychological outcomes following adversity.

This is made more apparent by the current lack of a framework that can explain the surprisingly high levels of positive adaptation observed in the face of diverse traumas (Zautra et al., 2010). Substantial interest has been spurred by such resilient individuals and the question that has gained attention over recent years is 'How do they do this?' The study of resilience has grown exponentially in recent times, giving rise to a body of literature focusing on psychological stability and well-being in response to adversity such as sickness, war and natural disasters (Schaefer & Moos, 1998). "There is now substantial, if not universal, evidence of its paradigm-building strength among social scientists interested in models of health and well-being across the lifespan" (Zautra et al., p.23).

However, while a wide knowledge base is available about the separate psychosocial factors implicated in positive adaptation to traumatic experiences, there is a dearth of studies comprehensively investigating post-trauma resilience as an interactive and transactional process involving ecological and developmental systems. I aim to address this present limitation in our understanding of resilience, by qualitatively investigating positive adaptation following the refugee experience; refugees being a population experiencing high levels of exposure to traumatic events, but concurrently displaying high levels of resilience (Schweitzer, Melville, Steel, & Lacharez, 2006). In this respect, I believe that CoP's predilection for a multifaceted understanding of psychological concepts and focus on

subjective meaning-making (Woolfe, Strawbridge, Douglas, & Dryden, 2010) and the ecological context provides a highly pertinent framework for such an investigation.

This chapter will proceed by providing a theoretical background for and defining key concepts, reviewing relevant literature and specifying this study's research questions and aims.

1.2 Psychological Trauma

Epidemiological studies show that the experience of traumatic events is fairly common, with most people experiencing at least one such event in their lifetime (Breslau, Davis, Andreski & Peterson, 1991). This captures research interest and for long, researchers have sought to understand psychological trauma, resulting in a plethora of conceptualisations and ever new ways of operationalisation. These conceptualisations include; any experience that threatens an individual's well-being, the experience of an extraordinary stressor and the violation of basic assumptions of one's membership in a social group (Brewin, Dalgeish, & Joseph, 1996).

This study has developed its definition of psychological trauma building on Pearlman and Saakvitne (1995) and the DSM-III-TR's[1] definition of a traumatic event. Psychological trauma will hence be understood as the unique individual experience of objectively distressing events or prolonged conditions that *may* overwhelm one's capacity for emotional integration. More specifically these experiences are usually understood as encompassing a subjective threat to life, sanity, physical or psychological integrity. This definition highlights that an important distinction needs to be made between the event itself and its impact on (or experience of) the individual. Papadopoulos (2005) argues that this is a crucial distinction as it allows for the separation between an objectively traumatic event and the *idiosyncratic* response to it. This definition highlights that despite the strong psychological demands traumatic events place on the individual, a variety of differential post-trauma responses exist.

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[1] The definition from DSM-III-TR was selected over a definition from DSM's more recent version, since DSM-IV-TR's definition eliminates the notion of "psychological integrity" being threatened through a traumatic event. DSM-IV-TR's definition therefore eliminates events that are highly upsetting but not life threatening such as degradation, humiliation, major losses/separations or extreme emotional abuse. It is therefore less comprehensive and may underestimate the extent of the impact of an actual traumatic event in a population (Briere, 2004).

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1.2.1 The Traumatic Event

Traumatic events will therefore be understood as objectively distressing events that have the potential to overwhelm the individual's capacity for emotional integration. Examples include natural disasters causing death and/or displacement or a man-made catastrophe such as war and torture. A defining characteristic of traumatic events is that the threat to the individual's integrity and sanity differentiates them from daily stressors or standard developmental life challenges such as adolescent identity formation. In contrast to 'traumatic event', the term 'stress' will be taken to refer to more normative and frequent stressors and challenges such as relocation.

1.3 Trauma's Impact on the Individual

Trauma has been suggested to have the potential to 'break through the protective shield of skin and mind' (Freud 1920, as cited in Sinason, 2002). Traumatic events may shatter habitual categories of perception and understanding and overwhelm the individual's ability to cope, resulting in an overall negative effect on the person's psychological function (Fischman, 2008).

In the decades following WWI, consensus on trauma theory was that almost all individuals exposed to an event of a certain traumatic magnitude will be affected by it (e.g. Freud, 1953). Although this assertion was empirically supported for some time (Scurfield, 1985), recent research reports individuals withstanding psychological trauma without negative long-term consequences. Contemporary researchers such as Tedeschi and Calhoun (2004) now view the long-term psychological effects of trauma as if on a continuum, with three major points highlighted; negative, neutral and positive. This contention has recently been empirically supported by recent research (Sossou, Craig, Ogren, & Schnak, 2008; Maerker & Schutzwohl, 1997).

I will now turn to consider available evidence supporting these three aspects of the continuum.

1.3.1 Negative

The negative effect, supported by an extensive research base (e.g. Ellis, MacDonald, Lincoln, & Cabral, 2008; Khamis, 2005; Rojant, Hassan, & Katona, 2009), refers to the development

of severe and prolonged distress reactions to traumatic events (e.g. PTSD[2] and depression). This has a detrimental effect on the individual's social, emotional and cognitive domains and the subsequent psychological processes, and can negatively impact one's adjustment to wider life circumstances (Beers & de Bellis, 2002). Empirical evidence, for example supports links between early trauma and substance abuse and personality disorders (e.g. Horwitz, Widom, McLaughlin, & Raskin White, 2001) and increased risk of perpetrating domestic violence (Orcutt, King, & King, 2003). Empirical evidence also indicates an association between childhood trauma and an increased prevalence of suicidal behaviour (e.g. Jeon et al., 2009) and deliberate self-harm (e.g. Gratz, Conrad, & Roemer, 2002).

1.3.2 Positive

The positive effect refers to what has been termed 'post-traumatic growth' (PTG) (Tedeschi, Park & Calhoun, 1998), where individuals display positive psychological change following a traumatic episode. Such changes could be increased self-confidence and increased enjoyment of the present (Joseph & Linley, 2008). Previously trauma's positive effect was related solely to the idea of 'bouncing back' to a prior stable state (Masten, 2001), however in recent years the idea of 'bouncing forward' in the face of trauma has begun to surface (Walsh, 2002). Hence in this respect, PTG not only refers to the individual resilience required to withstand traumatic exposure, but also to the individual effort to derive the positive from these experiences. Authors such as Wortman (2004) however, believe there is insufficient evidence for the prevalence of PTG in populations exposed to traumatic events and while there may be self-reported positive changes these do not exist without a myriad of negative changes or post-traumatic abreactions such as increased anxiety. PTG however, is still a relatively new research area, having received less attention than trauma and resilience (Horenczyk & Brom, 2007).

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[2] PTSD (Post-traumatic Stress Disorder) is a psychiatric label that refers to a stress disorder that results from a traumatic event/s. The symptoms of PTSD include persistent re-experiencing, hyperarousal and avoidance, which interfere significantly with the individual's normal functioning and cause significant distress (Kazdin, 2000). For the purposes of this study, the construct of PTSD is not the main focus, but rather the experience of resilience in response to traumatic events. Thus, literature that has focused on PTSD in refugee populations can be pertinent at times as it makes direct reference to such resilience and traumatic experiences.

The notion of PTG had been proposed by various theorists years before; for example Frankl (1959) demonstrated how giving meaning to suffering can have an uplifting and transformative effect. One could argue that the capacity for post-traumatic growth can indeed exist, but this does not preclude a struggle with the event and its aftermath. This may include negative reactions which would need to be resolved before growth can emerge.

Papadopoulos (2007) proposes the similar concept of 'adversity-activated development' (AAD) which he describes as a possible response following the refugee experience. Interestingly while the concept shares much with PTG, Papadopoulos makes a distinction between 'trauma' and 'adversity'. He explains that while PTG is based on trauma and assumes that individuals would first have been traumatised, AAD is based on adversity and allows for the possibility that the individual would not have been traumatised. Secondly, AAD does not necessarily view 'growth' or positive changes occurring *after* the period of adversity but possibly during and also refers to situations where the adversity may be on-going and different responses may take place at different points throughout one's experience. For example, a refugee may display some initial negative psychological effects following the adversity experienced in their home country but may then display positive changes while the adversity continues as they leave their country and seek asylum. Following these positive changes, the period of adversity may still continue as they try to integrate in the host country.

1.3.3 Neutral

The neutral effect of trauma is identified when individuals are able to withstand severe adversity and not display pervasive negative psychological abreactions in the *long-term*[3]. While this outcome does not preclude the traumatic event's disruption of the individual's recovery capacities, it reflects on his/her ability to achieve positive adaptation in the long-term.

This is referred to as 'resilience' and will be the construct of interest in this study. In general, literature does not distinguish between positive and neutral responses to trauma as often, any non-negative trauma response is termed resilience (Papadopoulos, 2007). For the purpose of this thesis, resilience will be viewed as the neutral response to traumatic events and will be understood as the ability to withstand this experience and not PTG.

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[3] The emphasis on long-term is of essence here as it indicates that the neutral effect does not preclude the presence of negative reactions to traumatic experiences in the short-term such as increased fear or anxiety.

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It is precisely the existence of these different responses to traumatic events that defines the conceptual framework adopted for this investigation (Appendix-A provides a diagrammatic illustration of this framework). To ground this investigation in general psychological theory, a review of trauma theories will be provided before then proceeding with a more detailed investigation of the resilience construct.

1.4 Trauma Theories

These psychological theories elucidate how trauma can have adverse effects on cognition, emotional functioning, self-concept and interaction with one's environment. All provide insight into putative trauma processes and offer effective frameworks for understanding the main negative reactions to traumatic experiences. However, cognitive theories have been described as the most thoroughly developed with arguably the "greatest explanatory and predictive power" (Brewin et al., 1996, p.673). A brief review of trauma theories will be presented hereafter.

1.4.1 Psychodynamic Theories

Freud (1917) described how repression of the traumatic memory and emotions may result following the threat posed to the individual's ego by the traumatic event. Other seminal theorists, such as Janet (1911, as cited in Resick, 2001), developed theories of dissociation proposing that trauma leads to intense emotional arousal which inhibits the individual's integration of trauma memory into their awareness and these are hence dissociated from consciousness. In a review of Janet's work, Van der Kolk and Van der Hart (1989) hypothesize that such dissociation prevents the assimilation of new experiences as these remain attached to the trauma memory, precluding their translation into personal narrative and rendering them intrusive memories. These memories then present as anxiety reactions, in the form of somatic complaints, frightening perceptions and obsessional preoccupations (Van der Kolk & Van der Hart). Modern psychodynamic theorists also highlight trauma's impact on the person's view of self/others (Marmar, Weiss, & Pynoos, 1995). The latter offers an interesting contribution by linking psychodynamic theory with cognitive constructs that have been implicated in post-trauma reactions by separate theoretical perspectives.

1.4.1.1 Attachment Theory

Trauma's detrimental effects can also be understood by looking at their effect on the developmental life course (Kaplan, 2009). One of the strongest researched pathways between early trauma and negative post-trauma outcomes is that of insecure attachment patterns, since attachment is related to the acquisition of developmental competencies such as emotional self-regulation, inter-personal communication and the formation of stable schema of the self, others and the world. An insecure attachment affects the child's information processing, with him/her becoming oversensitive or unresponsive to possibly threatening stimuli, especially in new environments. The mechanism of attachment can also affect development, as the child's experience of unreliable or absent caregivers can result in intense anxiety, lack of security, possibly resulting in difficulties with emotional fragmentation and trust (Cassidy & Mohr, 2001).

1.4.2 Learning Theories

Behavioural learning theories were drawn upon in trauma literature to explain post-trauma symptoms in Vietnam veterans (Kilpatrick, Veronen, & Best, 1985). The traumatic event was seen as the unconditioned stimulus (UCS) which would evoke the unconditioned response (UCR), extreme fear. Operant conditioning is used to explain the development and maintenance of negative post-trauma symptoms. Since the trauma memory and other conditioned stimuli (CS) elicit fear and anxiety (conditioned emotional response, CER), the individual avoids such stimuli and the reduction in negative affect negatively reinforces this behaviour, such that the association between the CS and CER will never be extinguished, despite the fact that the UCS (traumatic event) does not reoccur. Hence, the individual will never come to learn that that such associated stimuli and memories are not harmful and chronic PTSD symptoms such as fear maintenance and avoidance ensue (Resick, 2001).

While behavioural learning theories seem to explain the role of environmental cues and behavioural avoidance in PTSD, they seem to be limited in their ability to comprehensively explain certain PTSD symptoms especially those of the intrusion type.

1.4.3 Cognitive Psychological Theories

Information-processing cognitive theorists seeking to explain the negative reactions to traumatic events (e.g. intrusive and repetitive thoughts) developed theories that focus

specifically on the threat and how trauma-related information is represented and processed within the cognitive system. For example, such theories are often based on the development of a stable, broadly generalised schema which is hence frequently activated. Chemtob, Roitblat, Hamada, Carlson and Twentyman (1988) suggest that such schemas are always faintly activated in traumatised individuals and therefore cause them to interpret most events as potentially dangerous.

Social-cognitive theorists conversely highlight the impact of the trauma on the individual and the adjustments often required for integration of the traumatic experience into one's pre-existing belief system. It has been suggested that negative post-trauma reactions are a result of the individuals' attempts to assimilate this new information (Brewin et al.,1996). Janoff-Bulman's (1985) cognitive appraisal theory suggests that following a traumatic event, a person's basic assumptions related to personal invulnerability and the world as controllable/comprehensible are shattered and intense distress results. The individual then comes to view themselves, the world and future experience in this negative light, which may result in anxiety and cognitive disintegration (Resick, 2001). Horowtiz's (1986) theory proposes that when trauma information is irreconcilable with current schemata, defence mechanisms initially keep this new information unconscious resulting in a period of numbing. This new information is maintained in active memory and due to the psychological need to integrate, enters into consciousness, often characterised as flashbacks and nightmares (Brewin et al.).

The aforementioned theoretical perspectives individually have their relative strengths (e.g. cognitive theories seem particularly effective in explaining longer term adjustment after trauma through reference to the shifts in the individual's cognitive system and psychodynamic theories comprehensively consider the impact of traumatic exposure on the interpersonal sphere and personality variables) and in conjunction provide a fairly comprehensive framework for conceptualising the processes that take place following trauma. However, they overlook the idiosyncratic nature of the response to trauma by their assertion that certain events are in essence traumatic to everyone (Papadopoulos, 2007) and offer little insight as to why some individuals develop negative reactions while others do not (Brewin et al., 1996). Arguably, trauma theories have helped more with defining/understanding traumatic events and negative post-traumatic symptoms, than with

our grasp of the idiosyncratic nature of the experience and of response to such events. It is precisely here that I believe resilience research can provide a beneficial contribution.

1.5 Evaluating Literature's Emphasis on Vulnerability

As indicated previously, earlier literature unanimously understood traumatic events as habitually leading to pervasive negative responses. One may argue that this has led to a heightened emphasis on vulnerability in both literature and practice with the field of mental health tending to pathologise the individual exposed to traumatic events (di Tomasso, 2010). Hence we now tend to be surprised by high levels of functioning and well-being in populations we deem vulnerable (Zautra et al., 2010).

Without denying that abreactions are often inherent in trauma's aftermath, I will now discuss the dangers of overlooking the existence of self-recovery capacities and the idiosyncratic nature of an individual's response to traumatic events.

Clinically, this approach may render professionals more likely to accept the status quo of individuals as traumatised and vulnerable and less ready to support the individual to identify adaptive processes they may possess. As clinicians they may be less sensitive to the meaning-making, culturally and contextually-bound processes that make the individual experience of traumatic events unique.

This perspective may create an identity of "victimhood" as it frames the 'problem' within the individual and constructs it as being beyond the individual's capacity to solve, arguably stunting introspective searching and utilisation of one's own healing/coping resources. Critical psychology/psychiatry literature has repeatedly reiterated such arguments in view of mental health stigma and its effects on identity and recovery (e.g. Everett, 2000; Corrigan & Watson, 2002; Yanos, Roe, & Lysaker, 2010). Summerfield (2002) raises ethical questions about whether people have consented to a "spoiled identity" and calls us to question the long-term implications of this vulnerability following trauma assumption. These questions, I feel may be particularly relevant to our understanding of different groups considered vulnerable such as refugees.

This emphasis on vulnerability has also led to problems in the way responses such as resilience have been conceptualised and studied. Resilience has at times been conceptualised, perhaps erroneously, as a construct at the opposite end of the vulnerability spectrum. Zautra

et al. (2010) explain that certain models with a focus on pathology are unable to understand the discontinuity that appears between the suffering experienced and the degree of positive adaptation, vehemently expressing that "a psychological economy that equates the positive with the absence of the negative is a model for simplicity within the mind, not growth" (p.10). They also explain that empirical evidence (e.g. Steptoe, Wardle, & Marmot, 2005) till now shows that known resilience characteristics such as agency and close social ties are not found at the positive end of a risk-resilience continuum but refer to a "separable factor altogether that confers unique physical and mental health advantages" (Zautra et al., p.9). For example, Moskowitz (2003) found that separate studies of positive adaptation have uncovered surprising adaptive factors that had not been uncovered when adaptation was studied on a risk-resilience continuum.

In view of this evidence, this study adopts the position that vulnerability and resilience should be viewed and studied as constructs in their own right and not opposite poles on the same dimension. It is with this focus in mind that this study was designed to target resilience as a construct in its own right with high and low levels of resilience being the opposite ends of its spectrum.

The following sections will now discuss in detail the resilience construct.

1.6 Defining Resilience

1.6.1 Background

Interest in the resilience phenomenon has increased in the last two decades with the notion of strength in adversity gaining increasing popularity. 'Resilience' can often be heard in everyday parlance and has been studied in disciplines as diverse as business and medicine, emerging as the 'millennium Rorschach' (Rutter 1999).

This widespread interest in the resilience phenomenon has made the need for conceptual clarity all the more apparent (Zautra et al., 2010). Luthar, Cicchetti, and Becker (2000) argue that resilience has been defined and operationalised in a multitude of ways. It has been defined as an outcome, an individual trait and a process. It has been studied among individuals who have experienced single as well as multiple adverse events, with studies employing diverging interpretations of what qualifies as a resilient outcome (Luthar et al., 2000; Agaibi & Wilson, 2005). This diversity has led researchers to question whether they

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are in fact studying the same phenomenon or fundamentally different ones (Kaplan, 1999). The lack of definitional clarity may result in incongruent prevalence estimates of resilient individuals in similar groups and contradicting conclusions (Luthar & Cushing, 1999). In an attempt to add some clarity to the investigation of this construct and increase this research's scientific rigour, I will now seek to explicate clearly the conceptual understanding of resilience and related terminology adopted for this study's purpose.

1.6.2 Resilience Definition

A review of various resilience definitions[4] seemed to highlight the value of both 'outcome' and 'process' in a comprehensive definition. This study will therefore adopt Luthar et al.'s (2000) definition of resilience as a dynamic and interactive process leading to positive adaptation within the context of significant threat, severe adversity or trauma. This process will be understood as a naturally occurring phenomenon that does not necessarily require formal psychological support as a precursor. This definition will now be dissected to guide the reader to understand the concepts on which this research is based and the rationale for their selection.

1.6.2.1 Positive Adaptation

This aspect of the definition speaks to 'outcome'. The divergence on exactly what characterises a resilient outcome (e.g. the absence of psychopathology or resuming pre-adversity functioning levels) highlights how clarity in this aspect is required in order to reduce conceptual ambiguity (Agaibi & Wilson, 2005). Recently researchers (e.g. Bonanno, 2004) have argued convincingly that resilience should be understood as a phenomenon whose parameters extend beyond the mere absence of psychopathology. Positive adaptation as conceptualised by Ong, Bergeman, and Chow (2010) is "adaptation that is substantially better that would be expected given exposure to significant risk" (p.82).

To tighten construct validity, this study will pursue a comprehensive understanding of resilience that covers the individual's functioning in various domains. Therefore for this study's purposes, the individual will be understood to adapt positively in response to

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[4] Resilience has been postulated as a collection of 'strong' personality characteristics (Agaibi & Wilson, 2005) as well as a healthy recovery from trauma in the long-term (Wilson & Drozdek, 2004).

traumatic events if, in the long-term[5], s/he does not experience negative psychological effects and significant disruption to their general functioning. That is, possible negative psychological abreactions displayed in aftermath of traumatic events would not be of a pervasive nature and the individual would not be currently experiencing high levels of psychological distress. Furthermore, the resilient individual would display a certain equilibrium in his/her life; be it through the continuation of pre-adversity life pursuits, new endeavours or the presence of a stable level of functioning through indicators such as seeking or taking up employment opportunities (Werner & Smith, 2001).

1.6.2.2 Interactive Process

Increasingly, conceptualisations have begun to move away from attempting to capture resilience in its basic psychological form without any focus on context (Agaibi & Wilson, 2005) to viewing resilience as a process in which individuals' characteristics and environmental factors interact. Zeidner and Endler (1996) for example argue for a person-situation model to understand post-trauma resilience. The multitude of psychological, interpersonal and social factors that have been associated with a resilient outcome (see Section 1.7.1) provide solid evidence that conceptualising resilience as an interactive process captures more fully the complex nature of this phenomenon.

1.6.2.3 Within the context of Significant Threat, Severe Adversity or Trauma

This qualification helps differentiate between 'resilience' and the psychological construct of 'coping'. Agaibi and Wilson (2005) highlight the importance of this differentiation when they speak of resilience to psychological trauma as a variant on conceptualisations of coping in response to disadvantageous environmental circumstances. Hence, 'coping' will be taken to refer to the process of adapting positively in the face of normative developmental challenges and daily stressors. Contrastingly, 'resilience' refers to positive adaptation in response to adversity of a more severe level.

While researchers agree these constructs overlap (e.g. Tarter & Vanyukov, 1999), valuable reasons exist in favour of retaining them as distinct constructs. Evidence indicates that

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[5] Long-term will be taken to mean 6 months after the major post-migration traumatic experience (i.e. living in a detention centre) taken into account by this study. This timeframe was adopted as it is that indicated by DSM-IV-TR as the time period within which PTSD would commonly emerge (APA, 2000).

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adaptation patterns occurring with, versus without, significantly adverse conditions often have different correlates and therefore reflect distinct constructs (Luthar, 1998, 1999).

1.6.3 Uses of the Term Resilience in Psychological Literature

Finally, another important distinction about the resilience construct should be made. Resilience can refer to three major classes of phenomena in psychological literature (Masten, Best, & Garmezy, 1990). Different research approaches are usually associated with investigations of each set of phenomena (Ong et al., 2010):

1. Individuals in high-risk groups who enjoy positive outcomes such as stable careers and the formation of strong interpersonal relationships (Werner & Smith, 2001). These studies focus on groups considered vulnerable to negative psychological outcomes using certain criteria such as low socio-economic status, poor education and familial mental health problems.

2. Positive individual adaptation despite a challenging event or experience of misfortune during a specific development period such as parental divorce.

3. Positive adaptation to traumatic exposure. Within this conceptualisation, resilience refers to the process of long-term adaptation in response to these extreme or life threatening experiences, i.e. post-trauma resilience.

Evidence of differing antecedents of resilience found between maltreated and non-maltreated children (Cicchetti & Rogosch, 1997) warns against treating all the above phenomena as a unitary construct. The present study will be focusing on the third understanding of resilience and will specify in the following review whenever the term resilience will be used by the authors in question to refer to the other two phenomena. When speaking about this third phenomenon, the study will be utilising the terms "traumatic exposure/event/experience" rather than simply "adversity" in order for these three different conceptualisations of resilience not to be conflated.

1.7 Resilience Research Overview

Resilience literature's main findings and conclusions together with the latest research developments will now be presented.

1.7.1 Resilience Factors

The *first* wave of resilience literature sought to identify the factors that seem to serve as a buffer against the harmful effects of adversity. From a historical point of view, this first wave initiated a paradigm shift from the identification of risk factors to that of an individual's strengths (Richardson, 2002).

Post-trauma resilience research identified factors such as: social support (Kirby & Fraser, 1997; Schweitzer et al., 2006), psychological hardiness (Hodgkinson & Shepherd, 1994; Sutker, Davis, Uddo, & Ditta, 1995), patience and tolerance of negative affect (Lyons, 1991). Religion, education (Jaranson et al., 2004) and adaptive attitudes and beliefs (Schweitzer, Greenslade, Kagee, 2007) have also been linked with relatively higher levels of psychological well-being. Studies that conceptualised resilience as positive adaptation from disadvantaged backgrounds or particular stressors have highlighted the following factors: faith, tenacity, self-efficacy (Werner & Smith, 2001), optimism, motivation and goal-orientation (Osofsky, 1990), intelligence (Williams, Ayers & Arthur, 1997), determination and purpose in life (Dunn, 1994; Neiger, 1991).

This literature seems to indicate a common dichotomous categorisation between intrinsic (e.g. hardiness and intelligence) and extrinsic (e.g. social support) resilience factors (Connor & Davidson, 2003) as well as a further tri-partite classification adding existential support (encompassing meaning, values, faith) (Gunnestad, 2006). Atwool (2006) subsequently developed a four-factor classification; individual characteristics, family support, a supportive person or agency outside the family (Garmezy, 1994; Masten, 2001) and culture (Ungar, 2003).

1.7.2 Resilience as a Process

The *second* wave of inquiry then focused on resilience as an interactional and transactional process. Roosa (2000) maintains that "interactions are the heart and soul of resilience and arguably the most important distinguishing feature of this concept" (p.567). This line of inquiry has until now mainly investigated resilience as positive adaptation to a disadvantaged background and/or particular stressors and has focused on investigating resilience processes in childhood.

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For example, the Resilience Framework (see Appendix-B) was developed by Kumpfer (1999) as a transactional and integrated model that outlines a meta-theory or inclusive framework of resilience factors and processes. In line with the classification of resilience factors proposed by Atwool (2006), this model highlights the interaction between the child's personal strengths, family and interpersonal dynamics and the environmental context, within a single transactional model. A two–way transactional process between the environmental context and the individual's internal resiliency factors determine the level of positive adaptation to the stressors the individual faces. While this model attempts to provide a framework that explains the whole adaptive process from stressor to outcome, one could argue that it seems to lack certain theoretical depth. The person-environment transactional process postulated by this model does not outline the specific transactions that hypothetically occur between separate internal and environmental factors, raising questions as to how exactly these function together. It is also important to note that this model has only been tested empirically in three unpublished dissertations with populations of college students (Neiger, 1991), working mothers (Dunn, 1994) and children of alcoholics (Walker, 1995). Finally, given this model was developed and tested on populations from high-risk backgrounds the question remains as to whether it also applies to post-trauma resilience.

Greenberg (2006), in a theoretical article about positive adaptation to high-risk backgrounds identifies four central processes between the stress stimulus and the final behavioural response: 1) initial appraisal of the stressor and its emotional meaning, 2) the ability to regulate one's emotional arousal 3) effective use of problem solving strategies and 4) the fuller cognitive–affective interpretation of the event.

Applying the same focus on process to post-trauma positive adaptation, Wilson (2004) developed a model (see Appendix-C) that depicts resilience as an interaction of various variables such as personality characteristics, cognitive schemas and ego defences over multiple levels of psychological functioning. This model however was not developed directly from participant data, but by incorporating earlier conceptualisations of resilience processes (e.g. Green, Wilson, & Lindy, 1985) and hence does not reflect directly the lived experience of individuals exposed to traumatic events. Moreover it focuses specifically on internal psychological processes and does not account for the possible adaptive role of transactional processes occurring between the psychological self and contextual factors.

Such models propose that resilience operates through a number of processes involving the individual and the whole ecological context s/he lives in, including the family, school, peer, societal and cultural systems (Masten & Obradovic, 2006). Such authors utilise the term 'ecological context/system' to refer to the overall scheme of contextual factors within which the individual is embedded, including the inter-relationships between contextual factors and the individual's place within this overall framework. Significantly, this focus also directly relates the resilience construct to mainstream psychological theories (e.g. developmental theories), something which the first wave of inquiry lacked. As explained further below, this study aims to provide a contribution to second-wave research by empirically investigating post-trauma resilience processes from a CoP lens.

1.7.3 Interventions to Foster Resilience

The *third* wave of resilience inquiry builds on the processes and mechanisms uncovered by the second wave by working on the development and testing of interventions designed to foster resilience, specifically in populations under the first two resilience conceptualisations. Hawkins et al. (2003) in their Seattle Social Development project found a demonstrable change (better grades and less antisocial behaviour) in secondary school years when a comprehensive intervention package was administered to junior students from high crime neighbourhoods. Another preventative intervention programme with a focus on moderating parental behaviour for families experiencing divorce resulted in better mental health outcomes for children whose parents received the treatment than those that did not (Sandler et al., 2003). Finally, Kumpfer and Summerhays (2006) present data suggesting that approaches serving to strengthen family units have the greatest impact on increasing resilience. Although this third wave is underway, better understanding of resilience processes is still required before its goal can be reached (Goldstein & Brooks, 2006). Hopefully this study, by contributing to the empirical base behind the second wave, will augment the potential for developing effective intervention programmes.

1.7.4 Resilience and the Developmental Perspective

Recurrent resilience factors highlighted by both first and second wave resilience studies such as competent care-givers and adequate self-regulation skills suggest that ordinary and fundamental adaptive systems implicated in human development also play an important role in resilience (Masten, 2001, 2004). Many of these systems relate to the self-regulatory

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capacity of the developing human brain and the social-regulatory capacity embedded in human relationships and cultural traditions (see Appendix-D). Masten & Obradovic (2006) suggest that resilience is a universal phenomenon if these adaptive systems are available and operating normally and that the greatest threats to human development occur when these systems are damaged, destroyed or develop abnormally because of adversity.

The nature of these adaptive systems in resilience can be further understood through CoP's conceptualisation of an individual's development as intricately tied to his/her context. So much so that certain theorists maintain (e.g. Sugarman, 2003) that social, cohort and cultural influences are of paramount importance in adult development.

The family is probably the developmental system most frequently investigated empirically. Most studies investigating the influence of family on resilience have focused on adaptation to high-risk backgrounds or specific stressful events. Such studies suggest that parenting qualities have broad and pervasive correlations with multiple domains of positive adaptation as measured by outcome criteria such as academic achievement, prosocial/antisocial behaviour and psychopathology ratings (e.g. Dubow, Edwards & Ippolito, 1997; Felner et al., 1995; Tiet et al., 1998). Care-giving experiences identified as fostering resilience include variety of stimulation, parental responsivity and adequate space for privacy and exploration (Bradley, Caldwell, & Rock, 1990; Wacbs & Cruen, 1982).

A smaller number of studies focused on the impact of the family system on resilience in populations exposed to traumatic experiences. A number indicated that parenting qualities are positively related to favourable outcomes in children that were previously abused or neglected (e.g.Masten et al., 1999; Cicchetti & Rogosch, 1997). When parents are able to monitor, set limits, encourage skill development and be positively involved, their children are more likely to show resilience in the face of traumatic events ranging from war to intra-familial violence (Forgatch & Ogden, 2006; Forgatch, Patterson, DeGarmo, & Beldavs, 2008). Conversely, Wasserstein and La Greca (1998) report that following Hurricane Andrew, families displaying high parental conflict were associated with increased PTSD symptoms in children.

Various explanations have been offered for the relationships uncovered by these studies. These include the ability of effective parents to avert several risk factors for their offspring (Masten et al., 1999) and influence positively the development of behaviour involved in

moderating the impact of stress (Gunnar, 2001; Kochanska, 1993). Also, adequate care-giving experiences help the establishment and maintenance of self-esteem and self-efficacy and provide more opportunity openings (Rutter, 1987). While a variety of theoretical models exist to substantiate these explanations (e.g. attachment theory, object relations theory and neuropsychological explanations) a review of these is beyond the scope of this piece. Specifically, the role of attachment theory will however be highlighted, as the mediating role of secure attachment may provide a strong explanation for the relationship between family systems and post-trauma resilience.

Fonagy & Target (1997) hypothesize that a secure attachment fosters resilience by providing the developing child with trust, ability to regulate emotion, develop mentalising and self-reflective capacities which may be crucial when encountering adverse life events. This hypothesis seems to be substantiated by a number of studies. Jordan (2002) concluded that alternative secure relationships with others apart from primary attachment figures, were the strongest protective factors against childhood abuse effects in adult functioning. Betancourt (2002) reports that children's connectedness to family members and others in a sample of 184 war-affected Chechen adolescents were associated with lower average levels of internalizing emotional and behavioural problems. Tiet et al. (1998) found that competence and parenting quality variables were the most sensitive predictors of resilience. Wyman et al. (1999) support the above findings by concluding that parenting attuned to the child's needs, allows him/her to master earlier developmental tasks, providing a foundation for the acquisition of the various complex capacities that may be implicated in the negotiation of substantial environmental challenges.

1.8 Resilience and Culture

Despite the fact that certain researchers have focused on the personality element of resilience sometimes neglecting the social-environmental determinants at play (e.g. Friborg, Barlaug, Martinussen, Rosenvinge, & Hjemdal, 2005), the field has come to accept that resilience, rather than a fixed trait is more usefully conceptualised as an adaptable quality that develops from a process of continual interactions between a person and his/her surrounding context (Gilligan, 2001). Zautra et al. (2010) argue that theoretical models and interventions will have limited applicability if they fail to attend to these social and contextual factors. Investigating resilience from a CoP perspective highlights this all the more as its contention that an

individual is an active organism within an active environment (Dowd, 1990) promotes a systems view of the person which a study of positive adaptation cannot overlook or ignore.

Amongst these factors, culture cannot be overlooked. Since, its place as a broad ecological system that shapes the values, beliefs and practices in a given society undeniably has a strong impact on the individual. Definitions of culture abound but focus upon the collective system of beliefs, values, norms and expectations that are inter-generationally transmitted and govern individuals' standards of behaviour (Harwood, 1981; Thompson, 1969, as cited in Baldwin & Lindsley, 1994).

The extent of culture's influence on resilience has sparked interest in the field (Arrington & Wilson, 2000; Ungar et al., 2007) and these authors have advocated for the development of models that provide a culturally-sensitive context-based understanding of this construct. The rationale for this premise is found in the recognition of culture as a broad ecological system that directly or indirectly affects other systems, such as community and the individual, through its shaping of values, everyday practices and overall meaning-making.

While there has been some discussion of the influence of culture on risk and psychological distress (Cohler, Scott, & Musick, 1995), the notion of culture has scarcely been taken to account in broad resilience literature and less still in resilience to trauma (Mancini & Bonanno, 2010). One must also bear in mind that broad resilience research is primarily rooted in a Eurocentric epistemology (Ungar, 2008). As a result, the modest work on the interaction of contextual systems (including culture) on resilience is of restricted relevance as western-based research on European-Americans and ethnicities naturalised in the US has dominated this research field (Arrington & Wilson,2000). Authors argue that such work lacks sensitivity to the cultural factors that may influence different populations' understanding of what constitutes resilience (Ungar, 2004, 2005; Boyden & Mann, 2005).

One should also question the assumption that resilience processes would be homogenous across cultures. Although generally recognized aspects of resilience such as self-esteem and tenacity may be universally relevant (Ungar, 2008), the processes through which these characteristics contribute to resilience and the importance of each of these factors appears to vary according to context, time and culture (Cowen, 1994). Moreover, individual meaning-making processes (influenced by values and beliefs) implicated in the way one faces and appraises traumatic experiences are unlikely to be universally homogenous.

'The International Resilience Project[6]' (IRP) is a seminal piece of research in this field examining the global, as well as culturally and contextually specific aspects of resilience (Ungar & Liebenberg, 2005). Results indicated that despite a similarity in adversity, the mechanism of resilience varies across culture (Ungar, 2008). For example, the factors heavily relied upon in one's negotiation of an adverse environment (e.g. independence vs. dependence on parents) depended on the culture's emphasis of that factor. Also, depending on cultural context, while for one participant self-efficacy could function as an individual characteristic, for another self-efficacy was linked to efficacy in relationships and political efficacy. While this study is comprehensive in its scope, its restrictive focus on children and adolescents and its social work emphasis limits its direct clinical application to the field of CoP.

With culture in the equation, the lens expands and other researchers have argued that there are cultural differences in the way people adapt following adversity. For example, Brooks' (2008) observations of Chinese nationals following the 2008 Sichuan earthquake, highlighted a response characterised by a pragmatic, positive and problem-solving approach rather than grief and distress. Scholars (e.g. Diener & Suh, 2000) have argued that such differences may be due to philosophies underpinning the specific cultures. For example, choice and mastery are values emphasized by many Western philosophies, in contrast to Eastern ones emphasising the acceptance of one's experience in journey towards a deeper understanding of the world (Zautra et al., 2010). Other researchers provide explanations by looking into processes underlying resilience which are culturally mediated. Nabuzoka (2009) discusses how specific child-rearing practices foster capacities that maximise that culture's values and contribute towards the development of resilience. For example, American Indian children are brought up to see adversity as providing them with a gift, i.e. the lesson they learn from overcoming this adversity (Graham, 2001).

An array of valuable explanations for these cultural differences may exist, but what stands out is that resilience processes cannot be assumed to be the same across cultures. Culturally-sensitive resilience studies can therefore aid the development of resilience theory and practice especially with multi-cultural populations (Zautra et al., 2010). Such work will also allow us to answer some intriguing questions: Is resilience expressed differently in diverse cultures?

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[6] A large scale study of 1,500 youth on five continents

Do factors we are familiar with such as optimism have culturally embedded expressions? Is positive adaptation intrinsically linked to specific cultural values or norms? (Bonanno, 2005).

It seems clear that much remains to be known about the impact of culture in adaptation to traumatic experiences and the way resilience processes may vary across cultures (Bonanno & Mancini, 2008).

1.9 Refugee Trauma and Resilience

1.9.1 Background

1.9.1.1 Refugees

According to the 1951 Geneva Convention, a refugee is an individual who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable or, owing to such fear, is unwilling to avail him/herself of the protection of that country; or who, not having a nationality and being outside the country of his/her former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it" (p.16). An individual who flees his/her country of origin and is seeking to be recognised as a refugee or receive humanitarian protection in the host country is known as an asylum seeker until his/her claim is processed.

Although refugees have existed for decades, in recent years, there has been an increase in the number of refugees fleeing their home country with the number of forcibly displaced people reaching a harrowing 43.7 million world-wide (United Nations High Commissioner for Refugees [UNHCR], 2011). It could therefore be argued, that it is of utmost importance that the necessary attention is given to the plight of this population worldwide in psychological literature.

1.9.1.2 Eritrea as a Country of Origin

Unrest and instability in a number of countries across the globe means that refugees hail from diverse countries of origin. The majority hail from the Asian and African continents, with the top ten countries of origin including Afghanistan, Somalia, Myanmar, Iraq and Eritrea (UNHCR, 2011). In 2011, 222,460 refugees originated from Eritrea, the fourth largest refugee population by nationality in Africa and ninth in the world (UNHCR).

A brief look at Eritrea's history in particular may explain such a statistic. Following a history of colonisation, Eritrea was federated with Ethiopia in 1952. In 1962 the federation ended with Eritrea becoming a province of Ethiopia. After 10 years the Eritrean national assembly unanimously voted for Eritrea to form a unitary state. The ELF (Eritrean Liberation Front) took up arms opposing this union and hence began the 30-year (1961-1991) Eritrean Independence struggle (Negash, 1997). After gaining independence in 1991, Eritrea's ruling party was faced with the challenge of developing a viable multi-ethnic society with good relations between Christians and Muslims. Their rule during this time was undemocratic, with executive and legislative powers in the president's hands (Negash, 1997). Since independence, tensions between Eritrea and Ethiopia were high and in 1998 a border dispute resulted in the outbreak of a 2-year war, costing the lives of tens of thousands (Cultural Orientation Resources Centre [COR], 2010). Hence repeated incidences of unrest and other events such as the 1984 famine have seen the migration of more than 1 million Eritreans seeking asylum in safer territories abroad (Daniel, 2002).

1.9.2 Refugee Trauma

The refugee experience has been well conceptualised in literature as a composite experience (Watters, 2007) generally encompassing pre-migration conditions in the country of origin (McCallin, 1992), the process of flight including the decision to flee and the actual journey and post-migration conditions (Silove, Steel, & Watters, 2000) including detention, stringent asylum policies and other factors such as the navigation of a new cultural context (Castro & Murray, 2010). Across the stages of the refugee experience, individuals often undergo significant adversity: social disruption, hardship, loss of family, work and education (Kline & Mone, 2003). The refugee experience can hence be seen as a prolonged and potentially acutely distressing experience and consequently is often referred to as 'refugee trauma' (Boehnlein & Kinzie, 1995; Alcock, 2003). Moreover, the myriad losses of home, culture and status synonymous with this experience have been associated with intense demands on the individual's psychological systems, for example the upheaval of one's identity and meaning in life (Alcock).

However, while it is fair to consider the refugee experience as inevitably causing pain, distress and upheaval, when adopting the term 'refugee trauma' one needs to remain mindful of the fact that not *all* refugees experience significant traumatic events and moreover the

individuals exposed to this experience may not all be psychologically traumatised (i.e. exhibit the negative effects of trauma as described on p. 3); since as explained previously, individuals react to traumatic events in personal and distinct ways.

1.9.3 Negative Psychological Effects of Refugee Trauma

A review of empirical research investigating mental health outcomes following the refugee experience yielded the following results. A recent meta-analysis of 181 surveys comprising 81,866 refugees indicated a prevalence rate of 30.6% for PTSD and 30.8% for depression. Experiences like torture and cumulative exposure to other potentially traumatic events were strongly associated with these psychological effects (Steel et al., 2009). An earlier meta-analysis of 59 studies indicated that mental health outcomes for the refugees were significantly worse than a comparison group of non-refugees (e.g. voluntary migrants) (Porter & Haslam, 2005).

Various studies highlight the significant impact of refugee experiences on the individual's mental health (Ager, 1993). Such experiences include family fragmentation (Mc Callin, 1992; Schweitzer et al., 2006), extreme danger (Ben-Porath, 1991) and loss of one's roots (Eisenbruch, 1990). It has been hypothesized that these experiences may create a sense of loss of self, meaning and hope (Fischman, 2008). Empirical evidence has shown an association of these experiences with feelings of powerlessness (Farias, 1991, as cited in Muecke, 1992), anger at separation (Eisenbruch, 1992), a disruption of one's identity and existential-meaning (Silove, 1999). De Girolamo, Diekstra and Williams (1989) also observed hopelessness and dependence in post-migration conditions. More recent studies have indicated that the demands of reintegrating into a new culture have been linked with uncertainty, dependency and a feeling of being in the minority (Hussain & Bhushan, 2009). Furthermore, acculturative issues and perceived discrimination were a common experience associated with poorer mental health in refugees of different ethnicities (Sundquist, Bayard-Burfield, Johansson, & Johansson,2000; Ellis et al.,2008). Moreover, a meta-analysis of 10 studies indicated a high level of PTSD in asylum seekers following detention-related stressors (Robjant, Hassan, & Katona, 2009).

As well as such quantitative work, qualitative inquiry has also sought to understand this population's psychological experiences following traumatic events. For example, Sudanese refugees spoke of high levels of psychological distress, including depressive symptoms

(Schweitzer et al., 2006), while a case study of two accompanied refugee children highlighted the presence of devastating effects such as separation and psychosomatic complaints (Hosin, 2001). Bosnian refugees highlighted a sense of loss, family disconnection and culture shock after facing considerable challenges in the host country (Sossou et al., 2008). Van der Veer (1992) has also observed that refugee victims of violence may feel guilty for surviving while friends and family members did not.

1.9.4 Resilience in response to Refugee Trauma

Despite the fact that refugee trauma undeniably causes considerable distress and upheaval and the population has been considered at high risk for mental health problems due to the specifically complex and prolonged nature of this experience (Castro & Murray, 2010), literature indicates that a relatively high number of refugees do not report long-term mental health difficulties (Schweitzer et al., 2006) adjusting to live stable and productive lives. The concentration of literature based on symptom-related data fails to acknowledge that a substantial number of refugees appear to have adapted to various traumatic events without any formal assistance from mental health professionals (Steel, Silove, Phan, & Bauman, 2002). Varvin (2003) claims that clinicians working with this group have witnessed substantial positive changes even after the initial withdrawal, confusion and heavy symptom load. Possible explanations include, the presence of strong beliefs in conquering obstacles, high goal-orientation (Garmezy, 1991) and the re-formulation of identity to include the refugee's new reality (Muecke, 1987).

Existing research on resilience to refugee trauma was reviewed through the use of a variety of search terms in Google, Google Scholar and the PsycINFO and PubMed databases, without a cut-off date being applied (refer to Appendix-E for search terms used). In addition, manual searches of the reference lists of the relevant literature identified were used to locate further studies. These searches uncovered 37 quantitative and 29 qualitative studies specifically focused on post-trauma resilience in refugee samples.

1.9.4.1 Resilience in response to Refugee Trauma; A Critique of Research

A brief analysis of these studies indicates that many are broad in their focus and look at general psychological well-being in response to refugee trauma. As a result the data often consists of a list of factors that are associated with lower levels of psychological distress.

These results indicate that the factors implicated in the resilient outcomes of different refugee groups are similar to those implicated in the resilience of other populations exposed to traumatic experiences. These include family, community support (Schweitzer et al., 2007; Sachs, Rosenfeld, Lhewa, Rasmussen, & Keller, 2008) and personal qualities like perseverance and tenacity (Schweitzer et al., 2007) as well as the creation of meaning in conjunction with one's faith (Goodman, 2004).

Amongst these broader focused studies are systematic reviews (Fazel, Reed, Panter-Brick, & Stein, 2012; Reed, Fazel, Jones, Panter-Brick, & Stein, 2012) outlining both the risk and protective factors for the mental health of refugee children resettled in high and low-income countries. While these do not focus solely on resilience, they provide a useful contribution to first wave research in this field by highlighting factors, such as family cohesion, peer support, positive school experiences and social support from the same ethnic-origin individuals, which have been found protective for refugee children's mental health across 44 studies (Fazel et al., 2012). Such extensive systematic reviews also contribute to the third wave by providing the field with more concrete directions for the development of supportive interventions for these populations. Fazel et al. suggest that successful interventions for vulnerable refugee children should include both psychotherapy and structural interventions to provide adequate material and psychosocial support; as well as parenting and family work to mobilise adaptive systems that can serve as pathways for the development of resilience (Fazel et al.).

While these broad studies continue to augment first wave resilience research, they are less adept in furthering our understanding of how the resilience process works. Interestingly though, Pulvirenti and Mason (2011) are currently conducting a study on refugee women's experience of violence that specifically conceptualises resilience as a dynamic process rather than a fixed set of traits/characteristics. In the available literature reviewed, it appears that this is the only refugee study with such a focus.

Many of the quantitative investigations are based on a priori assumptions about which variables or factors researchers consider relevant. For example, Jorden, Matheson, and Anisam (2009) specifically set out to investigate social support as a mediator between trauma and psychological outcomes in Somali refugees. Given that much remains to be known about the phenomenon of resilience with this population, such an approach precludes the identification of potentially crucial mediators or expressions of resilience that do not fit

within existing explanatory frameworks. Also, the majority of these studies utilise instruments that have limited or untested reliability or validity in refugees. This reflects a current lacuna in refugee research; as highlighted by Hollifield's (2002) review of 183 articles about measurement of refugee trauma and health demonstrating that only 12 out of the 125 instruments utilised by these studies had been developed and tested specifically in a refugee population.

Existing qualitative investigations appear to provide the field with a more nuanced picture of refugee resilience. Interestingly, for example, unaccompanied Sudanese youths recount finding the use of distraction strategies highly beneficial in their adaptation to refugee trauma (Goodman, 2004); and Pakistani and Somali refugees in Nepal cite their primary relationships as pivotal in their resilience through enhancing self-confidence, self-respect and self-esteem (Thomas, Roberts, Luitel, Upadhaya, & Tol, 2011). In another qualitative study, Sudanese refugees express how faith in God was an important pre-migration resource, social support and personal resources like hope for the future were particularly useful in transit, while goal-setting was important post-migration (Shakespeare-Finch & Wickham, 2009). As participants provide examples from their own lives, each of these resources are presented in the context within which they lead to adaptation. This helps us to obtain a more authentic picture of this population's experience of adaptation.

A number of other qualitative studies adopt a focussed approach and attempt to understand a specific aspect of the refugees' resilience, such as for example the role of communal proactive coping strategies among Tamil refugees in Norway (Guribye, Sandal, & Oppedal, 2011). While these studies provide us with a more fine-grained understanding of specific aspects of the resilience process, more studies on the resilience process as a whole would provide the field with a more comprehensive base for such focussed studies to take place.

On a more critical note, several of these studies look at refugees who have been resettled in the host country for a while (e.g. over 5 years in the following studies: Hosin, 2001; Sossou et al., 2008; Anjum, Nordqvist, & Timpka, 2012). This may mean that participants' accounts may be sharper in relation to resilience factors in the post-migration period than the whole refugee experience. For example, a group of Sudanese minors emphasized personal agency and being focused on getting an education upon resettlement as factors contributing to their successful adaptation (Luster, Qin, Bates, Rana, & Lee, 2010). Similarly, a number of the

identified studies' findings are heavily indicative of such post-migration factors and this arguably restricts the field from obtaining a comprehensive picture of resilience in response to the refugee experience as a whole. It should however be also noted that a number of studies specifically set out to study the post-migration period (e.g. Brough, Gorman, Ramirez, & Westoby, 2003). This may be related to issues of funding obtained for projects and the high relevance of these factors for service provision in the host country. Interestingly, Schweitzer et al. (2007) draw the same conclusion for quantitative studies indicating that their post-migration focus limits the relevance of their findings.

It is noticeable that thirteen of the qualitative investigations were carried out on a child/adolescent population and six were specifically focussed on women. The relevance of emergent findings may therefore be limited to these specific populations, for example to issues pertaining to unaccompanied minors. Nevertheless these studies may offer interesting leads to pursue in refugee populations with similar characteristics. For example, a sense of the communal self and a shared experience, described by Sudanese unaccompanied minor refugees (Goodman, 2004) may also be an important factor promoting positive adaptation in other populations such as men who fled without their families in the hope of bringing them over later. Also studies with a specific focus can arguably be particularly relevant to help capture the cultural diversity between diverse refugee populations. In this respect, it seems that Vietnamese, Cambodian, Bosnian, Somali and Sudanese populations have been studied to a much greater extent and studies on refugees hailing from different cultural backgrounds are required.

1.10 Current Study Rationale

Through the review of available literature, it appears that interactional and transactional processes of resilience have until now been studied in individuals from high-risk backgrounds and those who have undergone a specific stressful event (i.e. the first two conceptualisations of resilience listed on p.13) and not post-trauma. Whether the processes underlying these different conceptualisations are more similar than different therefore remains an unanswered question. Furthermore, in line with the literature's shift in focus from a person-related approach to an ecological and developmental perspective (Duad, 2008), it has been suggested that this field necessitates studies investigating the role of life-long adaptive systems (such as the family, community and cultural belief systems) in resilience to trauma (Betancourt &

Khan, 2008; Klasen et al., 2010). Such authors, advocating for the adoption of an ecological perspective in this research field, argue that to understand comprehensively how the resilience process operates researchers need to take into account the individual's interaction with the overall system within which s/he is embedded. Also, resilience research is still heavily focused on western contexts and therefore more studies that take into account understudied cultural backgrounds are required to generate resilience theory that is applicable to a wider segment of the population (Ungar, 2008). Finally, despite CoP's consistent emphasis on themes of positive adaptation, surprisingly the resilience construct does not appear to be addressed to a great extent through this discipline's theoretical and philosophical framework (Arbona & Coleman, 2008).

Therefore, in order to address current research lacunae in the resilience field, the present CoP study aims to investigate the interactive processes underlying post-trauma resilience in an adult population from an ecological, developmental and culturally-sensitive perspective. It is important to note that the term "post-trauma resilience" will be used to refer to positive adaptation following exposure to traumatic events and does not preclude the possibility that the individual may be presently exposed to other traumatic experiences. I propose that the refugee context presents a highly fertile ground for such an investigation given the severity of traumatic events that most refugees experience and the concurrent relatively high levels of resilience reported in this population. Moreover it is also evident that empirical investigations of resilience as an interactional process are required to further our understanding of this phenomenon in response to refugee trauma. Here I concord fully with Bottrell's (2009) view that an emphasis on the "ongoing and dynamic processes of adaptation" (p.600) is necessary to avoid fixed and dichotomous notions of resilient and non-resilient individuals especially when investigating resilience in the context of marginalised groups such as refugees.

Although refugees are frequently considered a population at great risk of mental health problems (Reich, Zautra, & Hall, 2010), they often receive minimal treatment and are generally not very well understood (Varvin, 2007). Research outlining resilience processes and models within this population, can therefore also help the development of much needed programs and policies in the host countries (Davidson, Murray, & Schweitzer, 2008) that provide the preventive care and support this potentially vulnerable group necessitates.

1.11 Research Questions

To address the research gaps outlined previously, the present study aims to answer the following research questions:

1. What psychological processes do participants' perceive to be influencing their adaption to traumatic experiences?

2. a) How does the individual's ecological system (family, peers, community etc.) contribute to the development of resilience in a refugee population?

   b) How does culture, as a broad ecological system influence the development of resilience in refugees?

3. In what ways has resilience been perceived to be affected by the individual's development and life trajectory?

4. What framework can be used to understand how these processes work starting from exposure to trauma and ending with positive adaptation?

1.12 Conclusion

As a counselling psychologist I feel that approaching this investigation of resilience through a CoP lens is appropriate due to the discipline's focus on subjective meaning-making (Woolfe et al., 2010) and its emphasis on positive outcomes and personal strengths rather than a narrow focus solely on vulnerability and pathology (Walsh, 2004).

It is hoped that this multi-faceted inquiry will contribute to both the theory and practice of this discipline.

1.12.1 Contributing to Theory

This study has placed an emphasis on conceptual clarity and has attempted to define relevant constructs unambiguously and elucidate empirical and conceptual selections, in view of advancing a research field (Agaibi & Wilson, 2005) that has been plagued by a lack of consensus about definitions and operationalisation (Luthar et al., 2000).

Importantly, arguments put forward by this review attempt to challenge negative traumatisation as the status quo in response to traumatic events. Papadopoulos (2007) boldly suggests that as an alternative to this, trauma be framed as an attack on an individuals' capacity for resilience. This study also notes that in populations exposed to trauma, individual resilience factors have been studied in isolation and not as part of a process involving the individual's ecological system. In line with CoP's multi-faceted understanding of psychological constructs, this study strives to investigate resilience from a holistic viewpoint with a specific focus on underlying mechanisms. Literature has indicated that attention to resilience processes at the individual level is essential for advancing theory (Ryff & Singer, 2003) and designing appropriate interventions (Luthar et al., 2000).

In line with CoP's active adherence to positive development, systemic understanding of human functioning and a psychology that crosses cultural boundaries (Arbona & Coleman, 2008), this study hopes to advance the field through its conceptual clarity and multi-faceted, culturally-sensitive investigation of post-trauma resilience. This study thus hopes to add to the cross-cultural CoP literature base required to further our understanding of the complex interconnection between cultural contexts and the psychological realm.

1.12.2 Contributing to Practice

The move away from a negative traumatisation model emphasized by this study will have a bearing on post-trauma practice (di Tomasso, 2010). Resilience-based interventions emphasising personal strengths and resources and the pursuit of core values and meaning, have focused on strategies for restoring hope, quelling demoralisation, improving emotional regulation and enhancing social support. According to Mansdorf (2008), such multimodal resilience-based interventions may constitute more suitable post-trauma support than, for example more traditional CBT interventions. This does not affirm that such interventions have incremental benefits in comparison to other well-established psychotherapeutic approaches, which for the most part boast of a strong evidence-base (Lightsey, 2006), but encourages the development and testing of such interventions, to refine existing frameworks and develop new ones (Zautra et al., 2010). With currently few interventions having an articulated focus on resilience (Zautra et al.), this study hopes to broaden the literature base from which a resilience-based practice for individuals following trauma may be developed.

The larger numbers of refugees reaching Western Europe and the fact that the significant adversities many have experienced render them vulnerable to mental health difficulties (Hodes, 2002) means that the clinical relevance of this population for CoP and psychological services cannot be ignored. This study hence hopes to contribute to CoP by contributing to the development of an effective treatment base for refugees, a group that totalled 31,315[7]. Moreover, Eleftheriadou (2010) has argued that more cross-cultural research in CoP is necessary due to increasing evidence of client misdiagnosis, in great part due to the poor understanding of cultural variables.

While CBT (Paunovic & Ost, 2001; Otto et al., 2003), group psychotherapy (Miller & Rasco, 2004) and testimony psychotherapy (Weine et al., 1998) have all been used with a certain degree of success as therapeutic modes with refugees exposed to traumatic experiences, Woolfe, Dryden, and Strawbridge (2003) have bemoaned the lack of a well-defined and researched basis for work with such a particular vulnerable group. Moreover, a review of the state of psychological therapies for adult refugees highlighted various needs in this field (Nicholl & Thompson, 2004). Firstly, that whatever the therapeutic model adopted, it is particularly important for the therapist to be in position to appreciate and explore individual clients' personal beliefs and appraisals as well as relevant cultural beliefs. Secondly, that there is a need for greater therapist awareness and ability to work with issues of diversity and greater willingness to facilitate access to appropriate practical support.

Through its inquiry, this study hopes to represent a small step forward in addressing the current deficiencies in the resilience research field. Thus, potentially contributing to the research base required for CoP practitioners to offer a comprehensive service targeted to the needs of the refugee client group.

This thesis will now go on to explicate the research design and discuss its methodological choices. The results of the analysis will be then presented followed by a discussion of these findings in relation to the wider literature. This study's limitations, suggestions for future research and implications for CoP theory and practice will finally be presented.

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[7] New asylum seekers and refugees in the UK in 2008 (UK Home Office, 2009)

METHOD

2.1 Methodological Basis & Rationale

2.1.1 Overview

This study aims to investigate the process underlying post-trauma resilience from an ecological, developmental and culturally-sensitive perspective in Eritrean refugees. A qualitative mode of inquiry that would explore the individual's understanding of the resilience phenomenon was deemed best suited for this study. I will now expound on the key epistemological and technical reasons for my choice of methodology.

2.1.2 Rationale for a Qualitative Methodology

As described earlier, the resilience literature has recently seen an important shift of focus from individual resilience characteristics contributing to positive adaptation to a more ecological and developmental understanding of such adaptation (Duad, 2008). Moreover, there is a paucity of research into the interactional and transactional processes involving the individual's environmental context and developmental trajectory. Within this specific research climate, a qualitative methodology would allow exploration of the refugee's personal experience of post-trauma positive adaptation prompting a deep, theoretically rich understanding of how certain individuals may display resilience in response to traumatic events. Rather than generalisable quantitative findings, qualitative research may provide greater insight into the intricacies and quality of human experience (Willig, 2001), which is more suited to the aims of this study and may contribute to the developmental, interactional spheres of this field.

The aim of qualitative research is to "understand and represent the experience and actions of people as they encounter, engage and live through situations" (Elliot, Fischer, & Rennie, 1999, p.216). With its focus on understanding personal experience and meaning in-depth, qualitative methods have developed to allow flexibility and provide a deep theoretical understanding of psychological phenomena in a specific context and/or population (Elliot et al.). Resilience is complex and the literature lacks a clear definition and operationalisation. Moreover, resilience in refugee populations has been neglected, further supporting an initial

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qualitative inquiry into this specific area. Creswell (1998) suggests that a qualitative approach is adept at exploring complex or ambiguous topics.

Liamputtong (2010) has suggested that a qualitative methodology is essential for conducting cross-cultural research. With its constructivist epistemological roots, qualitative research seeks to explore individuals' experiences of and the meaning they ascribe to their social world from their own perspective. Its flexibility, fluidity (Dickson-Swift, James, & Liamputtong, 2008), in-depth nature and range of methods rely heavily on the stories individuals share with researchers (Liamputtong, 2010a), and qualitative methodology may be more sensitive and acceptable for this (Davies et al., 2009). The flexibility of qualitative methods is suitable for allowing unanticipated avenues of inquiry to emerge from participants. This can easily happen in any research project, but is even more likely when the participants and researcher hail from distinct cultures.

Liamputtong (2010b) claims that in seeking to understand human processes within the context of their culture and society, a researcher can never "measure" or "generalise" people and a positivist stand-point will inevitably control participants' voices. This may suggest that true culturally-sensitive research can only result from a method that allows the individual to construct his/her reality by expressing experiences in his/her own words. Such a method will allow peoples who are often oppressed and marginalised to find/use their voice and be acknowledged as the experts of their reality.

2.1.3 Rationale for Grounded Theory

An exploratory and descriptive research style adopting an inductive approach was deemed to be most appropriate to fulfil this study's research aims. The research method of Grounded Theory (GT) fits these descriptors and additionally provides the necessary tools for developing a theoretical understanding of the phenomenon under investigation. GT was therefore considered most conducive to an effective investigation into the relatively neglected area of resilience as an interactional and transactional process in response to refugee trauma in an under-studied cultural context.

GT was developed "to generate or discover a theory, an abstract analytical schema of a phenomenon that relates to a particular situation" (Creswell, 1998, p.56). Driven by inductive logic, the researcher adopts a bottom-up approach and generates theory from the data itself by

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employing several strategies. These include the systematic, step-by-step categorisation of units of spoken data, constant comparison of these units, progressive higher-level abstraction of codes and categories and expansion of categories to explore possible inter-relationships. The substantive theory developed is often rich and original and maintains proximity to the data (Urquhart, 2001). GT is also particularly suited to examine the individual meanings and interactions related to the social context in which they occur (Pidgeon, 1996).

This methodology held a certain personal appeal, as I felt that its ability to ground emergent theory in data, its use of systematic and transparent analytic techniques and its resultant propensity to facilitate replicability would inspire confidence in the researcher. Epistemological considerations were also fundamental in determining the choice of methodology and more specifically in my choosing Charmaz's (2006) Constructivist Grounded Theory. I am personally more inclined to ascribe to an understanding of reality as mind-dependent and to a view of knowledge as constructed not absolute. In its original form GT can be seen to have some objectivist undercurrents as it implies that a researcher is able to directly identify certain representations of the research phenomenon that already exist. Hence, according to Glaser & Strauss (1965, as cited in Creswell, 1998) theory is "discovered" rather than generated. Given my own constructionist ontological position, I concur with authors such as Charmaz (1990) and Dey (1999) that categories and theoretical frameworks do not simply emerge from data, but are actively constructed by actors in the research process. Driven by this philosophical position, I sought to adopt a constructivist revision of GT which I felt would not stifle the creative nature of the research process recognising both participant and researcher as main actors in the construction of a theory, better described as a social construction of reality (Willig, 2001).

Charmaz's (2006) constructivist GT perspective was deemed most appropriate for this study's purposes. One explanation for this is that, it also ties in with the epistemological position best suited to conduct further investigation building on the current conceptualisation of resilience. As outlined by Babchuk (2009), Charmaz places a premium on the shared interactions between the researcher and multiple social actors, who collaboratively co-construct cultural and social specific meanings and experiences.

Importantly, the value basis and philosophy underlying CoP provide the ideal base for this study's scope and this specific manner of generating and interpreting evidence. Moreover

with constructivist GT, the researcher's position is made fully explicit in the construction of this reality. This counters one of the highly criticised elements of traditional GT, the lack of researcher reflexivity (Willig, 2001) and aligns it neatly with CoP's pronounced emphasis on reflexivity.

2.2 Research Procedures

2.2.1 Overview of Research Design

Employing constructivist GT (Charmaz, 2006), data was generated through in-depth interviews with a sample of Eritrean refugees. These interviews were then analysed using GT methods. Meaning units generated would, following successive levels of analytic abstraction, produce themes which formed the basis of an abbreviated initial theory to describe Eritrean refugees' resilience.

2.2.2 Sampling

Purposeful sampling, a strategy used to select information-rich cases generating knowledge on issues of central importance for the research's purpose (Patton, 1990), was the initial sampling strategy of choice. More specifically, criterion sampling was the purposeful sampling strategy adopted. This strategy involves studying those cases that meet pre-determined criteria of importance (Patton). In order to reach the study's aims, the target population was one which was exposed to high trauma levels but displayed current resilience. A number of criteria were hence set to ensure this and participant selection was contingent on cases meeting these criteria.

Initial Criteria:

The individual must be:

- Above the age of 18 (therefore able to give legal consent)

- Fluent in English

- Of Eritrean nationality.

Fluency in English was considered important to ensure understanding of screening tools as well as enable participation in an in-depth interview, thereby increasing the study's validity.

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Eritrea was chosen as the nationality for the following reasons. Firstly, Eritrean is relatively understudied as a cultural background within this field of research. Moreover, given Eritrea's recent history (see p.21), there was a relatively high probability that recruited refugees hailing from this country would be have been exposed to poverty, warfare and instability prior to flight. Moreover, of the refugees arriving in Malta, Eritreans are the second largest national group[8], increasing the recruitment pool.

Setting a language criterion was deemed necessary to be able to conduct the research. It was noted however that amongst other limitations it may bias the sample (e.g. sample being composed of individuals with a certain education level, socioeconomic background etc.). In view of this, the possibility of recruiting an interpreter was carefully considered. Benefits included; a wider selection pool and the advantages of communicating in one's mother tongue such as preserving nuances and unadulterated expressions that may convey deeper levels of meaning (Adamson & Donovan, 2002) which may generate richer data. This occurs when the interpreter is not seen solely as a vehicle of word conversion as is a dictionary, but whose presence is acknowledged and included as active part of the research process (Edwards, 1998). Here, interpreting may have the potential to reconstruct the cultural meaning and its value embedded in the language (Temple & Young, 2004) and in so doing increase the researcher's recognition of nuances and expressions in a narrative which may convey deeper levels of meaning in the intricacies of human experience (Adamson & Donovan).

There are also however, potential pitfalls of working with an interpreter. Primarily the account provided will never be an unequivocal rendition of one's experience (Murray & Wynne, 2001) as an extra layer of interpretation, which needs to be carefully considered by the researcher, will invariably be introduced (Adamson & Donovan, 2002). The presence of an interpreter may also strain the development of rapport especially when topics are of a sensitive or emotive nature (Murray & Wynne). Finally, interpreters may be selective in their account to prevent the full transmission of certain views, for example, if these may throw a dull light on their own culture. Research participants may themselves be inhibited to share certain experiences because of fears of confidentiality being divulged within the closely-knit communities to which both they and the interpreter may belong. Hence the presence of an

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[8] 14% of the total refugee population arriving in Malta in 2011 hailed from Eritrea (UNHCR, 2011).

interpreter in such research may result in a less comprehensive, authentic and unabridged account of a person's experience.

These issues strongly brought to light the need for a professional, trained interpreter and the need for careful integration of the interpreting process into the research design (Temple & Young, 2004). In view of these considerations, the research's sensitive nature and practical constraints, namely, lacking access to professional interpreters for this study, a decision was made to instead apply a language criterion. This decision was finalised, after ensuring through the collaborating organisation's help, that a wide enough pool of participants would meet this criterion.

Based on this study's trauma definition and review of literature, the following criteria were set to ensure that the sample would be characterised by high levels of traumatic exposure.

The individual must have:

- Obtained protection or applied for asylum in Malta.

- Gone through all stages of the refugee experience (pre-migration, flight and post-migration stressors).

  - Experienced pre-migration stressors that were life-threatening or threatening to significant others.

  - Made the journey to Malta by boat.

  - Been detained for at least 6 months in Malta.

These criteria were adopted to ensure that participants had all gone through a number of traumatic events. While the pre-migration stressors may have been different, the majority of asylum seekers from sub-Saharan Africa arrive in Malta by boat[9] from Libya and detention is mandatory for all upon arrival, for a maximum of 18 months or until one's asylum claim is processed. Conditions in Maltese detention centres are particularly poor, exacerbated by overcrowding, insufficient access to sanitary facilities, lack of privacy, poor recreation conditions and lack of access to educational activities (Amnesty International, 2013).

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[9] In 2012, 1869 asylum seekers arrived by boat in comparison to 279 who were non-boat arrivals (Office of the Refugee Commissioner, Malta, 2013).

Considerable literature has shown that detention, described as a "system that by its very nature causes psychological harm" (Fazel & Silove, 2006, p. 252), may have an adverse effect on a refugee's mental health (e.g. Silove, Steel, & Watters, 2000) either through the stressors it presents as an institution or by compounding the trauma experienced by individuals prior to their arrival. Loss of liberty, harsh treatment or abuse from staff, prolonged inactivity, disconnection to family and the outside world and the lack of information or knowledge about one's legal situation, characterise the detention environment and process (JRS, 2010; Fazel & Silove; Keller et al., 2003) and result in an atmosphere of uncertainty, mistrust and arbitrariness for the individual where they may feel isolated, degraded and undignified. According to Goffman (1961), such a "total institution" (p.68), by exposing the individual to prolonged cessation of past roles, extreme loss of control over their safety, presentation and life path and loss of individuality and connection to the outside world, may cause an experience of the self being given up or reduced to nothing, described very strikingly by Goffman as the "mortification of self" (p.35). In this light, one can understand the potential deleterious impact of detention on the individual and why observations of detainees have indicated experiences of profound hopelessness, despair and suicidal ideation and the increased presence of mental health problems such as depression, panic disorder and PTSD (Salinsky & Dell, 2001; Pourgourides, Sashidharan, & Bracken, 1996).

Therefore, the detention criterion was set to ensure that the participants recruited had experienced similar threats to their psychological well-being through spending a considerable amount of time (6 months) in detention. Moreover, since the majority of asylum cases in Malta are concluded within 6 months[10], a significant proportion of the asylum-seeking population would fall within this cut-off point.

In order to study resilience according to the definition adopted, a number of markers were set following a review of literature. These were the current absence of PTSD, depression and anxiety symptoms and displaying a proactive stance verified through seeking/securing employment since their release from detention. Regarding the former, given the high relevance ascribed to the degree of psychological distress in the conceptualisation of

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[10] In 2012, 1623 of the 1790 asylum applications were processed during the 6 month time-frame (Office of the Refugee Commissioner, Malta, 2013).

resilience, although certainly not immune from criticism, the use of standardised inventories as a screening tool was deemed the most effective and time-efficient way of evaluating participants' current levels of psychological health. The latter criterion was chosen to determine a stable level of functioning as it did not necessitate the use of additional questionnaires to ascertain and the collaborating organisation (JRS) could provide the information required. The following resilience-related criteria were hence set:

The individual must:

- Score below the clinical cut-off point for PTSD on the Harvard Trauma Questionnaire (HTQ; Mollica et al., 1992).

- Score below the cut-off points for depression and anxiety on the Hopkins Symptom Checklist (HSCL-D; Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974).

- Currently be in some form of paid or voluntary employment.

2.2.2.1 Recruitment Procedure

Malta was chosen for recruitment due to the presence of a large Eritrean refugee population that would all have experienced a life-threatening flight experience and mandatory detention period. Moreover, access to participants was guaranteed through the Jesuit Refugee Service Malta (JRS), an established professional network having regular and prolonged contact with the refugee population in the post-migration period. Collaboration with JRS enabled the identification of individuals who were fluent in English, had no history of psychiatric review and to their knowledge were actively involved, maintained positive relationships and made a persistent effort to seek employment. This pre-selection was done to minimise as much as possible unnecessary screening and exclusion.

Invitation letters together with information sheets (Appendix-H1) were then sent to these potential participants. Each respondent was invited to meet with the researcher to learn more about the study and participate in the screening stage. During this meeting the details outlined in the letter and information sheet were explained verbally using simplified language, to enable the respondent to take a well-informed decision on his/her participation. This stage took place rapidly with the researcher verifying that the criteria were met within 5 hours of the screening. Once 6 participants satisfying the selection criteria were identified, they were

all recruited and no more individuals were invited to participate. These procedures were planned to ensure that due to the vulnerable nature of the population, individuals were protected from unnecessary screening.

2.2.3 Screening

Screening took place in an office at the JRS centre, as it was anticipated that participants would feel more comfortable here as it was a place they were very familiar with and had visited often. Here participants were fully briefed on the nature of the study, ethical considerations (e.g. confidentiality and anonymity) and the function of this data collection stage, outlining that in line with the study's aims a number of participants would be contacted for interviews.

Participants were then asked to sign a consent form (Appendix-I), following which, the researcher distributed inventory packs, explained instructions and allocated time for questions. Despite a date being set for collection of the packs, all participants decided to stay and complete the self-administered materials within the presence of the researcher, with an average duration of 20 minutes. Participants were then debriefed on the study and use of their data (debriefing sheet, Appendix-J1). The importance of the participants' role in study stage was explained. It was reiterated that they may be contacted within a month to enquire about their willingness to participate further. This was done sensitively and discreetly to ensure participant protection at all times, especially those who would have scored above cut-off points and would not be selected.

2.2.3.1 Screening Materials

The inventory pack (Appendix-F) included:

1. A demographic sheet designed to gather demographics and ensure that the initial, trauma and some resilience-related criteria had been fulfilled.

2. The HTQ (Mollica et al., 1992), a self-administered questionnaire specifically developed to screen for PTSD in cross-cultural populations. A pre-specified cut-off point of ≥ 2.5, considered symptomatic for PTSD[11] (Mollica, McDonald, Massagli, & Silove, 2004) was adopted.

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[11] In relation to the 16-item PTSD section in the completed HTQ

3. The HSCL-D (Derogatis et al., 1974), a self-administered questionnaire with a 10-item anxiety and 15-item depression subscale. Pre-specified cut-off points of ≥ 1.75, considered symptomatic for depression and anxiety (Mollica et al., 2004) were adopted.

The HTQ and HSCL-D were employed to ensure the resilience-related criteria had been fulfilled for inclusion in the study. These instruments were adequately suited for this study due their high reliability (Cronbach Alpha: HTQ=.94; HSCL-D=.84), high validity estimates (Fawzi et al., 1997) and their extensive use in studies among international refugees and conflict affected populations (Silove et al., 2007). They have been validated on numerous populations exposed to mass violence such as Cambodian, Laotian, Vietnamese, Japanese, Bosnian and Iraqi (Shoeb, Weinstein, & Mollica. 2007), but not on an Eritrean population.

2.2.4 Sample Composition

Out of the 8 participants screened, six fulfilled the study's inclusion criteria. The characteristics of this sample can be seen in Table 1.

Table 1

Characteristics of this Study's Sample

Participant Number	Age	Gender	Current Asylum Status	Employment	HTQ Score	HSCL-D Score
1	26	Female	Subsidiary Protection[12]	Recently resigned	1.25	1.4
2	29	Male	Refugee Status	Current	1.12	1.12
3	26	Female	Subsidiary Protection	Recently resigned	1.12	1.16
4	29	Male	Subsidiary Protection	Current	1.18	1.08
5	29	Female	Refugee Status	Current	1.18	1.44
6	31	Male	Subsidiary Protection	Current	1.12	1.2

2.2.5 Interviewing

2.2.5.1 The Interview

The semi-structured in-depth interview used is consistent with this research's epistemology and allowed me to meet the aims of this GT study. This interview format allows participants to actively shape the research process as it creates the context for the intricacies and processes present in the human experience to emerge and thus has the capacity to generate rich, deep and meaningful data (King, 1994). Also, the combination of control and flexibility afforded by this interview format fits neatly with GT for "increasing the analytic incisiveness of the resultant analysis" (Charmaz, 2006, p.29). Moreover, in line with GT strategies, the interview may be modified to explore pertinent topics generated in previous interviews (King).

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[12] Subsidiary Protection is a form of international protection granted to asylum seekers in Malta who would face serious harm if returned to their country. Serious harm is defined "as the death penalty or execution; torture or cruel, inhuman and degrading treatment or punishment; or a serious and individual threat to a civilian's life because of indiscriminate violence in situations of external or internal armed conflict" (JRS, 2008, p.6).

The interview schedule allowed me to make explicit the ideas with which I entered the research. The use of guided questions facilitated maintaining the delicate balance between allowing space for the emergence of unique ideas, while at the same time giving adequate prominence to the interesting theoretical concepts outlined by the research questions (Pidgeon & Henwood, 1996). Given the concept of a research interview was expressed as foreign by all participants, guided questions were deemed particularly useful in clarifying the content of the discussion and helping participants articulate perspectives and meanings (Charmaz, 2006). The sensitive nature of the research topic and the potentially vulnerable population also made an in-depth, face-to-face interview the most appropriate way to generate data while ensuring utmost care of participants.

This study's interview schedule (Appendix-G) consisted of five questions carefully phrased in an "open-ended conversational style" (Pidgeon & Henwood, 1996, p.90) to act as a flexible guide for the interview process. Questions were set to initially locate the discussion within the context of the participants' refugee experience (Q.1) and then guide them to discuss their perspective of this experience. Subsequent questions oriented the participants to the resilience they displayed (Q.2,3) and explored the various contributing processes and factors (Q.4,5). Finally, participants were invited to raise additional issues and reflect on the interview experience (Q.6,7). Prompts included were used in varying degrees. At times, interviewees specifically asked for guidance, while at others, prompts were used to re-direct the interview's focus.

The interview was piloted with one of the participants recruited. This pilot proceeded smoothly and feedback obtained about the interview experience and format was generally positive. Hence, no amendments were deemed necessary and this data was included in subsequent data analysis.

2.2.5.2 Interview Procedure

Following the screening stage, participants were contacted and provided with an information sheet (Appendix-H2) and subsequently arrangements for a safe and convenient interview location were made. Prior to commencing the interview, the initial procedures used at screening stage were employed. Interviews were audio-taped and lasted between 60 and 90 minutes. The interview schedule was used flexibly and interviews generally proceeded in the form of a guided discussion.

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Due to the sensitive and emotive nature of the topic and many participants' request for guidance, I employed basic counselling skills such as paraphrasing and clarifying in order to establish rapport and make participants feel valued and understood in a process they expressed as foreign. These techniques may also allow the researcher to check the accuracy of their understanding of ideas expressed (Charmaz, 2006). Moreover, concluding questions were designed to bring participants back to a 'normal conversational level' (Charmaz, p.30), protecting them from an abrupt ending.

Debriefing on the study and use and analysis of participant data then took place. A debriefing sheet (Appendix-J2) specifically explained the possibility of difficult thoughts and feelings arising as a normal consequence of such research. My contact details together with those for a support counselling service were provided. A distress protocol (Appendix-K) was also prepared should any participant experience a significant level of distress. This was however not required in any interview.

2.3 Data Analysis

Interviews were then transcribed, a process which was valuable in allowing engagement with the data and making preliminary observations. Textual data was analysed using constructivist GT (Charmaz, 2006). The text was first combed for units of dialogue that were in themselves significant and relevant to the research question. Utilising the 'constant comparative method', a pivot of GT, meant that these units were compared within and between data, enabling effective categorisation of similar units into 'codes'. This 'coding' process set the framework from which the theory would be developed (Charmaz), ensuring it would be well grounded in the data. Carrying out interviewing and preliminary data analysis concurrently, benefitted the development of this framework by providing the researcher with the opportunity to further explore and cross-check concepts emerging from initial interviews in subsequent ones.

During initial coding, codes obtained by labelling the phenomena described in each line of text, were kept very close to the data and hence demonstrated a low level of abstraction. Moving methodically through these codes during focused coding, those that appeared to have common meanings that made analytic sense at this stage, were grouped and re-labelled. Successive levels of such coding led to the development of low-order categories and some in turn grouped to form high-order categories that demonstrated increased complexity and theoretical abstraction. Becoming more aware of overarching thematic similarities as

categories developed during axial coding, codes were moved, merged or separated[13] until they best defined the developing categories by their properties and the associations between them. Odd codes or seemingly-thin categories were flagged up for examination in the theoretical sampling stage.

In line with this study's specific needs, theoretical sampling took place in the later stage of this current research with the aim of refining some categories and possible additional associations. The complexity of finding participants that fulfil all the inclusion criteria, the refugee population's migrating nature and pragmatic constraints, however meant that this sampling was unfortunately difficult to implement in practice. These restrictions meant that it was only possible to carry out a couple of further interviews. Faced with the choice of re-interviewing the original participants or selecting new recruits, given the former's familiarity with the concepts discussed, it was decided that opting for the first choice would be more conducive to a thorough evaluation of the categories elicited during analysis. Following a process of re-contacting and ascertaining the availability of the six former participants, 1 participant was re-interviewed.

In this interview, utilising the Albas and Albas' (2004, as cited in Charmaz, 2006) technique, due to its formulation for refining categories late in the research, the major findings were presented and following a discussion on the participant's view of the piece, categories were amended slightly to account for deficiently-defined properties and to highlight more salient associations.

While examination and coding of data continued until no new theoretical insights began to emerge, the aforementioned restraints limited the gathering of new data. Hence while I am confident in the quality and definition of the emergent themes, I will take a modest approach and claim for 'theoretical sufficiency'. This term implies that categories are suggested rather than saturated by the data, as implied by 'theoretical saturation' (Dey, 1999). This position is also informed by recent literature on GT research. In this regard it is pertinent to note that theoretical saturation has recently been contested as being an inflexible notion as it "has connotations of completion [and] seems to imply that the process of generating categories (and their properties and relations) has been exhaustive" (Dey, p.116-117). Morse (1995) also argues that theoretical saturation is all too often claimed prematurely, uncritically and

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[13] This process took place physically as codes were all represented on separate paper strips

illegitimately, especially in the case of novel questions which "demand more complex categories and more sustained inquiry" (Charmaz, 2006, p.114). In response to these views and the research process being recognised as more dynamic rather than finite, there is an emergent line of thought in literature that views theoretical saturation as unachievable and theoretical sufficiency as more fitting with the practice of conducting GT (Diaz Adrade, 2009).

Finally categories that, in the search for higher-order meaning in relation to the theoretical ideas outlined by the research questions, demonstrated a strong connectedness to others were given prominence. Following the theoretical sorting and integration of categories, seven core themes were developed through extensive diagramming of schematic maps. This visual aid allowed existing relationships to be refined and less visible interactions understood (Clarke, 2005). This led to the development of a framework explaining the workings of the resilience process in a sample of Eritrean refugees.

Throughout, the analytic process was aided by memo-writing. These written records of analysis served to remind me of salient research ideas (Strauss & Corbin, 1998) and to crystallise personal thinking patterns. These were later explored, serving a reflexive purpose and keeping me grounded in the data.

2.4 Strategies of Verification

With a constructionist epistemology underlying this qualitative research, no claims to ultimate veracity or objectivity have been made. I have at the outset acknowledged my place as co-constructor of data. Following the length of time spent in the field and knowledgeable of the inevitable biases and effects I have had on the research, strategies that can to some extent verify the 'trustworthiness' of findings, indicating the quality of data, were deemed necessary and employed as follows.

2.4.1 Member Check

Member checking is described as critical to establishing credibility (Creswell, 1998). The interview transcript, results, interpretations and conclusions were compiled and presented to a participant in a succinct, clear way. He was asked to review the findings and indicate whether his experience was accurately captured and salient ideas were acknowledged. This feedback led to some revisions and served to decrease the possibility of misinterpretation of meaning

of the participants' rendition of their experience (Maxwell, 1996), increasing the findings' accuracy and credibility.

2.4.2 Auditing

"Audit may be the single most important trustworthiness technique" (Lincoln & Guba, 1985,p.283). A theme together with its categories, codes and raw data was examined by an external auditor to determine the extent to which the researcher's interpretations and findings were grounded in data. Feedback received at this point provided valuable insight into possible personal biases that may have influenced the data and guided me to re-evaluate some interpretations made. Attempts have also been made to allow scrutiny and make the process as transparent as possible by providing extracts of raw data alongside results for readers to cross-examine interpretations made.

2.4.3 Theoretical Sampling

This approach also acts as a verification strategy as it serves to challenge a researcher's initial assumptions (Fassinger, 2005). By re-interviewing later in the research, I was able to share emergent data and obtain participant's view of this and cross-check ideas I was developing in and between interviews, increasing the veracity of my developing understanding.

2.4.4 Peer Debriefing

Peer debriefing sessions were conducted with a fellow researcher at different stages of the research process. This external check acted as an effective sounding board for my emerging insights and concerns and served to keep my assumptions, logic and methodological flaws in check during the long analytic process.

2.4.5 Reflexivity

Mindful of my place as an active participant in the research, all attempts have been made to monitor my personal values, feelings and thoughts throughout the process. This included my prior engagement with literature, personal philosophical stance, fervent and long-standing interest in the area of resilience and refugee trauma and my clinical work with individuals that share a high degree of commonality with my participants. I have attempted to document my own process as a researcher throughout the work and utilised opportunities such as reflexive statements to make this explicit to the reader.

RESULTS

3.1 Descriptive Data

3.1.1 Participants' Background Information

Demographic information collected pertained to age, gender, religion, asylum status, flight factors and detention duration. The sample was composed of 3 male and 3 female participants, their average age being 28 years. In terms of religion, five were Christian (2 Orthodox and 3 Other Christian) and one Muslim. All participants had arrived in Malta by boat and had been detained for an average of 9.5 months. In terms of pre-migration stressors, all participants described living under an oppressive regime with little respect for their human rights. More specifically, 5 participants described being conscripted in the national military for an indefinite period of time and three described intense persecution on religious grounds. Events described by participants may objectively be seen as acutely distressing and can be associated with intense demands on the individuals' psychological systems. Participants' adverse experiences also all similarly encompass pre-migration, flight and post-migration stressors. Brief individual stories have been provided in Appendix-L.

3.2 Analysis of Data

Analysis of data from participants resulted in seven key themes, each composed of categories that represent the main ideas that emerged from the narratives. Themes will be presented in turn and although described separately are closely linked through particular categories. This can be understood through the resilience model developed, highlighting the relationships found between themes and categories presented in section 3.4.

The following sections will now present each of the seven themes; 1) Engaging with an adverse reality, 2) Cognitive and behavioural response repertoire, 3) Striving to maintain existential well-being, 4) Harnessing social and religious resources in the face of trauma, 5) Impact of participants' childhood microsystem on the development of resilience, 6) Eritrean culture and its resilience promoting potential and 7) Responding critically and analytically to messages received. The composition of each theme will be depicted through tables provided. An explication of constituent categories will then be presented for each theme illustrated using short excerpts from participants' narratives.

3.2.1 Theme 1: Engaging with an Adverse Reality

Describing a propensity to influence one's environment and the ability to recognise and accept stimuli that can't always be controlled, this theme describes a disposition that seemed to allow the participants' to actively engage with their reality rather than avoid it.

Table 2

Breakdown of Conceptual Categories in Theme 1 and their location in Raw Data

Theme	High Order Category	Low Order Category	Interviews
Engaging with Adverse Reality	Sense of Agency	Individual valuing personal autonomy	2,3,4,5,6,R2
		Disposition to strive to exert control over environment	2,3,4,5,6,R2
		Disposition towards creating and persevering to obtain personal goals	1,2,4,6
		Taking a stand on principles	1,2,6,R2
	Acceptance of Adversity	Accepting distressing emotions	1,2,3,5,R2
		Realisation that adversity is part of life	2,3,6
		Acceptance of situations beyond one's control	3,5,6

3.2.1.1 Category 1: Sense of Agency

The low-order categories subsumed by 'Sense of Agency' appeared to converge on a similar method of operation by instilling and/or augmenting the individual's sense of agency when confronting their adverse realities. Through this category, which highlights their quest for independence, valuing of self-reliance and the individual as the agent of change, participants emerged as being driven by an internal compass and the belief that they could influence their environments rather than be passive recipients of it. This seems to have led the individual to take control of their environment by taking the initiative to change the situation.

Interestingly however, a struggle was highlighted in a female participant's quest for independence. While reasons for this were unclear in her narrative, data from the theoretical sampling stage seemed to indicate that this may have been due to the fact that autonomy may defy the cultural expectation for women in Eritrea who are generally expected to be dependent on the male as the bread-winner and patriarch.

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> Women are not expected to be independent...men are seen as replacing the generation, continuity, so men...have to deal with issues...this kind of mentality. But women are weak, like what we are saying doesn't apply to women (I.R3,L.42)

In this respect individual women who value autonomy or for whom this is required (e.g. upon migration), may experience a struggle as it both challenges what they believe about themselves as women as well as the cultural messages received during their upbringing.

Participants' sense of agency seemed to be augmented through the delineation of principles and goal-setting (e.g. bettering life through furthering their education) and through the choice of action pathways required to attain these goals. Having set clear goals, their refugee experience and associated traumatic events could be seen as a means to the end the person has chosen for himself/herself and hence are appraised less negatively.

> It is a struggle for freedom...I was not looking to what I am passing through but from what I was escaping and where I am going so...it was a difficult journey but I had something I was looking for, something that after this difficult journey there is freedom...so I was not looking too much on the negative experience of the journey...I was happy... it is a journey to freedom (I.6,L.26-36).

3.2.1.2 Category 2: Acceptance of Adversity

Participants expressed how their experience was characterised by times of being overcome with distressing emotions, having no control over their immediate environment and grappling with the intense reality of these extreme and overwhelming experiences. Within their recognition of the harshness of adversity and their rendition of their struggle to fight against it, participant discussion purported a realisation of such a reality as an inherent part of human existence, though transient in nature, and that an important part of their resilience process also hinged on the acceptance of this reality.

Data seemed to indicate that by being in touch with adverse circumstances, some participants were more able to choose wisely where to direct their energy and focus as they persisted in attempting to achieve their goals. Participants provided examples of situations such as harsh detention conditions that do not succumb to their control despite the persistent use of cognitive and behavioural responses.

There are many things which are happening to us as migrants, which we are not heading towards but it comes, so what I have to do is try to accept it and try to manage somehow to cross otherwise I will end up being stuck and depressed (I.5,L. 103-107).

This participant expressed how accepting such situations as an inherent part of life reduced negative affect. Some participants went on to explain how this freed the mental energy that would otherwise have been wasted in these situations to be diverted towards other stimuli that could be affected in some way (e.g. using free time to learn English).

3.2.2 Theme 2: Cognitive and Behavioural Response Repertoire

Participant narratives revealed the presence of a collection of skills and techniques they tended to exhibit in the face of a traumatic event. These responses were either cognitive or behavioural and can be described as response tendencies these individuals exhibited. Repeated use and the resultant positive outcomes may mean that these responses then become a permanent repertoire. This theme describes these responses and the processes by which they work to result in positive adaptation.

Table 3

Breakdown of Conceptual Categories in Theme 2 and their location in Raw Data

Theme	High Order Category	Low Order Category	Interviews
Cognitive and Behavioural Response Repertoire	Cognitive Mastery	Ability to think in a differentiated way	1,3,4,5,R2
		Problem-solving skills	1,2,4,5,6
		External Attribution	1,3,4,R2
	Action Orientation	Proactive	1,3,4,6
		Tenacity	1,2,3,4,6,R2
		Industry	4,6,5,R2

3.2.2.1 Category 1: Cognitive Mastery

'Cognitive Mastery' refers to the cognitive techniques which appeared to instil a sense of control over traumatic experiences through their propensity to alter the outcome of an event or one's perception of it. Many participants spoke of the way modes of thinking such as the ability to view one's environment with multiple lenses rather than the most apparent, the attribution of adverse events to external factors, refraining from patterns of rumination and the ability to deconstruct experiences rather than view them at face value influenced their appraisal of the traumatic event and their subsequent action. A participant described

employing multiple perspectives when, despite some humiliating experiences from Sudanese authorities, he remained open to other more positive experiences;

> Obviously the experience is not always the same and understand[ing] there are good things in the culture of the Sudanese people, this view meant that I could explore that and make some interactions with some Sudanese and try and understand their culture...there is some kind of hospitality too (I.R2,L.60-64).

The active use of problem-solving skills is also highlighted as a response that influenced many participants' interaction with their environment and resulted in positive adaptation following traumatic exposure. According to narratives, this response comprised acknowledging the problem, reviewing options/resources and weighing the costs/benefits of available solutions, followed by strategic planning to execute the chosen solution.

3.2.2.2 Category 2: Action Orientation

This category highlights the action-oriented nature of the resilience process. A number of participants spoke of decisiveness and initiative rather than passivity in their stance towards the adverse environment at hand. Four participants provided examples of instances where they protested and defied authoritative bodies, feeling their rights were violated and took active charge of situations throughout the journey in order to overcome obstacles and continue their passage. This proactive stance was generally characterised by a hard-working, unrelenting and persevering approach until one's goal was achieved. Participant 6 captures the essence of 'Action Orientation' effectively:

> Of course there are problems, you will find big barriers and so on... But you have to try your best to cross this barriers and help yourself...this doesn't mean that you shouldn't recognise or think about the barriers or difficulties you face but you shouldn't be discouraged by things and you have to continue and try to do anything you want in your life (I.6,L.88-90).

3.2.3 Theme 3: Striving to Maintain Existential Well-being

This theme appears to point towards the existence of a deeper stratum of psychological processes underlying many of the overt processes implicated in post-trauma resilience.

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Table 4

Breakdown of Conceptual Categories in Theme 3 and their location in Raw Data

Theme	High Order Category	Low Order Category	Interviews
Striving to Maintain Existential Well-being	Adverse Experiences taking on a Specific Meaning	Motivated by an ultimate purpose in life	1,2,3,5,6,R2
		Personal goals attributing meaning to one's experience	1,2,3,5,R2
	Maintaining Hope in Adversity	Patience	2,3,4,6
		Reframing adversity using positive thinking	1,2,4,5,6
		Expecting positive outcomes	1,2,3,4,6

3.2.3.1 Category 1: Adverse Life Experiences taking on a Specific Meaning

In seeking to understand the place of certain codes in the overall process leading to positive adaptation, it became clear that a number were operating through the provision of meaning and an ultimate purpose in one's life.

The low-order categories cradle the repeated emergence of codes, highlighting the meaning participants ascribed to their lives and their ultimate reason for living; be it through personal goals like securing stable employment or through the higher-order purposes participants had for living. Freedom appeared to be a raison d'être for almost all participants. It is this purpose that often appeared to motivate their decision to become a refugee and appeared to be the underlying factor spurring them on amidst the traumatic events that unfolded. This category may suggest that once a purpose is ascribed to one's life and one acts in congruence with this purpose s/he may be more psychologically equipped to deal with adverse situations that arise on the journey in fulfilment of this purpose. Participant 6 poignantly describes this link when he says "when I was to continue the journey it is toward more freedom and that kept me alive on the journey" (I.6,L.38).

3.2.3.2 Category 2: Maintaining Hope in Adversity

This category captures hope as an integral condition in the post-trauma resilience process. Across interviews, participants spoke of the importance of believing that they would achieve their goals, recognising and searching for the positive in difficult situations, choosing to dwell on positive rather than negative thoughts and being patient in the face of unrealised

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expectations. These processes emerged as modalities which resulted in the maintenance of hope despite the level of environmental adversity. In an environment fraught with unpredictability and set-backs, hope seemed to allow the participants to persevere towards goals which seemed temporarily unattainable, highlighting its significant place for the duration of the refugee experience. "I mean you have to be very optimistic and enduring if you lose your endurance then you'll be hopeless and then finally you'll be nothing" (I.2,L.290). Hence participants' accounts, some more unequivocally than others, seemed to indicate that hope is a necessary condition for positive adaptation following traumatic events.

3.2.4 Theme 4: Harnessing Social and Religious Resources in the face of Trauma

Participants discussed the adaptive role of certain social and religious resources in the face of traumatic experiences. Importantly, it emerged that although present in their environment, these resources needed to be accessed and utilised in order to contribute to positive adaptation.

Table 5

Breakdown of Conceptual Categories in Theme 4 and their location in Raw Data

Theme	High Order Category	Low Order Category	Interviews
Harnessing Social and Religious Resources in the Face of Trauma	Deriving support through social relationships	Deriving social support	1,3,5,6
		Support network	1,2,3,4,5,6
		Religiosity as an adaptive resource	1,2,3,4,5,6

3.2.4.1 Category 1: Deriving Support through Social Relationships

This category describes the support participants derived from individuals and groups in their social milieu. The support network itself, composed of friends, immediate and extended family, the Eritrean community, other migrants and professional groups like the women's movement, was described as being instrumental in the resilience process. Emotional and practical support offered together with communal problem-solving, sharing of similar experiences and taking joy in others' successes seemed to curb feelings of loneliness and fulfilled participants' need for belonging when their initial group was no longer present.

I have so many difficulties but I discuss with my friend, we can solve our-we can get
solutions so many things, we can do, I can't explain them one by one, but in everything
(I.4,L.511)

Participant 6 further analyses the mechanism through which the support network functions.
He explains that the presence of individuals who are concerned about him and take joy in his
successes gives his struggle further meaning and subsequently increases his action towards
his goal. Narratives also revealed that the resilience process was not only dependent on the
presence of the support network but also the individual's ability to derive benefits from it.
Some participants discuss how they were able to draw from the tenacity and positive actions
of others and make it count for them. For example seeing others being released from
detention, participant 1 explains "we will be happy more than him, because we'll see even we
are going to take this chance, like in one day we don't know the day but one day we get...we
hope" (I.1,L.679).

3.2.4.2 Category 2: Religiosity as an Adaptive Resource

Codes comprised by this category emerged in varying degrees across participant data. For
example, religion emerged as a central theme in narratives 2 and 4, with both participants
expressing that God was the most effective factor leading to positive adaptation.

Participants' accounts portray religion as a multi-dimensional construct which includes
beliefs, practices (private & communal), emotions and experiences which support the process
leading to positive adaptation. A number of participants speak of practices like prayer which
seems to lessen negative emotions in times of distress, bible reading which instilled hope and
guidance, as well as communal worship/teaching which according to a participant served to
increase contact with his community. Other participants mentioned beliefs emanating from
their religion, such as the belief in a divine presence that provides support and protection.
Narratives indicated that these beliefs imparted confidence and hope, increased positive affect
and helped attenuate feelings of aloneness.

Unless we know there is our eternal father who takes care of us, who loves us a lot as
his children, then this world is hard especially for people like me who have gone
through a lot of difficulties and unless you have someone to rely on, see its hard
(I.2,L.152).

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Another dimension indicated through data was religion as providing meaning to one's life, and in this respect a deeper meaning to the adversity. This may itself have instilled serenity rather than unrelenting questions and frustration in seemingly incomprehensible circumstances. In this respect, religiosity may serve as a resource that enhances the development or maintenance of one's existential well-being even in highly adverse situations.

3.2.5 Theme 5: Impact of Participants' Childhood Microsystem on the Development of Resilience

This theme's central premise is the influence of the participants' earlier life on the resilience process.

Table 6

Breakdown of Conceptual Categories in Theme 5 and their location in Raw Data

Theme	High Order Category	Low Order Category	Interviews
Impact of Participants' Childhood Microsystem on the Development of Resilience		Family of origin's role in cultivating resilience	1,2,3,4,5,6
		Education as a precursor in the development of resilience	3,4,5,R2

3.2.5.1 Category 1: Family of Origin's Role in Cultivating Resilience

The family of origin, within which participants lived from birth till migration, emerged as an important influence on their developmental trajectory and their resilience process. Narratives consistently gave an account of how various family member traits, characteristics of their family unit as well as child-rearing practices had a significant bearing on the resilience process. Appendix-M provides a table depicting these traits and practices and Appendix-O provides an example of a later memo demonstrating the development of this category.

Participants discussed how through the internalisation of direct and indirect messages from caregivers, modelling of their parents 'resilient' behaviour and the parental reinforcement of this 'favourable' behaviour (e.g. through praise when demonstrated by the child), they developed certain adaptive ways of responding to adversity (e.g. a proactive stance).

Always my mother tell me, even if we have examination, she told me 'tsenat kberi', don't be afraid, don't be panic, be strong, you have to be relax and then you are going to jump it (I.1,L.533-541).

Narratives also speak of their upbringing and how certain child-rearing practices may have contributed to the development of their resilience. For example, the careful balance struck by participant 6's family between care and guidance and their leaving him free to take his own decisions were key in the development of his sense of agency.

Self-reliance is related with the family upbringing as well, I can see that in my family...I was taken care of by my mother and my father and...I was given the space to make decisions and you know to get responsibility...and I find this very important, very useful...I think helps decision making later on and that you become responsible for your actions (I.R2,L.151-155).

Moreover, the supportive, nurturing and cohesive nature of their family was described by some participants as having created a safe and self-affirming childhood environment which may have led to the development of, amongst others, a sense of agency, action orientation and the ability to critically evaluate external messages, enabling positive adaptation in the face of later adversity.

3.2.5.2 Category 2: Education as a Precursor in the Development of Resilience

Education, another factor in the participants' childhood microsystem, emerged as another cog in the process leading to resilience. Participant dialogue attempted to describe the role of education in this process by highlighting its potential to augment the child's esteem, "if you are educated...it even helps you to be more self-confident" (I.5,L.433) and to increase the environmental resources available in adulthood, for example through improving employment options.

Interestingly, in narratives 4 and 5, education was strongly associated with family of origin since the family was portrayed as the instrument that emphasizes the importance of education and provided the means for them to obtain it.

My family they are very, very important, they were very good parents...er they were ready to help me in any way I mean continue my education, they were ready to cover my expenses even if I was first to continue till my PhD level (I.5,L.413).

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3.2.6 Theme 6: Eritrean Culture and its Resilience-Promoting Potential

This theme describes the cultural context within which participants lived until their forced departure as young adults and related factors that seem to have had a bearing on the resilience process. The emphasis afforded by participants here is reflected by the breath of this theme.

Table 7

Breakdown of Conceptual Categories in Theme 6 and their location in Raw Data

Theme	High Order Category	Low Order Category	Interviews
Eritrean Culture and its Resilience-Promoting Potential		Norms	1,3,4,5,6
		Values	1,3,4,5,6,R2
		Beliefs	5,6
		Transmitting Cultural Messages	1,2,3,4,5,6

The norms, values and beliefs of Eritrean culture were described by various participants (see Appendix-N). While most of these elements were mentioned by a number of participants, the "Tsenat"[14] ideology and the values of self-reliance, assistance and collective consciousness were emphasized to a great extent. Participants went to great lengths to explain how considerable value was placed on assisting the other within their culture, attempting to prevent people struggling alone. In a related vein, emphasis was also placed on seeking out the group for activities and problem-solving and commonly putting the community before oneself. In seeming contrast, participants highlighted the value placed on self-reliance and the individuals' general trend to attempt to solve their problems alone without seeking help.

> Community, family ties is very strong so there is interdependence, that's for sure...family matters are resolved by community by family and not individually, so there is a system...but at the same time there is also a degree of independence in taking actions, decisions, it's not like community watching every move you make or cultivating dependency. There is one thing in the culture of being independent, working for independence, to be self-reliant. So that gives you a bit of a space to open for your own good (I.R3,L.3-6).

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[14] "Tsenat" is a Tigrinyan word that broadly translates to be strong and remain firm. This was used repeatedly by the Eritrean regime in its social propaganda.

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In analysing the substrates of Eritrean culture one may question how the values of self-reliance and collectivist norms and values described above can be concurrently integral to this culture. Participants did not seem to experience any tensions between these values, explaining that "self-reliance and independence are part of responsibility" (I.R3,L.23). They described how Eritrean individuals tend to rely on themselves in their endeavours, but at the same time look out for others. A look at Eritrea's recent history may clarify why in this culture, self-reliance and collective conscious are both afforded high importance. While encouraging cohesion to strengthen its independence struggle, the Eritrean government also fervently set forth self-reliance, autonomy and self-determination as goals which the nation should fight for. These ideals remained a beacon for the nation even after independence and Eritreans are proud of having achieved independence from their more powerful opponent with almost no external support. Eritrea also remains a country that avoids dependence on foreign powers and in 2011 was the only African nation not to request US aid (U.S. State Department, 2011). One might hypothesize that these ideals may have been greatly reinforced as personal values for the generations growing up during the struggle, possibly explaining how participants saw the values of independence and self-reliance as not opposed to the collectivist mentality that had been inherent in the Eritrean people long before the independence movement.

The category 'Transmitting cultural messages' suggests that Eritrean culture impacts the resilience process through the individual's internalisation of cultural values through proverbs and local terminology in a society. Interestingly, all but one participant spoke of Tigrinya[15] as having a rich resilience-related lexicon. This includes words such as "tsenat", which means to resist and challenge adverse situations, "tetsawarnet", related to concepts of endurance and perseverance and "mbda" meaning to challenge. Another pathway suggested by participants is through the teachings and life example of elders that repeatedly transmit the culture's values, norms and beliefs. This intergenerational transmission was highlighted by a participant when speaking of values of endurance and perseverance.

Participants also described how the values, norms and beliefs rooted in their country's culture appeared to influence the relationships between its people. In this respect, Eritrean society was described as possessing the following features: reciprocal support, collective

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[15] The national language of Eritrea

responsibility, high level of cohesion, a strong sense of cultural identity, lack of anonymity and rigid gender roles. Hence, the first three can be seen as concomitant with the values of responsibility towards one's community/country, collective consciousness and family unity, underlying Eritrean culture. For example, the strong sense of cultural identity often led to cohesion between the Eritrean individuals in society which in turn provided a strong support network.

> If I go somewhere and I look one Eritrean person I'm tell him 'you are Eritrean, that means you're my brother', that's how we are, yes, like we are one family (L.749) [...] a neighbour is like our sisters or brothers (L.757) [...] that's what makes us strong, everywhere wherever you go, if you meet Eritrean people, that means you have help (I.3,L.759).

Together with the constituents of Eritrean culture that had an adaptive value for participants, 2 participants also highlighted, through the cultural belief of patriarchy, that culture can sometimes be oppressive. Another participant also highlighted the complex nature of the relationship between culture and resilience, indicating that although in theory some Eritrean cultural values have a high adaptive value, in certain circumstances these might actually hinder the resilience process.

> If they [Eritrean people] have problems they try to solve it themselves alone as much as possible, if they win it good but if they lose its going to be a disaster...they keep things within themselves, cause culturally it's not common, it's not natural to ask for help or advice outside of the family...if something beyond your control and your understanding then asking for help will be good, but culturally this is very weak (I.5,L.277-285)

The complexity of this relationship is further highlighted when taking into consideration gender issues. Re-interviewing clarified how the belief of patriarchy, integral to Eritrean culture, had major oppressive consequences for Eritrean women, for example, in issues like education and other rights like divorce. While Eritrean women adopted an active and important role in the independence struggle and fought tenaciously for democratic change and justice in their nation (resulting in dozens of female prisoners of conscience; Amnesty International, 2006), as evidenced by the different social, household and economic roles ascribed to men and women, Eritrean culture still remains patriarchal at its core

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(Tesfagiorgis, 2011). This helps to further explain why two of the female participants experienced achieving the autonomy they desired as a struggle as it defied Eritrean cultural expectations for them as women.

3.2.7 Theme 7: Responding Critically and Analytically to Messages Received

Developed later in the analytic process, this theme describes how resilient individuals deconstructed messages received and selected specific resources to respond to the fluctuating demands of situations they were exposed to. Analysis of data indicated that participants' overall response to their context was well-thought out, dynamic and complex. This theme highlights a level of active processing, evaluation and selection of external messages received in relation to the demands of the situational context. These person-dependent psychological processes set this theme apart from previous ones.

Table 8

Breakdown of Conceptual Categories in Theme 7 and their location in Raw Data

Theme	High Order Category	Low Order Category	Interviews
Responding Critically and Analytically to Messages Received		Critically evaluating Messages Received	2,5,6,R2,R3
		Reconfiguring Resources to meet Situational Demands	3,5,6,R2

3.2.7.1 Category 1: Critically Evaluating Messages Received

Here participants described a general tendency to critically evaluate the messages they received from society, social media and family and base their responses on the evaluation of these messages. For example, participant 5 expressed how she challenged messages pertaining to rigid gender roles from her family and culture. Other participants also spoke of the critical lens they applied to other Eritrean cultural values such as the "tsenat" ideology and self-reliance. A participant explained how witnessing the misuse of the "tsenat" ideology by Eritrean politics had prompted his re-evaluation of this belief and its roots. He expressed his understanding of its deeper meaning, saying that it purported the idea that individuals should resemble steel and withstand repeated beatings. It is here that he identified the ideology as potentially problematic, feeling it elevated the place of suffering and patriotism, possibly denying individuals space to express the distress associated with suffering. To this end, he no longer supported this belief in its entirety and mindful of its possible

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shortcomings, interpreted and internalised that which he felt would support him during the refugee trauma. Hence it can be seen that while a number of participants found messages related to the "tsenat" ideology helpful, contributing to their resilience, this participant found certain aspects of this ideology harmful.

3.2.7.2 Category 2: Reconfiguring Resources to meet Situational Demands

Having deconstructed contextual messages, participants selected and utilised specific responses from their repertoire in an attempt to successfully negotiate the changing situational challenges of the individual's refugee reality. For example, a participant described how coping in Malta, required a specific decision to somewhat distance himself from his refugee circle and interact with the local population. Following a deconstruction of the various messages received through detention, employment difficulties as well as social support from the local population, he utilised his personal resources to embark on what he felt was the best course of action to deal with the situation.

> I think areas...employment of job, it could be a course, anything which increases your chances of interacting with the local population helps...personally it helped a lot that I get out from the circle of my community (I.R2,L.355-358).

Again a process emerged that is specific to the individual, their evaluation of messages received, their resources and the situation they were facing. Hence the ability of these resilient participants to actively process and differentiate between messages received and act according to what would be most adaptive for them is what may differentiate between a resilient and non-resilient individual exposed to the same situations, upbringing and context.

3.3 Use of Verification Strategies in the Analytic Process

As described in the method chapter, verification strategies were employed in order to assess the quality and trustworthiness of the data analysis. Supervisory discussion and the audit conducted served to highlight aspects of my analysis that may have been less grounded in the data and potential alternative interpretations that I might have overlooked. As the themes were emerging, discussions about categories and my interpretations of them through peer debriefing highlighted areas that I needed to re-think to improve the accuracy of the developing description. Once tentative themes and a preliminary sketch of the possible interaction between them had been developed, the participant's view obtained in theoretical

sampling allowed me to confirm a number of existing categories, elaborate some conceptually thin areas as well as flag-up areas that required amendment. Finally, a review of findings through the member check (see Appendix-P for excerpts) indicated that in general, salient ideas were captured by the model and the categories and themes seemed to effectively explain that participant's experience of post-trauma resilience, but that some themes displayed a tighter fit with his experience.

In light of the crucial feedback garnered from these verification procedures, I re-evaluated some interpretations and analytic decisions and then amended the themes and categories accordingly. I will now endeavour to give a brief overview of some of the changes that took place prior to developing the final model described in section 3.4.

Minor changes included re-formulating some theme and category names, making them more descriptive of the process outlined; while main changes concerned re-working the structure and content of some themes.

The latter included re-working Theme 1 to more effectively portray the intricacies of participants' experience of acceptance. A re-evaluation of my analysis indicated that I was guided by the participants' use of the word 'acceptance' and failed to adequately capture its parameters and complexity and the struggle with the adverse reality itself. The low-order categories subsumed under theme 3 were also amended to more adequately reflect the way hope was being generated and contributing to the resilience process. For example, while 'reframing adversity using positive thinking' was initially subsumed under Cognitive Mastery, it was then placed under theme 3 as it seemed to be mainly contributing to the overall process through the provision of hope.

Another major change occurred in theme 6. I had initially understood the resilience-focus created in the armed struggle to be a strong influence on Eritrea's cultural climate and hence developed a high-order category entitled 'Eritrea's Recent History'. Following theoretical sampling, the categories and associations pertaining to this theme were amended to reflect the fact that although such values may have been at a climax during the armed struggle, they were present in the culture long before the revolution. In comparison to the rest, theme 7 emerged more slowly from the analytic procedures and took definite shape following theoretical sampling. While it was clear that participants were able to move beyond the non-adaptive messages they received, the developing model did not seem to adequately capture

how this was occurring. The space dedicated in re-interviewing to the diverse effects the same cultural value can have in different contexts and the benefits of adopting a discerning approach to messages received, provided the stimulus needed for this theme to emerge.

3.4 Model of Interaction between Themes
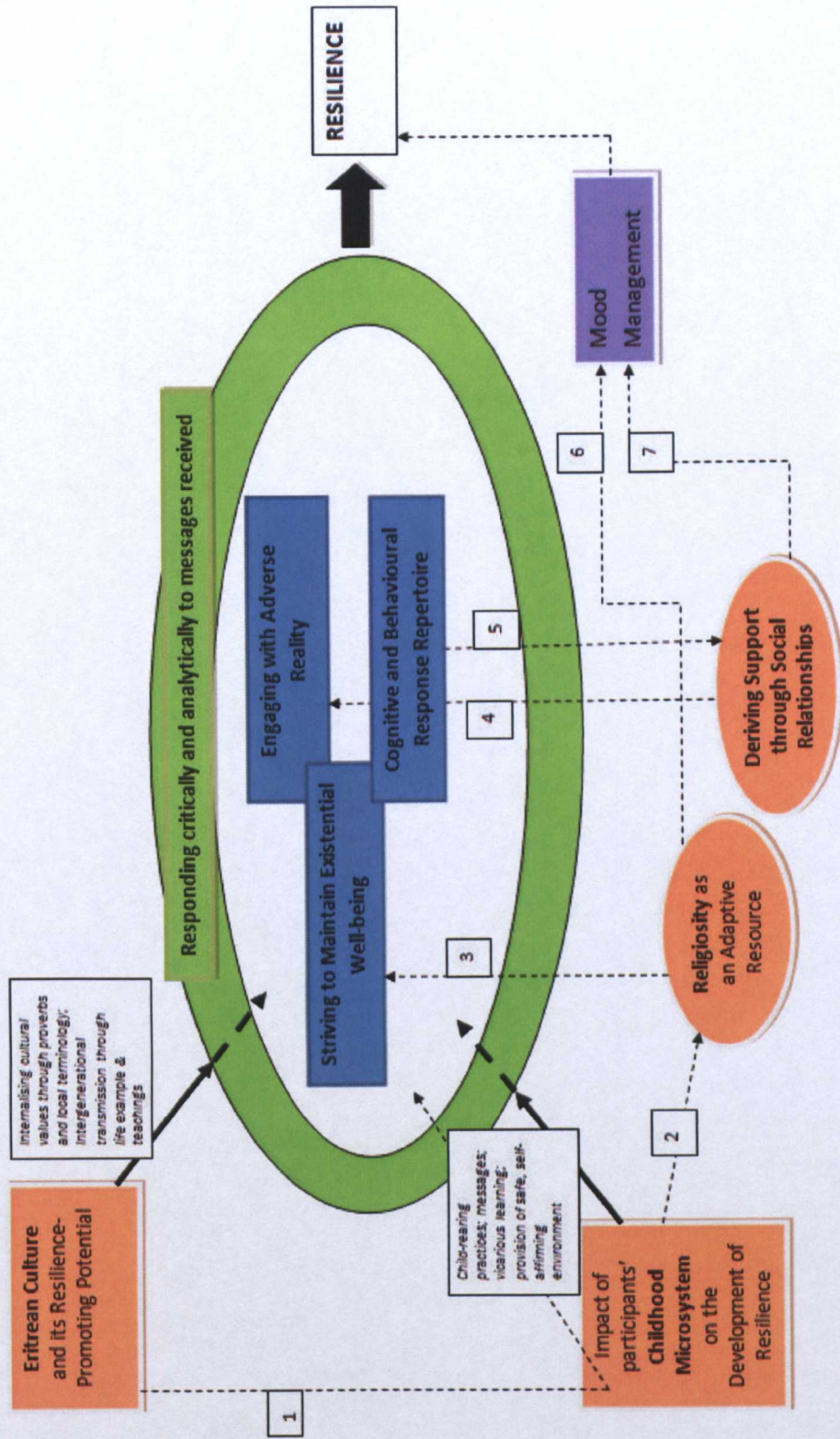
Figure 1. Model of interaction between themes.

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Figure 1 portrays a diagrammatic representation of the previously outlined themes together with the associations between them highlighted by the data. As a whole this model provides a comprehensive picture of the process leading to resilience in the context of refugee trauma. The following paragraphs will serve to explicate the different sections of this model.

The data suggests that a number of internal processes[16] are implicated in the resilience displayed by the Eritrean refugee sample. They include ascribing meaning to adversity and maintaining hope as one strives to maintain their existential well-being, a tendency to engage with one's adverse reality rather than avoid or adopt a passive stance towards it and the utilisation of a repertoire of cognitive and behavioural responses.

In the resilience process, the social and religious context[17] has an impact on internal processes as well as on the overall resilience process through its influence on mood management. Arrow-3 depicts how religion is seen to instil meaning in one's life supporting the individual as s/he strives to maintain existential well-being throughout adversity. Arrow-6 then indicates how religion impacts the resilience process through its influence on one's affect through practices like prayer and beliefs, such as the presence of a loving God who offers care and protection. In the same vein, social relationships, through the provision of emotional and practical support may also contribute towards a resilient outcome through enhancing mood-management during the traumatic experiences (arrow-7). As indicated by arrow-4, social relationships, by instilling a sense of belonging and providing emotional/practical support, are also seen to increase a person's ability to engage with his/her adverse reality by facilitating his/her goal-oriented endeavours. Narratives have also highlighted how the individual's cognitive and behavioural response repertoire seems to increase the individuals' ability to access and derive social support (arrow-5). For example, problem-solving strategies would result in a more productive interaction with the environment, allowing the individual to access available social support or create support networks more readily.

The childhood microsystem and Eritrean culture are seen to act as precursors for the development of a number of skills and characteristics implicated in the internal processes such as a sense of agency, through for example the adaptive messages purported by these systems and internalised by the individuals. Logically, Eritrean culture may also exert an

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[16] Represented in blue
[17] Represented in orange

influence through the child's microsystem (e.g. cultural values transmitted to the child through his/her parents' example) (arrow-1). The participant's childhood microsystem has also been described as the context within which they were first exposed to their religion (arrow-2), and in some respects, this was described as the family's greatest contribution to the participants' later resilience.

The following pathways highlighted by participants' accounts serve to explain the link between the aforementioned contextual factors and the development of internal resilience processes, as purported by this study's resilience model:

1) The internalisation of cultural values by an individual through exposure to songs, poems, proverbs and local terminology in a given society.

2) Repeated exposure to direct stories/teachings from parents, teachers and elders that transmit the culture's values, norms and beliefs. These vehicles of transmission possibly act by allowing individuals to regularly come into contact with particular values in familiar ways and allow their significance to remain intact as they are transmitted through subsequent generations. For example, a participant explains how the "tsenat" ideology is reinforced through intergenerational teachings.

3) Through vicarious learning, individuals growing up in a given society may model significant others' value-consistent behaviour and may be praised and rewarded when exhibiting such behaviour. In fact, a participant spoke of the "tsenat" ideology also being instilled in him through the example of previous generations of resilient individuals.

Finally, the model highlights the crucial intermediary role of the individual's critical and analytical response to incoming messages in the resilience process. It allows the individual to sieve through the numerous messages being received from various avenues (indicated by bold dashed arrows) as well as the personal resources at one's disposal, in order to identify the best course of action to achieve a successful outcome.

Participants speak about the refugee experience as a struggle to cope with a constantly unpredictable and changing environment, throughout which they were exposed to varying messages and fluctuating situational demands. It may be argued that a critical and analytical response to this context would allow the individual to select which resources/models to draw on, depending on the situation they face. For example, the value of self-reliance is often

adaptive in the refugee scenario when the individual has few or no sources of immediate support to depend on when dealing with adversity. However, in other circumstances a rigid dependence on self for problem-solving may mean that the individual is ignoring potential sources of support that may be useful or even required for the successful resolution of that specific issue.

Although not fully supported by participant data, further links within the theoretical framework proposed, might also be worth taking into consideration. Firstly, one's propensity to engage with adversity may hypothetically motivate the use of the cognitive and behavioural responses required to affect it. Possibly, a disposition to influence one's own environment and the acceptance of certain adverse situations as an inherent part of life may allow greater psychological strength to utilise certain responses from their repertoire to influence the situations they face. Secondly, based on participants' tendency to prioritise the significance of meaning and hope over other adaptive factors, I venture the hypothesis that existential well-being, by providing the drive and impetus required to engage with traumatic experiences, acts as the prime driving and maintaining force behind the other internal processes.

3.5 Reflexive Statement

These findings are the product of a lengthy analysis where I felt I was actively engaged in a process that required transcending the narrative transcribed to begin to understand the individual's experience. Being in touch with participants' experiences in such a profound way was stimulating and is probably what fuelled my motivation during the times when the process was most taxing. I found the analytic process somewhat conceptually challenging and stamina-demanding due to its cross-cultural nature. With the benefit of hindsight I am now aware I mistakenly entered the process with a number of assumptions; for example that certain general concepts are universally understood and that my participants would have previously reflected on and evaluated their experiences. With time, I realised that I could only really understand what the participants were expressing if I bracketed my prior assumptions, my experience as a European citizen and my own experience of reflecting on personal difficult experiences. Hence, throughout the process, I was repeatedly faced with the task of disengaging from my default frame of reference as a European researcher and someone with numerous opportunities for personal reflection and instead strived to adopt the perspective of

an individual who had undergone a very specific type of trauma. This process resulted in periods of reflection, re-examining transcripts, deconstructing concepts and writing additional memos and process notes.

I am aware that other personal biases and assumptions may have influenced the data as the process progressed. Admittedly, the focus of this research stems from a need in the resilience field, but also from a personal desire to capture the remarkable strength I had witnessed in these individuals, as explained in the prologue. Due to my work experience with refugees, I might also have inadvertently assumed the role of an advocate and in that respect strived to paint my participants in a positive light. Therefore, despite keeping myself in check to remain open to emergent data, my desire to understand how this strength emerges may have served as a bias influencing both the interview dynamic as well as a "search" for positive processes in data interpretation. As recurrent research on the influence of researcher attitudes on data outcome has indicated (Sheldrake, 1998), participants may have intuitively responded to my interest by focusing substantially on the successful resolution of their coping efforts and less on the struggles inherent in the process which a number alluded to. Mindful of these possible personal biases, throughout the research process I made an effort to bring to the fore my interest in capturing the lived experience in its most vivid and uncorrupted form.

Finally, I was struck by how the interviews themselves seemingly served as a reflective experience for participants. Consequently what emerged from these interviews was at times an unrefined and incoherent, but seemingly genuine and authentic narrative. Reflecting on this made me aware that to a great extent this study's results are a product of two ambitious tasks. The first required the participants' to evaluate a raw lived experience and attempt to translate it into a coherent narrative. The second required myself as the researcher to strive to achieve a psychological conceptualisation of the narratives received and to then translate this into a coherent rendition of the psychological processes leading to a resilient outcome. I feel that at times I struggled with these tasks as I tried to marry a complex research field that bemoans conceptual clarity with an unrefined description of the resilience process from an Eritrean refugee's viewpoint. I hope that by being mindful of my potential personal biases and motivated to do full justice to the individuals' lived experience, I to some degree managed to portray my participants' resilience to the reader in a faithful and insightful way.

DISCUSSION

4.1 Review of Main Findings

GT analysis of the data gathered indicated that the following themes best explain the resilience process occurring in response to trauma:

1) Engaging with an adverse reality

2) Cognitive and behavioural response repertoire

3) Striving to maintain existential well-being

4) Harnessing social and religious resources in the face of trauma

5) Impact of participants' childhood microsystem on the development of resilience

6) Eritrean culture and its resilience-promoting potential

7) Responding critically and analytically to messages received

A theoretical model outlining the inter-relationships and possible intermediary psychological mechanisms occurring between the key constructs and processes underlying these themes was then developed. This model seeks to outline for the reader a set of commonly-occurring processes that in conjunction seem to lead to post-trauma resilience in the sample of Eritrean refugees studied.
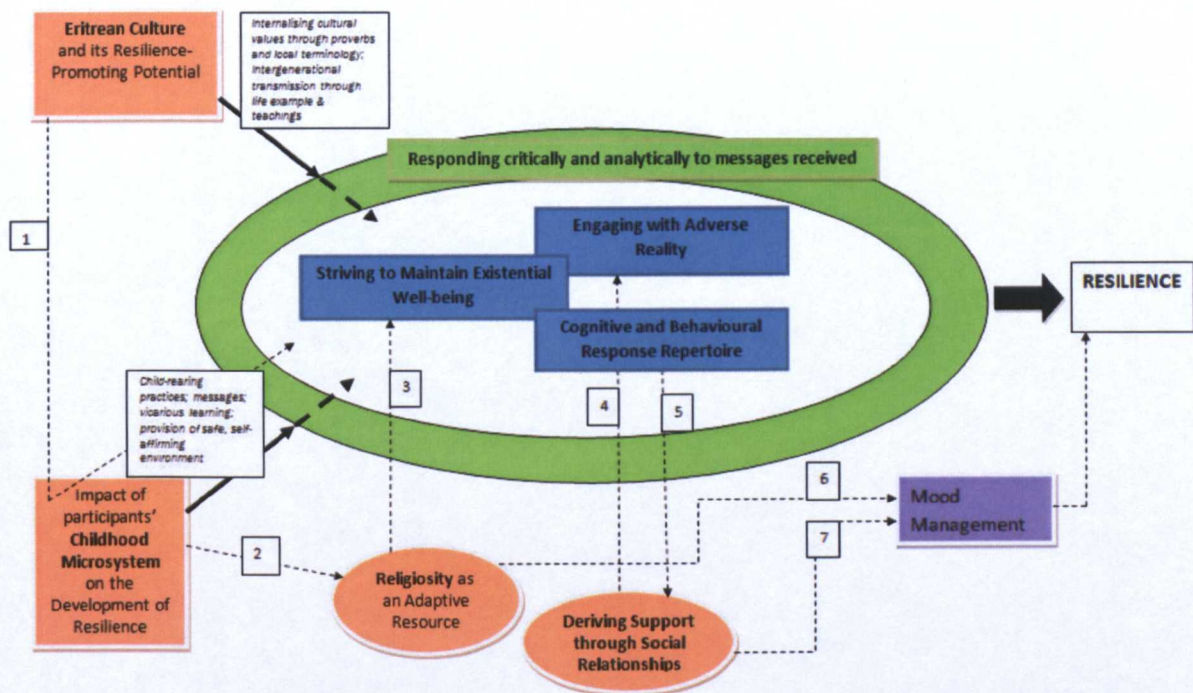
Figure 1. A model of interaction between themes.

4.2 Overview of Chapter

This chapter will first compare and contrast the emergent model developed with previous research in the broad resilience field. Subsequently, certain aspects of the model will be discussed in relation to general psychological and resilience literature with particular attention devoted to how available psychological constructs and theories can elaborate further some of the links and leads suggested by this model. This chapter will also seek to outline and expound on the possible implications of the study's results for the psychological theory of resilience and present suggestions for future research in this area. The chapter will end with a discussion about the relevance of this study for CoP theory and practice.

4.3 An Eritrean Refugee Resilience Model

Arguably previous literature had already identified the possible relationship between a number of this model's components and resilience. For example, spirituality (Walker, 1995), purpose in life (Neiger, 1991) and locus of control (Baldwin et al., 1993) have all been recognised as significant predictors of resilience in different quantitative studies. This study

though, possibly provides a novel contribution by implicating a transactional framework that outlines the relative role of each component in the overall resilience process. This framework also contrasts with previous work in the field by giving prominence to components like responding to external messages critically and analytically and striving to maintain existential well-being, providing novel associations such as patience, positive thinking and optimism operating to maintain hope and capturing some commonly understood but by-passed concepts, such as the notion of self in deriving benefits from environmental resources. Additionally it attends to the contextual factor of culture, often overlooked in the field of resilience (Mancini & Bonanno, 2010). It places Eritrean cultural variables firmly in the resilience process, suggesting that the expression of certain responses to traumatic exposure may be in part the product of the refugee's cultural heritage. Additionally aspects of the model discussed in the forthcoming sections may serve to shed light on facets of the resilience construct that are currently unexamined.

4.4 Inter-relationships between Resilience Factors

As outlined in the results section, the cognitive and behavioural response repertoire provides the individual with the tools required when striving to influence's one environment. This study's data though does not shed light solely on a list of skills and strategies (akin to first wave resilience research, e.g. Werner & Smith, 2001) but also on how these might work in the overall resilience process.

Taking problem-solving as an example, a participant recounted how developing a quick method for generating funds, allowed him to continue his journey after realising that his planned budget would not last, thus preventing him from feeling trapped and encouraging similar endeavours along the way. In this manner, this skill seems to have prevented the exacerbation of an already adverse situation, reinforced the participant's belief in his/her control over one's environment, and reinforced adaptive dispositions like action-orientation and optimism. This example highlights how a single resilience factor does not operate in isolation, but seems to exert an influence on other relevant factors as well as the adverse context itself. Although the emergent model only identifies and hints towards a handful of potential connecting links, the study's evidence reinforces the thesis that the resilience phenomenon is best understood as an aggregate of processes.

4.5 Meaning, Hope and Existential Well-being

Existential literature provides some interesting hypothetical theoretical explanations for the association between giving meaning to traumatic events and resilience evidenced by this study.

Early existential theorists such as Frankl (1967) suggested that mental well-being is not dependent on a tensionless state of homeostasis but on "the striving and struggling for something worth longing and groping for" (p.68), arguing convincingly that the cause of psychological distress can be found in disruption of the individual's innate striving for meaning. Frankl claims that it is not one's suffering per se but rather the failure to see meaning in it that causes despair. This fundamental existential assumption that individuals are innately meaning-seeking creatures seems to provide a strong theoretical background to the participants' accounts about ascribing meaning to traumatic events. Results therefore appear to hint at an interesting theoretical link between the existential concern of meaninglessness and adapting to trauma.

Yalom's (1980) differentiation between 'drive' and 'strive' may help clarify further the role of meaning in resilience. As opposed to drives (e.g. sexual or aggressive) that push a person from within, striving implies an orientation towards something outside of self. Meaning acts as a 'strive'; pulling individuals towards their goals and instilling in them the freedom to choose their goals. In this respect it can be seen to convey a 'future-orientation' based on freedom, rather than a push from within which is liable to the effect of the forces of one's past and present. When applying this theory to post-trauma adaptation, one might argue that striving may facilitate resilience in the face of traumatic circumstances by orienting the self beyond present environment threats and experiences of suffering.

Together with meaning in adversity, the model developed also captures hope as an integral condition in the post-trauma resilience process. Hope has been conceptualised in literature as "an enduring disposition that is subjectively defined as people assess their agency and pathways related to goals" (Horton & Wallander, 2001, p.384), highlighting the notion that hope need not be objectively measured depending on the individual's environment. Research has shown that, especially in more stressful environments, individuals experience less distress when they have higher levels of hope (Horton & Wallander) and individuals with higher

levels of hope are more likely to pursue their desired goals and undertake more complex tasks (Snyder et al., 1991).

Interestingly, literature conceptualises the modalities leading to the maintenance of hope as ones that result from a meaning orientation (Wong, 1998). Within an existential framework, certain ways of viewing the world, such as the expectation of positive outcomes, widely understood as optimism (Corsini, 1999), has been conceptualised as a path that emanates from meaning. Also, according to Kirkegaard-Weston (2005) one's orientation to reframe adversity using positive thinking is itself a cognitive process driven by one's purpose/meaning in life. Frankl (1967) suggests the possible circular relationship when he indicates that through optimism one can infuse meaning in adversity. This relationship between meaning and hope is however not explicit in the present study's model and further research would be required to determine whether this was so.

Sections of data seem to suggest that the maintenance of one's existential well-being through meaning and hope provides the psychological environment appropriate for engaging with traumatic experiences in a functional and adaptive way, by for example motivating individuals to persevere with their action despite the level of environmental threat. However, targeted research is required to elucidate the role of meaning-making and hope in the resilience process, the interaction between them and their relationship with other resilience-promoting factors. Also, given that this field of interest currently bemoans a lack of research using an explicit existential psychology lens, this theoretical focus might represent a fruitful avenue for future studies to pursue.

4.6 Psychological Flexibility

As outlined in the results chapter, the transactional process described in theme 7 appears to play a crucial intermediary role between the psychological processes implicated in resilience by this study and the individual's context. This process seems to confer numerous benefits including the reduction of negative affect such as tension and anger when faced with maladaptive cultural messages and the facilitation of functional decision-making in response to fluctuating situational demands and resources. Moreover, this process may reinforce a persistent positive engagement with one's environment by arguably enhancing a person's sense of agency as it allows one to obtain maximum benefit from their action towards adverse environmental stimuli.

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Interestingly, the ability to analyse context and reconfigure one's resources to meet the specific situational demands as they arise, has been captured in literature under the notion of psychological flexibility (Kashdan & Rottenberg, 2010). Whereas this research has uncovered evidence in favour of the resilience value of flexibility mainly in response to culture, it seems intuitive to propose that the same dynamic ability in response to one's context at large could also promote resilience.

Empirical research has already provided support for the relationship between this construct and psychological health. Low psychological flexibility has been found to be related to the expression of certain psychopathology including rumination and worry (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008) and difficulties in restoring equilibrium following stressors (Kashdan & Rottenberg, 2010). Furthermore literature has suggested that psychological flexibility can lead to a greater ability to satisfy needs involving belonging, competence and autonomy (Sheldon, Cummins, & Khamble, 2010) and a greater efficiency in committing finite attention and energy to meaningful interests and values (Hayes, Strosahl, & Wilson, 1999). Along with more efficient use of resources, these might possibly represent some of the pathways that embody the proposed relationship between psychological flexibility and resilience.

Despite not being a mainstream topic in psychology (Kashdan & Rottenberg, 2010) this construct might, thanks to its dynamic nature, be of valuable utility in gaining a better understanding of how resilience works. More specifically, it might be particularly useful in the task of furthering the integration of the available separate hypotheses and associations regarding resilience into a more coherent conceptual scheme, thus advancing our theoretical understanding of this construct.

4.7 Potential Developmental Precursors of Resilience

Theme 5 brings to light the contribution of the individual's earlier life to the development of resilience through pathways involving family-of-origin and education. In arguing for the influence of these contextual factors on the development of resilience, one must bear in mind that since participants were seemingly not exposed to traumatic experiences in their childhood years, one cannot preclude the possibility that these individuals followed normative developmental pathways in childhood. This study's findings raise some interesting theoretical points about how these pathways might lead to the development of resilience.

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Results seem to suggest a number of possible pathways through which the participant's family context might affect the development of resilience. Firstly, participants' discussions about their childhood highlighted the role of mechanisms that have been given substantial prominence in classical learning theories: the transmission of direct/indirect resilient-related messages, the child's modelling of a parent/teacher's resilient behaviour and the reinforcement of this behaviour when exhibited by the child. Secondly, participant's narratives also seemed to indicate that the cohesive nature of their family-of-origin and care-giving practices that foster empowerment may play a role in the participants' development of resilience through the creation of a safe and self-affirming environment in childhood.

Certain aspects of developmental psychology theory may be pertinent for explaining in detail how the aforementioned pathways might operate. The extensive literature on learning theories can be especially helpful in illuminating the role care-givers, role models and educators play during the individual's formative years in the development of resilience. Attachment theories proposing that a nurturing environment would enable the individual to access and obtain full benefit of the future environmental resources at his/her disposal, through facilitating the formation of a secure attachment might also be of particular relevance. The apparent similarity between the family environment described by most participants and the conditions necessary to form a secure attachment (Gearity, 2005), as well as literature's emphasis on this construct's role as a trauma buffer (Schore, 2001, Fonagy & Target, 1997), support this study's proposal that attachment theory may serve to elucidate the influence of family environment on resilience development.

In terms of the possible pathways linking education to resilience, apart from this factor's role as a vehicle for the transmission of resilience-related messages, this study's data also highlights the potential of education to enhance a child's esteem. Empirical research has evidenced the positive association between opportunities for academic achievement and self-esteem (Borland et al., 1998; Yu et al., 2006; Kaniuka, 2010) and between self-esteem and resilience (e.g. Kidd & Shahar, 2008), but our understanding of the role self-esteem plays in the development of this construct is still limited. Hypothetically, the high self-worth derived from educational success may contribute to the development of resilience by augmenting one's sense of autonomy and control over their environment in childhood, thus resulting in an increased sense of agency in adulthood. Hypothetically a child supported by the high self-esteem obtained through educational achievements may, due to their expectation of success,

be more motivated to strive to act on difficulties in their environment rather than avoid them. Such an active engagement with one's childhood environment may hence contribute to the development of resilience by providing a useful model when facing traumatic experiences in adulthood.

4.8 Accessing Social Support

The adaptive value of a support network has been repeatedly conceptualised in literature as serving to buffer a person's negative psychological reaction to traumatic events (e.g. Jaranson et al., 2004) and a wealth of empirical evidence has supported this claim (e.g. Horton & Wallander, 2001). Literature has indicated that social support provides resources that may act as buffers against trauma stressors, such as an avenue to share one's concerns and distressing feelings and a source of guidance in the face of loss and adversity (Brooks, 1994; Kirby & Fraser, 1997). Also a large body of literature indicates that intervention programmes offering support services promote positive outcomes, which strongly suggests that social support and the resulting relationships serve a protective function (Luthar & Zigler, 1991).

While the implicit value of social support has also been emphasised by participants, this study's findings also seem to shed light on the potential presence of a link between this external resource and certain responses adopted by the resilient individual, particularly problem-solving strategies. This link has been highlighted by a recent study (Chan, 2005) which suggested that a deficit of problem-solving skills in females suffering from borderline personality disorder had detrimental effects on their ability to sustain a positive social network. Unfortunately other articles or studies treating the possible relationship between cognitive skills and accessing social support are scarce in general psychological literature. Given that this research field seems to agree on the paramount importance of social support in fostering resilience, it might be advisable to direct attention to the role cognitive factors might play in facilitating/enabling the creation, maintenance or access of support networks.

4.9 The Role of Religiosity in Resilience

In this study, participants' narratives emphasize the resilience value religious beliefs and practices have in imparting hope, providing meaning and promoting positive emotions such as peacefulness and serenity. Data clearly outlines how certain religious beliefs such as God always being in control and the existence of a divine plan for one's life serve to instil comfort

and hope in the most difficult circumstances. Apart from the above-mentioned beliefs, prominence is also afforded in participant narratives to religious practices such as prayer, bible reading and worship.

A number of plausible theoretical explanations can be offered for the role religion seems to play in the participants' resilience:

Hypothetically, from a cognitive point of view, beliefs in a divine plan in conjunction with trust in a caring and protective God, may allow one to assimilate trauma-related information in a way that does not shatter one's positive views of the world. Park and Folkman (1997) suggest that this worldview allows one to reappraise the adverse event positively, allowing it to fit with one's global meaning system and in this way explains the "cognitive aspect of religion's contribution to resilience" (Pargament & Cummings, 2010, p.199).

From an existential point of view, one may argue that for individuals who hold the religious beliefs and conceptions of God explicated above, their relationship with the divine acts as a source of meaning of a pervasive and comprehensive nature. One may also hypothesize that a religious worldview that contains notions such as man's intrinsic spiritual nature, a higher good, God's will and personal calling may provide a meaning in life that is not contingent on one's accomplishments, goals or social connections. Koenig (2008) similarly argues that religion might influence post-trauma positive adaptation through its provision of a positive worldview in which each person's life and experience has a specific purpose and meaning designed by a caring creator. These religious concepts may assume a greater meaning-making role for individuals such as refugees whose reality is fraught with experiences of loss, uncertainty, denial of rights and unrealised goals and expectations. Based on these hypotheses the participant's emphasis on religious practices possibly portrays the increased significance for these individuals of sustaining a relationship with the divine and/or reinforcing their religious worldview throughout times of hardship due to resultant benefits on existential well-being.

Current empirical evidence appears to only provide broad answers about the role religion and spirituality play in resilience. Correlational evidence indicates that strong religious faith is associated with greater life satisfaction, personal happiness and fewer negative consequences after traumatic life events (Ellison, 1991). From the adjacent field of PTG, a review of seven quantitative studies indicates that religious participation and intrinsic religiousness are

routinely associated with growth following trauma (Shaw, Joseph, & Linley, 2005). The same review after analysing four relevant qualitative studies concluded that religion and spirituality frequently aid growing through trauma by enhancing meaning of life, increasing social support, facilitating the acceptance of difficulties and the provision of a structured belief system.

Given religion and spirituality's multifaceted nature, there seems to be the need for more targeted research that sheds light on how specific religious/spiritual dimensions foster resilience. As indicated by this study, investigating the role of religious worldviews and notions about the divine in promoting hope and meaning in life might be a particularly relevant research angle. Such research might be especially relevant for certain refugee populations that, coming from a highly religious background[18], ascribe a high importance to religion in their economy of life.

4.10 Culture and Politics

The participants' narratives seem to point towards a strong association between several of the values imparted by the Eritrean culture that have an adaptive value and what this study has termed the 'tsenat ideology'.

Participants themselves offered a historical account of how this ideology originated and was promulgated. They describe Eritrea as the underdog in its struggle against its more powerful opponent, Ethiopia, who received external support and was equipped with extensive troops and artillery. In response to this, Eritrea attempted to build her strength from within by encouraging her people to fight for independence, remain strong and never retreat. To achieve this, the liberation army's cultural department developed songs and specific terminology to instil an 'ideology' of endurance in its people and strengthen the armed struggle, contributing to what can be labelled 'tsenat ideology'. While this flooding of the Eritrean people with messages about the importance of cultivating an attitude of fortitude and perseverance was at a climax during the armed struggle, it continued throughout the years as specific terms coined during this period made their way into everyday parlance.

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[18] According to an Amnesty International Report (2005), Eritrea has a highly religious population. Approximately 98% of a population of 3.7 million belong to a long-established branch of a major religion.

This case offers an interesting example of how a particular political climate can reinforce certain cultural aspects and consequentially exert an influence on the individual's psychological realm. Hence, whereas this study seems to provide support for the thesis that culture plays a significant role in the development of resilience, it also hints at the possible influence of the political context. While the political world is not a mainstream topic in psychological research, the handful of available studies investigating the psychological correlates of political ideology, have provided some noteworthy results. For example, in a study of Israeli youth exposed to terror, Laufer, Solomon and Levine (2010) found that subjective fear was positively associated with PTG only among those participants with a stronger political ideology commitment. Later, Schlenker, Chambers and Le (2012) reported an association between political ideology and personal agency, outlook on life and beliefs about fairness and hypothesized on the strength of these results that political beliefs might impact adaptation processes.

In line with this study's idiographic evidence, these results seem to highlight the potential relevance of political factors for resilience. It may therefore be advisable in the study of this construct to take into account the political context when endeavouring to obtain a comprehensive understanding of the individual's cultural world.

4.11 Implications of the Eritrean Refugee Resilience Model

In comparison with the few existing interactional process models of resilience (that though conceptualise resilience as positive adaptation to high-risk backgrounds), this study's model can be seen to have a number of unique characteristics. When compared to Kumpfer's (1999) model, although both highlight the place of contextual factors, this study's model postulates an active role in the resilience process for these factors. It in fact proposes that the contextual factors of culture, child's microsystem, religion and social support may drive and reinforce certain specific internal resilience processes. For example, religion seems to enhance the participants' meaning-making abilities in adverse circumstances. This study's model therefore posits that each of the contextual factors contributes in a unique way to the dynamic transaction, occurring between internal psychological processes and external stimuli and stressors, which leads to a resilient outcome.

Whereas Kumpfer (1999) and Wilson's (2004) resiliency models postulate the presence of a transactional process taking place between internal resilience factors and contextual factors,

they only offer a generic overview of its role in the overall resilience process. Essentially, how these transactions operate is not explicated and the transactional process occurring between all internal resilience factors and the environmental context is assumed to follow a homogenous pattern. Contrastingly this study's model, based on participant data, attempts to be more specific in its focus on the transactional process. As explained beforehand, emphasis is in fact dedicated to which contextual factor seems to exert an influence on which internal resiliency factor. While the connections highlighted certainly need to be verified by future research, such a fine-grained approach might be especially valuable for third wave resilience inquiry. In this regard, a detailed understanding of putative relationships between contextual factors and resilience-promoting skills/characteristics can definitely advance the development of preventive interventions and/or programmes designed to foster resilience that are more context-sensitive.

Finally, it is valuable to note that this model is probably best understood as a non-linear process that involves an intense negotiation with cultural norms/ideologies, existential questions, environmental threats/resources and personal goals. In this respect, this research does not purport post-trauma resilience to be a straightforward, automatic and effortless process, but one conceptualised by participants as a journey of successes but also of struggles and set-backs.

In conclusion, the model points to the following theoretical avenues as possible fruitful lines of inquiry in this research field: a focus on the development and testing of transactional resilience frameworks that give prominence to contextual factors such as culture; a more fine-grained analysis of the complex interaction taking place between internal psychological processes and contextual factors and a greater sensitivity to the non-linear nature of the resilience process.

4.12 Limitations of the Study

Reflection brought to light a number of limitations pertaining to the study's sample. Firstly, despite the language criteria set, English was not the participants' first language and they had acquired fluency in this language only since their stay in Malta. Given the breadth and depth of the issues and experiences discussed during interviews and the participants' relative lack of fluency, inevitably comprehension issues arose for both myself and participants. In this respect certain terms (e.g. trauma) often required additional explanation and during analysis,

certain exchanges required multiple readings in order to ascertain the meanings of participants' arguments. Moreover, while I am quite confident in the overall understanding of the interview questions by participants, because of the time taken to explain concepts, reiterate or rephrase questions and give examples to aid comprehension, the resultant data may have suffered to a certain extent in terms of depth, accuracy and richness.

The study may also have been limited due to a potential bias in the sample, as a result of the language criteria adopted. As explained in chapter 2, the requirement of fluency in English may have meant that the sample was composed of individuals of a certain educational level, socioeconomic status or perhaps individuals who had developed fluency after being in Malta for a longer period of time. Moreover, the fact that the information sheet was written in relatively complex English, could have hindered certain individuals from coming forward to participate. These factors could have limited the sample's diversity and the results of this study may hence reflect the experience of a very select group of Eritrean refugees. Having a more diverse sample, may have highlighted or de-emphasized certain elements of the resilience model developed (e.g. education as a precursor the development of resilience).

Participants also expressed being unaccustomed to research procedures and often felt apprehensive about their contribution. In this regard, cultural differences in familiarity with the interviewing scenario and use of research may have been a strong contributing factor to this initial uneasiness. Process notes indicate that I was particularly sensitive to this and further to my attempt to frame questions in a neutral, open-ended manner, I was also ready to provide explanation, encouragement and empathic statements, reflecting an attempt to manage the interview situation and perceived participants' anxieties. It is arguable to what extent this was necessary or successful and further reflection on the transcripts indicated that some exchanges may have been slightly leading to participants, resulting in data that was to some extent shaped by the researcher. While the possible effect on the study's data cannot be overlooked, one can argue that such an attempt to support and protect participants is legitimate on the ethical grounds of safeguarding the interviewee's well-being, as outlined by BPS's (2009) research standards. Moreover, this does not appear to critically undermine the findings which emerge in a much broader way from the interview data and do not significantly diverge from aspects of existing literature.

Furthermore, the wider context within which this research was carried out and my subsequent place within it cannot be ignored, despite attempts to reduce the effects of possible power differentials through reflexive practices and comprehensive briefing/debriefing sessions. My position as a white, female, Maltese researcher may have inadvertently influenced the areas participants chose to elaborate on, or may have made them unwilling to disclose certain issues or vulnerabilities. Being Maltese, I may have been associated with an oppressor or donor of protection, possibly inhibiting the expression of any negative emotions they held towards the system, in order to be seen in a more favourable light. Despite the confidence obtained in the accuracy and credibility of my findings through the member check (Appendix-P), these limitations may serve to weaken the study's rigour, possibly meaning that other aspects of the overall resilience process remained unexamined.

Furthermore, in order to increase the study's rigour and ensure that the sample of participants selected displayed resilience, I might have focused on observing certain parameters, such as the absence of long-term negative psychological effects in response to traumatic events, at the expense of investigating whether participants were facing any potentially traumatic experiences presently. Although the interview schedule was structured in an open-ended way, due to this focus I missed asking specific questions about possible present adverse experiences, how participants were coping with these and how they compare to past adverse experiences. This may possibly mean that aspects of the resilience phenomenon that pertain to adapting positively to traumatic exposure in the latter stages of the post-migration phase of the refugee experience were not captured by this study.

Another limitation can be found in the fact that, due to pragmatic constraints (see p.45) it was not possible to extend the data collecting process. Although the study argues for theoretical sufficiency, participant focus groups or further interviews may have led to new theoretical insight or revealed some categories to be particular to this Eritrean refugee cohort, in this way testing the extent of this research's applicability. More extensive theoretical sampling could have allowed for a more rigorous analysis of the processes and associations uncovered by this study, thus providing a stronger evidence-base for the theoretical model proposed.

Lastly, my long-standing interest in the field of refugee resilience and the commencement of employment in this field during the research procedure, may have limited my openness to underlying concepts, with the temptation to draw on practical experiences to understand the

data being always present. To keep the research process as transparent as possible reflective notes were written to keep track of these potential personal biases (see Appendix-Q for excerpts) and be mindful of them during the analytic stage. While this procedure undoubtedly aided my attempt to construct a psychological rendition of resilience that is grounded in my participants' accounts, I also understand that it is not entirely possible to bracket off one's background experience. In this respect, my active involvement in the refugee field may mean that the results were less grounded in the actual data, possibly reducing the study's trustworthiness. Having said this, I have always believed that data is actively co-constructed by both researcher and participant and adopting reflexive practices throughout the process has hopefully helped make my personal assumptions and biases apparent and the research more transparent, in a way that the reader is able to make an informed evaluation of the study.

4.13 Suggestions for Future Research

Analysis of this study's findings in light of existing psychological theories and empirical evidence has brought to the fore a number of suggestions for future research directions in this field. These indications can be grouped succinctly into 4 research strands:

Firstly, targeted research seems to be required examining the interaction between certain resilience factors and their inter-related role within the overall resilience process. In light of this study's results it might be particularly fruitful to explore the interaction between meaning-making and hope and the impact of cognitive factors on social support networks. Furthermore an investigation into the role of psychological flexibility in the resilience process could aid in advancing conceptual clarity in this field by examining a psychological construct with the potential of theoretically linking some of the presently recognised resilience factors.

Secondly, there appears to be scope for research adopting a narrower focus when investigating the influence of contextual factors on resilience. Whereas currently there is some awareness of the role of broad contextual factors such as education, culture and religion in resilience, there is a dearth of research analysing the potential impact of specific elements within these factors. In line with the evidence provided by this inquiry, it might be illuminating to explore the role of religiosity/spirituality dimensions like religious worldviews and notions about the divine and the cultural influence of political contexts and ideologies. More specifically, exploring a pathway linking the aforementioned

religiosity/spirituality dimensions to resilience through the promotion of hope and meaning in life could be particularly insightful.

Thirdly, this research field might benefit from a developmental focus that has a firmer grounding in psychological theory. In this regard employing concepts from attachment and learning theories in examining the development of resilience might represent a productive way forward. This approach can help shed light on the influence of significant others during the individual's formative years in the development of resilience.

Finally, devoting attention to the development and testing of conceptual resilience frameworks can further theoretical integration in this research field. A detailed focus on individual-environment transactions, sensitivity to context and an awareness of the non-linear nature of the resilience process might further the progress of this particular strand.

This inquiry also provides some useful indications about research strategies that could contribute to the advancement of this research field. When seeking to examine the development of resilience, interviewing peers and relatives of the resilient individual and/or procuring longitudinal data on crucial developmental indicators may considerably enrich the relevance of the data collected. Regarding further research of the resilience process in a refugee population, it might be beneficial to seek to remedy language constraints by considering the use of interpreters. This could be done by discussing with potential participants themselves, if, given the advantages and disadvantages of working with an interpreter they would prefer having the interview in English or with the aid of an interpreter. Such research may reap the benefits of working with an interpreter (as discussed on p.36) but, at the same time consider the potential pitfalls by discussing these with participants themselves and allowing them to take the decision on whether they would feel uncomfortable or inhibited. Of course, in line with the previous discussion (p.37), in this case, the possibility of employing professional interpreters would need to be secured beforehand and their use incorporated into the research design in a manner that minimises potential problematic issues.

Further research building directly on this study might contribute to extending the knowledge base about resilience in refugee populations. As GT methodology lends itself to theory construction, further research testing this study's resilience model statistically could be of particular benefit in investigating its validity and applicability to other Eritrean refugees. It could be particularly interesting to investigate any variance with age, displacement route and

other refugee-related variables. Furthermore any research attempting to replicate this inquiry with refugee populations of a different cultural background could shed light on the extent of this study's findings specific relevance to refugees of an Eritrean cultural background.

Finally this study's findings obviously pertain to resilience to refugee trauma and currently there is no literature analysing any potential differences between resilience to a series of traumatic experiences and resilience to a single traumatic event. In light of this, future research comparing and contrasting positive adaptation to these two different types of trauma could further our understanding of the nature of the resilience phenomenon.

4.14 Implications for Counselling Psychology

An understanding of post-trauma resilience has been deemed imperative to the successful treatment of populations at risk of traumatisation (Agaibi & Wilson, 2005). A recent shift in focus from a problem-oriented approach to nurturing strengths can be noted across academic fields and helping professions (Richardson, 2002). In this current climate, resilience has emerged as an area of investigation that is generating interest and debate. Particular attention has been devoted to the application of resilience themes to psychological interventions as well as the creation of new treatment frameworks focusing on developing personal and environmental resources (Zautra et al., 2010). In light of this study's findings, it can be argued that prevention and intervention programmes for refugees must be multi-faceted and take into account both psychological processes and contextual factors.

Results appear to provide some indications concerning the design and implementation of culturally-sensitive resilience-based interventions. Whilst therapies/programmes designed for refugees are understandably in no position to impact the individual's pre-displacement micro and macro systems (e.g. culture) implicated in the development of resilience by this model, these programmes may support the individual to maintain or restore links to their culture. This can be achieved, for example, through the exploration in therapy of cultural beliefs and values that may have been of support during the refugee experience or earlier in life. This may capitalise on pre-existing adaptive characteristics such as endurance and self-reliance that may have been ingrained in these individuals by virtue of their culture. This exploration may also serve to bring to the fore an ethnic or group identity which is sometimes masked when individual identity becomes the focus of therapy. These identities, apart from possibly being fundamental to the individual's self-concept, may act as repositories of cultural norms,

values and beliefs such as perseverance towards goals and collective consciousness that, as suggested by this study, may have a significant adaptive value in and of themselves.

Interventions with a specific focus on cultural factors could be highly useful with non-western populations, as to date the majority of interventions developed are based on western values and theories (Zautra et al., 2010). These techniques might also be of particular importance in the refugee population, as their connection to their home culture may often be undermined by their attempt to qualify their experiences according to western standards in order to gain support and asylum (di Tomasso, 2010). This may stem from the 'persecution mode' refugees commonly find themselves in following repeated humiliation and struggles for protection.

Drawing from this study's theoretical model, effective therapeutic interventions could also be designed to include pathways that strengthen a person's capacity for hope through techniques that guide the individual to expect positive outcomes and reframe their experiences positively. Therapy that focuses on meaning-making processes and the exploration of various avenues that instil meaning in a person's life can also be an effective resilience-based intervention. As findings suggest, a person may display a greater tendency to adapt to traumatic events if they attribute meaning to them.

Further implications of this research are related to clinicians' assessment and conceptualisation of the psychological difficulties experienced by groups exposed to traumatic events and subsequent decision-making. While some post-trauma therapies such as exposure therapy have a strong-evidence base, new evidence has shown that certain post-trauma interventions such as grief counselling have no long-term benefits (Currier, Neimeyer, & Berman, 2008). Litz, Gray, Bryant and Adler (2002) also warn against the indiscriminate provision of early interventions following traumatic exposure suggesting that their interference with natural recovery processes may result in the exacerbation of trauma reactions. This literature points towards deficiencies in our understanding of post-trauma resilience processes in general that might limit the professional's ability to select the appropriate course of action.

By contributing to the development of a body of knowledge about resilience in refugee populations, this study can constitute a tentative step towards addressing this deficiency. Such a specialised body of knowledge can aid psychologists in taking a more informed decision on

when and how to intervene. More specifically, counselling psychologists in the field of consultation may be more equipped to decipher the extent to which the refugee's capacity for resilience has been affected and to advise on which interventions would be most suitable. For example, an assessment which indicates successful adaptation to previous adverse events through the use of a number of adaptive cognitive and behavioural responses, may indicate that a brief intervention which identifies these and supports the individual in utilising them, may be the most effective course of action to restore resilience and enhance well-being.

Finally, resilience theory could also be of great utility in the development of prevention programmes targeting vulnerable groups at risk of traumatisation. In this respect, the concepts highlighted by this inquiry might be useful in the development of such programmes in the field of CoP.

Brief small group interventions with a strong psycho-educational component, raising awareness on the diverse effects of traumatic events and the skills and strategies that could support recovery to negative traumatic reactions might constitute an effective form of such prevention programmes. These programmes can support individuals to understand traumatic events and their possible effects and to select the strategies that may facilitate adapting positively to these experiences. In line with this research's indications, these prevention programmes could also include awareness-raising about the notion of resilience, the factors and processes involved in a resilient response and the role, a person's culture and family background may play in fostering resilience in the individual.

Moreover, these group interventions could also enhance the person's potential recovery capacities/pathways by supporting the individual to identify skills they already possess or the presence of factors that could be protective if they were harnessed and utilised. Possible examples include: A group's disposition towards creating personal goals (e.g. as would be evident in the case of a refugee group that leaves their country in order to live in freedom) may be identified and used as a springboard for group work involving the discussion of ways they could continue to create goals for themselves in the host country. Resources the participants may possess such as a strong religious faith and a support network can be identified and mobilised, by for example guiding individuals in making effective use of their support network as highlighted by this study's data.

Finally, these prevention programmes could also involve the teaching of new strategies that might have an adaptive value. In line with emphasis placed on meaning-making by this study's participants, these programmes could support an individual to identify what gives their life meaning or what they feel is their purpose in life and encourage engagement in endeavours that support the realisation of this purpose. It could also actively teach effective problem-solving skills or train participants to reframe their experience using positive thinking in order to support their maintenance of hope. It is important to note that such small group interventions could also be effective in their very nature as they mobilise individuals as resources for one another and help establish long-lasting social networks (Tribe, 2004) and build bridges between refugee communities, possibly reducing the conflict and isolation that may be present between different groups.

Hence, leads obtained through this study's data as well as lessons learnt and good practice identified from previous prevention programmes (Hatzidimitriadou, 2010; Tribe, 2004 - see Appendix-R for more details) can support the development of effective programmes that may prevent traumatisation in potentially vulnerable groups.

This inquiry also has the potential to contribute positively to CoP theory and praxis. In line with this discipline's critical approach to the categorisation of mental health difficulties, this study gives prominence to a construct that is particularly valuable in broadening our understanding of the variation in possible responses to traumatic exposure. Thus it can hopefully contribute towards a greater focus on the strengths rather than the vulnerability of individuals exposed to trauma and a corresponding reduction in the tendency to pathologise this population. This study's multi-faceted and culturally-sensitive investigation of resilience may also guide CoP practitioners towards developing a more authentic and holistic understanding of refugee client presentations that is in line with this profession's underlying person-centred philosophy of practice. Arguably this understanding would facilitate the provision of a more empowering therapeutic approach regardless of the therapeutic model employed.

In conclusion, as reiterated in previous sections, the CoP philosophy provided a sound framework within which to conduct this inquiry. I feel that the pluralistic outlook, focus on subjective meaning-making and awareness of context imparted by this discipline, broadened the focus and augmented the sensitivity of this inquiry, thus hopefully contributing to results

that are more nuanced and true-to-life. While this inquiry can only be considered a springboard for further work on post-trauma resilience, it is hoped that the insights it has offered into this remarkable phenomenon can serve as inspiration for further fruitful strength-based CoP research and development.

4.15 Personal Reflections

I feel that the thought-provoking and challenging journey I embarked on through this research, has enriched me as a researcher, practitioner and as an individual. As a novice grounded theorist, I have found this method to be a time-consuming but highly stimulating and effective tool that allows the researcher to live with the raw data, cradling the emergence of ideas, preserving their authenticity as they slowly develop into more complex theoretical concepts. The method's flexible strategies rather than rigid prescriptions (Charmaz, 2006) appealed to my creativity, giving me the space to engage in a unique research process with my participants. In response to this I feel that I have delved whole-heartedly into the field and the lives of the people I have studied. I feel that what I have struggled most with is containing the expansiveness of the thoughts and ideas that emerged through engaging with my data, at times being apprehensive about maintaining the balance between remaining close to data and increasing the level of abstraction. My passion for this field of research, which increased as the process progressed, also made this task more difficult as I found myself so immersed in the data and related concepts that I sometimes needed to take a step back to be able to evaluate the work conducted critically.

I have however worked hard to retain a degree of objectivity and attempted to vigilantly monitor my personal processes through tools such as reflective notes. This helped prevent the study's findings inadvertently turning into heavily-biased caricatures of the participant's experience and present a sound piece of research that does justice to these experiences. Coming to the end of this study I endeavoured to capture the extensive and complex data in a way that preserved its profundity but made it accessible to the reader, a challenging task which I hope I have at least partly accomplished.

As a CoP practitioner currently working with refugee populations, I feel I have been enlightened by this process and recognise in my practice a more sensitive approach to the background and experiences of my clients. Admittedly, I work hard to ensure that knowledge gained through my research does not preclude the openness and curiosity required when

working with clients and I remain vigilant to allow each individual's story to unfold unhampered. I value the deep understanding of the resilience I have obtained but remain cautious when using this study's model to understand the individual's process.

Finally, as an individual I feel I have to some extent embarked on a journey with six remarkable individuals and I see that not only have I been enriched by their experiences but also notice changes in my perspective and understanding of the topic and my relationship with the research endeavour. I now appreciate the complexity of the resilience process and the sheer effort required to negotiate traumatic events, rather than what I previously viewed as a more straight-forward process. While always appreciating research for its capacity to enhance knowledge by providing clarity and answers, it has now become for me a precious tool whose ability to capture individual experience in an accessible way, stimulate debate and rouse interest in new fields is something I value greatly.

4.16 Concluding Comments

This study has aimed to generate a deeper understanding of the post-trauma resilience process in Eritrean refugees, which is particularly useful given the paucity of such literature. The resultant findings however should be viewed as a trigger for further work in this field rather than a complete explanation of the resilience process per se, or in this population. As suggested by the model, it is important to consider both internal psychological processes as well as those emanating from contextual factors and their dynamic interplay as essential to the resilience process. Moreover, the influence of culture, the importance of maintaining one's existential well-being and actively engaging with the adverse experience at hand cannot be overlooked.

Given CoP's appreciation of human potential and advocacy for the therapist's role as a facilitator of growth, it is hoped that this research will promote further interest within the profession in the field of post-trauma resilience as a fruitful avenue for the development of strength-based interventions and prevention measures. Given its underlying philosophy, I firmly believe that CoP can provide the ideal forum for critical evaluation and inquiry into the usefulness and method of application of resilience at intervention stage.

Despite not being able to take into account the huge diversity of refugee experience in my study, I strived to bring to light the experience of an often overlooked population. In

investigating their resilience process, I hope that drawing on the strengths of these survivors will further improve the care offered to the millions of refugees across the globe. Finally, this research will be intrinsically valuable, if I have managed to convey the experiences and resilience process that my participants are testament to, in a way that resonates with readers, enhances knowledge and instigates progress.

REFERENCES

Adamson, J., & Donovan, J. L. (2002). Research in black and white. *Qualitative Health Research, 12,* 816-825.

Agaibi, C. E., & Wilson, J. P. (2005). Trauma, PTSD, and resilience: A review of the literature. *Trauma Violence Abuse, 6,* 195-216.

Ager, A. (1993, July). *Mental health issues in refugee populations: A review.* Working paper of the Harvard centre for the study of culture and medicine. Boston, MA: Author.

Alcock, M. (2003). Refugee trauma: The assault on meaning. *Psychodynamic Practice, 9*(3), 291-306.

American Psychiatric Association, APA (2000). *Diagnostic and statistical manual of mental disorders* (4th Ed., Text Revision). Washington, DC: Author.

Amnesty International (2005). *Amnesty International report 2005: The state of the world's human rights.* Retrieved June 11, 2012, from http://www.amnesty.org/en/library/info/POL10/001/2005.

Amnesty International (2006). *Amnesty International report 2006: The state of the world's human rights.* Retrieved May 11, 2013, from http://www.amnesty.org/en/library/info/POL10/001/2006.

Amnesty International (2013). *Amnesty International report 2013: The state of the world's human rights – Malta.* Retrieved June 5, 2013, from http://www.amnesty.org/en/region/malta/report-2013.

Anjum, T. M., Nordqvist, C., & Timpka, T. (2012). The hopes of West African refugees during resettlement in northern Sweden: A 6-year prospective qualitative study of pathways and agency thoughts. *Conflict and Health, 6*(1), 1-8.

Arbona, C., & Coleman, N. (2008). Risk and resilience. In S. D. Brown, & R. W. Lent (Eds.), *Handbook of counselling psychology: Fourth edition* (pp. 483-500). USA: John Wiley & Sons.

Arrington, E. G., & Wilson, M. N. (2000). A re-examination of risk and resilience during adolescence: Incorporating culture and diversity. *Journal of Child and Family Studies, 9*(2), 221-230.

Atwool, N. (2006). Attachment and resilience: Implications for children in care. *Child care in practice, 12*(4), 315-330.

Babchuk, W. A. (2009, October). *Grounded theory for practice-based application: Closing the embarrassing gap between theory and empirical research*. Proceedings of the 28th Annual Midwest Research Research-to-Practice Conference in Adult, Continuing, and Community Education, Northeastern Illinois University, Illinois.

Baldwin, A. L., Baldwin, C. P., Kasser, T., Zax, M., Sameroff, A., & Seifer, R. (1993). Contextual risk and resiliency during late adolescence. *Development and Psychopathology, 5*, 741 - 761.

Baldwin, J. R., & Lindsley, S. L. (1994). *Conceptualizations of culture*. USA: Arizona State University Urban Studies Centre.

Beers, S. R., & De Bellis, M. D. (2002). Neuropsychological function in children with maltreatment-related posttraumatic stress disorder. *American Journal of Psychiatry, 159*, 483–486.

Ben-Porath, Y. (1991). The psycho-social adjustment. In US Department of Health and Human Services: Refugee Mental Health Program (Eds.), *Mental health services for refugees* (pp. 1-23). Maryland: NIMH.

Betancourt, T. S. (2002). The IRC's emergency education and recreation program for Chechen displaced youth in Ingushetia. *Forced Migration Review, 15*, 28-30.

Betancourt, T. S., & Khan, K. T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. *International Review of Psychiatry, 20,* 317–328.

Bonanno, G. (2004). Loss, trauma and human resilience. *American Psychologist, 59*(1), 20–28.

Bonanno, G. A. (2005). Resilience in the face of loss and potential trauma. *Current Directions in Psychological Science, 14,* 135–138.

Bonanno, G. A., & Mancini, A. D. (2008). The human capacity to thrive in the face of potential trauma. *Pediatrics, 121,* 369–375.

Borland, M., Pearson, C., Hill, M., Tisdall, K., & Bloomfield, I. (1998). *Education and care away from home: A review of research, policy and practice.* Edinburgh: SCRE.

Bottrell, D. (2009). Resistance, resilience and social identities: Reframing "youth problem" and the problem of schooling. *Journal of Youth Studies, 10*(5), 597-616.

Boyden, J., & Mann, G. (2005). Children's risk, resilience, and coping extreme situations. In M. Ungar (ed.), *Handbook for working with children and youth: Pathways to resilience across cultures and contexts* (pp.3–26). Thousand Oaks, CA: Sage.

Bradley, R. H., Caldwell, B. M., & Rock, S. L. (1990). Home environment classification system: A model for assessing the home environments of developing children. *Early Education and Development, 1,* 238-265.

Breslau, N., Davis, G. C., Andreski, P., & Peterson, E. (1991). Traumatic events and posttraumatic stress disorder in an urban population of young adults. *Archives of General Psychiatry, 48,* 216-222.

Brewin, C. R., Dalgleish, T., & Joseph, S. (1996). A dual representation theory of posttraumatic stress disorder. *Psychological Review, 103*(4), 670-686.

Briere, J. (2004). *Psychological assessment of adult posttraumatic states: Phenomenology, diagnosis and measurement* (2nd Ed.). Washington, DC: American Psychological Association.

British Psychological Society (BPS, 2009). *Code of ethics and conduct.* Leicester, UK: British Psychological Society.

Brooks, R. B. (1994). Children at risk: Fostering resilience and hope. *American Journal of Orthopsychiatry, 64*, 545-553.

Brooks, D. (2008). Where's the trauma and the grief? *New York Times*, p. A19.

Brough, M., Gorman, D., Ramirez, E., & Westoby, P. (2003). Young refugees talk about well-being: A qualitative analysis of refugee youth mental health from three states. *Australian Journal of Social Issues 38*(2), 193-208.

Cassidy, J., & Mohr, J. J. (2001). Unsolvable fear, trauma and psychopathology: Theory, research and clinical considerations related to disorganised attachment across the lifespan. *Clinical Psychology: Science and Practice, 8*, 275–298.

Castro, F. G., & Murray, K. E. (2010). Cultural adaptation and resilience: Controversies, issues, and emerging models. In J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), *Handbook of adult resilience* (pp. 375-403). USA: The Guilford Press.

Chan, M. A. (2005). Borderline personality disorder: The impact of shame on traumatic feelings, social problem-solving ability, social support, and psychiatric symptomatology. *Dissertation Abstracts International, 65*, 11B.

Charmaz, K. (1990). Discovering chronic illness: Using grounded theory. *Social Science and Medicine, 30*, 1161-1172.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis.* London:Sage.

Chemtob, C., Roitblat, H. L., Hamada, R. S., Carlson, J. G., & Twentyman, C. T. (1988). A cognitive action theory of post-traumatic stress disorder. *Journal of Anxiety Disorders, 2*, 253-275.

Cicchetti, D., & Rogosch, F. A. (1997). The role of self-organization in the promotion of resilience in maltreated children. *Development and Psychopathology, 9*, 797-815.

Clarke, A. E. (2005). *Situational analysis: Grounded theory after the postmodern turn.* Thousand Oaks, CA: Sage.

Cohler, B. J., Scott, F. M., & Musick, J. S. (1995). Adversity, vulnerability, and resilience: Cultural and developmental perspectives. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology, Vol. 2: Risk, disorder, and adaptation* (pp. 753-800). NY: John Wiley.

Connor, K. M., & Davidson, J. R. (2003). Development of a new resilience scale: The Conner-Davidson resilience scale (CD-RISC). *Depression and Anxiety, 18*, 76-82.

Corrigan, P. W., & Watson, A. C. (2002). The paradox of self-stigma and mental illness. *Clinical Psychology-Science & Practice, 9*, 35-53.

Corsini, R. J. (1999). *The dictionary of psychology.* Braun-Brumfield: Ann Arbor.

Cowen, E. L. (1994). The enhancement of psychological wellness: Challenges and opportunities. *American Journal of Community Psychology, 22*(2), 149–180.

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions.* London: Sage.

Cultural Orientation Resource Centre. (2010). *Eritrean refugees from the Shimelba refugee camp (No.5).* Retrieved, March, 12, 2011, from http://www.cal.org/co/pdffiles/backgrounder_shimelba.pdf.

Currier, J. M., Neimeyer, R. A., & Berman, J. S. (2008). The effectiveness of psychotherapeutic interventions for bereaved persons: A comprehensive quantitative review. *Psychological Bulletin, 134*(5), 648-661.

Daniel, S. (2002). On the refugee problem in Eritrea. *MIT Undergraduate Research Journal, 6*, 35-38.

Davidson, G. R., Murray, K. E., & Schweitzer, R. (2008). Review of refugee mental health and wellbeing: Australian perspectives. *Australian Psychologist, 43*, 160-174.

Davies, B., Larson, J., Contro, N., Reyes-Hailey, C., Ablin, A. R., Chesla, C. A., et al. (2009). Conducting a qualitative culture study of pediatric palliative care. *Qualitative Health Research, 19*(1), 5-16.

De Girolamo, G., Diekstra, R. & Williams, C. (1989). *Report of a visit to border encampments on the Kampuchea-Thailand border.* Geneva: World Health Organisation (No. MNH/PSF/90.1).

Derogatis, L. R., Lipman, R. S., Rickels, K., Uhlenhuth, E. H., & Covi, L. (1974). The Hopkins Symptom Checklist (HSCL): A self-report symptom inventory. *Behavioral Science, 19*, 1-15.

Dey, I. (1999). *Grounding grounded theory.* San Diego: Academic Press.

Díaz Adrade, A. (2009). Interpretive research aiming at theory building: Adopting and adapting the case study design. *The Qualitative Report, 14*(1), 42-60.

Dickson-Swift, V., James, E., & Liamputtong, P. (2008). *Undertaking sensitive research in the health and social sciences: Managing boundaries, emotions and risks.* Cambridge, England: Cambridge University Press.

Diener, E., & Suh, E. M. (2000). *Culture and subjective well-being.* Cambridge, MA: MIT Press.

Di Tomasso, L. (2010). Approaches to counseling resettled refugee and asylum seeker survivors of organized violence. *International Journal of Child, Youth and Family Studies, 1*(3/4), 244-264.

Dowd, J. J. (1990). Ever since Durkheim: The socialization of human development. *Human Development, 31*, 138-159.

Duad, A. T. I. (2008). *Post-traumatic stress disorder and resilience in children of traumatised parents: A transgenerational perspective.* Doctoral dissertation, Karolinska Institutet, Stockholm, Sweden.

Dubow, E. F., Edwards, S., & Ippolito, M. F. (1997). Life stressors, neighborhood disadvantage, and resources: A focus in inner-city children's adjustment. *Journal of Clinical Child Psychology, 26*, 130-144.

Dunn, D. (1994). *Resilient reintegration of married women with dependent children: Employed and unemployed.* Unpublished doctoral dissertation, University of Utah, Salt Lake City, Utah.

Edwards, R. (1998). A critical examination of the use of interpreters in the qualitative research process. *Journal of Ethnic and Migration Studies, 24*, 197-208.

Eisenbruch, M. (1990). Cultural bereavement and homesickness. In S. Fisher & C. L. Cooper (Eds.), *On the move: The psychology of change and transition* (pp.191-205). Chichester: Wiley.

Einsenbruch, M. (1992). Toward a culturally sensitive DSM: Cultural bereavement in Cambodian refugees and the traditional healer as taxonomist. *The Journal of Nervous and Mental Disease, 180*, 8-10.

Eleftheriadou, Z. (2010). Cross-cultural counselling psychology. In R. Woolfe, S. Strawbridge, B. Douglas, & W. Dryden (Eds.), *Handbook of counselling psychology: Third edition* (pp. 195-213). London: Sage.

Elliot, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*(3), 215-229.

Ellis, H. B., Mac Donald, H. Z., Lincoln, A. K., & Cabral, H. J. (2008). Mental health of Somali adolescent refugees: The role of trauma, stress and perceived discrimination. *Journal of Consulting and Clinical Psychology, 76*(2), 184-193.

Ellison, C. G. (1991). Religious involvement and subjective well-being. *Journal of Health and Social Behavior, 32*(1), 80-99.

Everett, B. (2000). *A fragile revolution: Consumers and psychiatric survivors confront the power of the mental health system.* Waterloo: Wilfrid Laurier University Press.

Fassinger, R. E. (2005). Paradigms, praxis, problems, and promise: Grounded theory in counseling psychology research. *Journal of Counseling Psychology, 52*, 156-166.

Fawzi, M. C. S., Pham, T., Lin, L., Nguyen, T. V., Ngo, D., Murphy, E., et al. (1997). The validity of posttraumatic stress disorder among Vietnamese refugees. *Journal of Traumatic Stress, 10*(1), 101-108.

Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: Risk and protective factors. *Lancet, 379*(9812), 266-282.

Fazel, M., & Silove, D. (2006). Detention of refugees. *British Medical Journal, 332*, 251-252.

Felner, R. D., Brand, S., DuBois, D. L., Adan, A. M., Mulhall, P. F., & Evans, E. G. (1995). Socioeconomic disadvantage, proximal environmental experiences, and socioemotional and academic adjustment in early adolescence: Investigation of a mediated effects model. *Child Development, 66*, 774-792.

Fischman, Y. (2008). Secondary trauma in the legal professions: A clinical perspective. *Torture, 18*(2), 107-115.

Fonagy, P., & Target, M. (1997). Attachment and reflective function: Their role in self-organization. *Development and Psychopathology, 9*, 677-699.
100

Forgatch, M. S., & Ogden, T. (2006). *Enhancing resilience in a nationwide system of care for children with behavior disorders.* Paper presented at the Fourth World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioural Disorders, Enhancing resilience. In "Developing resilience and strength across the life span" (S. Neumer, Chair), Oslo, Norway.

Forgatch, M. S., Patterson, G. R., DeGarmo, D. S., & Beldavs, Z. G. (2008). *Testing the Oregon delinquency model with nine-year follow-up of the Oregon divorce study.* Manuscript submitted for publication.

Frankl, V. E. (1959). *Man's search for meaning.* New York: Washington Square Press.

Frankl, V. E. (1967). *Psychotherapy and existentialism.* NY: Washington Square Press.

Freud, S. (1917). *Introductory lectures on psychoanalysis.* New York: Liveright.

Freud, S. (1953). *The interpretation of dreams.* Standard Edition (Volume 5). London: Hogarth Press.

Friborg, O., Barlaug, D., Martinsussen, M., Rosenvinge, J. H., & Hjemdal, O. (2005). Resilience in relation to personality and intelligence. *International Journal of Methods in Psychiatric Research, 14*(1), 29-42.

Garmezy, N. (1991). Resiliency and vulnerability to adverse developmental outcomes associated with poverty. *American Behavioral Scientist, 34,* 416–430.

Garmezy, N. (1992). Resiliency and vulnerability to adverse developmental outcomes associated with poverty. In T. Thompson, & S. C. Hupp (Eds.), *Saving children at risk: Poverty and disabilities* (pp. 45-60). USA: Sage Publications.

Garmezy, N. (1994). Reflections and commentary on risk, resilience, and development. In R. J. Haggerty, L. R. Sherrod, N. Garmezy, & M. Rutter (Eds.), *Stress, risk and resilience in children and adolescents. Processes, mechanisms and interventions* (pp. 1-19). UK: Cambridge University Press.

Gearity, A. (2005). *Attachment theory and real life: How to make ideas work.* Retrieved June 12, 2012, from http://education.umn.edu/ceed/publication.

Gilligan, R. (2001) *Promoting resilience: A resource guide on working with children in the care system.* London: British Agencies for Adoption and Fostering.

Goffman, E. (1961). *Asylums: Essays on the social situation of mental patients and other inmates.* New York: Anchor Books.

Goldstein, S., & Brooks, R. B. (2006). *Handbook of resilience in children.* USA: Springer.

Goodman, J. H. (2004). Coping with trauma and hardship among unaccompanied refugee youths From Sudan. *Qualitative Health Research, 14,* 1177-1196.

Graham, B. L. (2001). *Resilience among American indigenous youth: First Nations' youth resilience study.* Doctoral Dissertation, University of Minnesota. (Dissertations Abstracts International: Section B: The Sciences and Engineering, 62 (3-B).

Gratz, K. L., Conrad, S. D., & Roemer, L. (2002). Risk factors for deliberate self-harm among college students. *American Journal of Orthopsychiatry, 72,* 128–140.

Green, B. L., Wilson, J. P., & Lindy, J. (1985). Conceptualizing post-traumatic stress disorder: A psychological framework. In C. R. Figley (Ed.), *Trauma and its wake: The study and treatment of post-traumatic stress disorders* (pp. 53-69). New York: Brunner/Mazwl.

Greenberg, M. T. (2006). Promoting resilience in children and youth: Preventive interventions and their interface with neuroscience. *Annals of the New York Academy of Sciences, 1094,* 139-150.

Gunnar, M. R. (2001). Effects of early deprivation: Findings from orphanage-reared infants and children. In C. A. Nelson & M. Luciana (Eds.), *Handbook of developmental cognitive neuroscience* (pp. 617-629). Cambridge, MA: MIT Press.

Gunnestad, A. (2006). Resilience in a cross-cultural perspective: How resilience is generated in different cultures. *Journal of Intercultural Communication, 11.* Retrieved August 12, 2011, from http://www.immi.se/jicc/index.php/jicc/article/view/99/68.

Guribye, E., Sandal, G. M., & Oppedal, B. (2011). Communal proactive coping strategies among Tamil refugees in Norway: A case study in a naturalistic setting. *International Journal of Mental Health Systems, 5,* 9-22.

Hall, C. S., & Lindzey, G. (1985). *Introduction to theories of personality.* USA: John Wiley and Sons.

Harwood, A. (1981). *Ethnicity and medical care.* Boston: Harvard University Press.

Hatzidimitriadou, E. (2003). Gaining Access to and working with self-help groups in mental health. In S. Cochrane (Ed.), *Where you stand affects your point of view: Emancipatory approaches to mental health research – SPN Paper 4* (pp.1-5). London: Netherne Printing Services.

Hatzidimitriadou, E. (2010, May). *Post-migration wellbeing, community activism and empowerment: The case of Turkish-speaking women in London.* Migration and the Right to Health Conference, Kingston University and St.George's University of London, London.

Hawkins, J. D., Smith, B. H., Hill, K. G., Kosterman, R., Catalano, R. F., & Abbot, R. D. (2003). Understanding and preventing crime and violence. In T. P. Thornberry & M. D. Krohn (Eds.), *Taking stock of delinquency: An overview of findings from contemporary longitudinal studies* (pp. 255-312). New York: Kluwer Academic.

Hayes, S. C., Strosahl, K., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experimental approach to behavior change.* New York: Guilford Press.

Hodes, M. (2002). Implications for psychiatric services of chronic civilian strife: Young refugees in the UK. *Advances in Psychiatric Treatment, 8,* 366-374.

Hodgkinson, P. E., & Shepherd, M. A. (1994). The impact of disaster support work. *Journal of Traumatic Stress, 7,* 587-600.

Hollifield, M., Warner, T. D., Nityamo, L., Krakow, B., Jenkins, J. H., Kesler, J., et al. (2002). Measuring trauma and health status in refugees: A critical review. *Journal of the American Medical Association, 288*(5), 611-621.

Horenczyk, R. P., & Brom, D. (2007). The multiple faces of post-traumatic growth. *Applied Psychology: An International Review, 56*(3), 379-385.

Horowitz, M. J. (1986). *Stress response syndromes.* New York: Jason Aronson.

Horton, T. V., & Wallander, J. L. (2001). Hope and social support as resilience factors against psychological distress of mothers who care for children with chronic physical conditions. *Rehabilitation Psychology, 46*(4), 382-399.

Horwitz, A. V., Widom, C. S., McLaughlin, J., & Raskin White, H. (2001). The impact of childhood abuse and neglect on adult mental health: A prospective study. *Journal of Health and Social Behaviour, 42*(2), 184-201.

Hosin, A. A. (2001). Children of traumatized and exiled refugee families: Resilience and vulnerability a case study report. *Medicine, Conflict and Survival,17*(2), 137-145.

Hussain, D., & Bhushan, B. (2009). Development and validation of the refugee trauma experience inventory. *Psychological Trauma: Theory, Research, Practice and Policy, 1*(2), 107-117.

Janoff-Bulman, R. (1985). The aftermath of victimaization: Rebuilding shattered assumptions. In C. R. Figley (Ed.), *Trauma and its wake: The study and treatment of post-traumatic stress disorder* (pp. 15-35). New York: Brunner/Mazel.

Jaranson, J. M., Butcher, J., Halcon, L., Johnson, D. R., Roberston, C., Savik, K., et al. (2004). Somali and Oromo refugees: Correlates of torture and trauma history. *American Journal of Public Health, 94*(4), 591-598.

Jeon, H. J., Roh, M., Kim, K., Lee, J., Lee, D., Yoon, S. C., et al. (2009). Early trauma and lifetime suicidal behaviour in a nationwide sample of Korean medical students. *Journal of Affective Disorders, 119*(1-3), 210-214.

Jesuit Refugee Service, JRS Malta (2008). *Asylum in Malta: What you should know*. Malta: Think Design Ltd.

Jesuit Refugee Service, JRS Europe (2010). *Becoming vulnerable in detention*. Brussels: Jesuit Refugee Service- European Regional Office.

Jordan, L. F. (2002). *A narrative analysis of the influence of child sexual abuse and subsequent therapy on the self-concept of five adult survivors*. Master's thesis, University of Surrey, Roehampton, London.

Jorden, S., Matheson, K., & Anisam, H. (2009). Supportive and unsupportive social interactions in relation to cultural adaptation and psychological distress among Somali refugees exposed to collective or personal traumas. *Journal of Cross-Cultural Psychology, 40*(5), 853-874.

Joseph, S., & Linley, P.A. (2008). Psychological assessment of growth following adversity. In S. Joseph, & P.A. Linley (Eds.), *Trauma, recovery, and growth: Positive psychological perspectives on posttraumatic stress* (pp. 21-38). USA: Wiley, Hoboken.

Kaniuka, T. S. (2010). Reading achievement, attitude toward reading, and reading self-esteem of historically low-achieving students. *Journal of Instructional Psychology, 37*(2), 184-188.

Kaplan, I. (2009). Effects of trauma and the refugee experience on psychological assessment processes and interpretation. *Australian Psychologist, 44*(1), 6-15.

Kashdan, T. B., & Rottenbery, J. (2010). Psychological flexibility as a fundamental aspect of health. *Clinical Psychology Review, 30*, 865-878.

Kazdin, A. E. (2000). *Encyclopedia of psychology* (5th Ed.). USA: American Psychological Association and Oxford University Press Inc.

Keller, A. S., Rosenfeld, B., Trinh-Shvrin, C., Meserve, C., Sachs, E., Leviss, J., et al. (2003). Mental health of detained asylum seekers. *Lancet, 362*, 1721-3.

Khamis, V. (2005). Post-traumatic stress disorder among school age Palestinian children. *Child Abuse and Neglect, 29*, 81-95.

Kidd, S., & Shahar, G. (2008). Resilience in homeless youth: The key role of self-esteem. *American Journal of Orthopsychiatry, 78*(2), 163-172.

Kilpatrick, D. G., Veronen, L. J., & Best, C. L. (1985). Factors predicting psychological distress among rape victims. In C. R. Figely (Ed.), *Trauma and its wake: The study and treatment of post-traumatic stress disorder* (pp. 113-141). New York: Brunner/Mazel.

King, N. (1994). The qualitative research interview. In Cassell, C., & Symon, G. (Eds.), *Qualitative methods, organisational research: A practical guide* (pp. 14-36). London: Sage Publications.

Kirby, L. D., & Fraser, M. W. (1997). Risk and resilience in childhood. In M. W Fraser (Ed.), *Risk and resilience in childhood: An ecological perspective* (pp. 10-33). USA: NASW Press.

Kirkegaard-Weston, E. (2005). *Positive thinking: Toward a conceptual model and organizational implications* (Doctoral dissertation, Honors College, 2005). Retrieved March 5, 2011, from http://digitalcommons.pace.edu/honorscollege_theses/15.

Klasen, F., Oettingen, G., Daniels, J., Post, M., Hoyer, C., & Hubertus, A. (2010). Postraumatic resilience in former Ugandan child soldiers. *Child Development, 81*(4),1096–1113.

Kline, P. M., & Mone, E. (2003). Coping with war: Three strategies employed by adolescent citizens of Sierra Leone. *Child and Adolescent Social Work Journal, 20*, 321-333.

Kochanska, G. (1993). Toward a synthesis of parental socialization and child temperament in early development of conscience. *Child Development, 64*, 325-347.

Koenig, H. G. (2008). Spirituality and pain: Finding purpose, meaning and hope in the midst of suffering. *International Journal of Existential Psychology and Psychotherapy, 2*(1), 1-7.

Kumpfer, K. L. (1999). Factors and processes contributing to resilience: The resilience framework. In M. D. Glantz & J. L. Johnson (Eds.), *Resilience and development:*

Positive life adaptations (pp. 179-224). New York: Kluwer Academic/Plemun Publishers.

Kumpfer, K. L., & Summerhays, J. F. (2006) Prevention approaches to enhance resilience among high-risk youth: Comments on the papers of Dishion and Connell and Greenberg. *Annals of the New York Academy of Sciences, 1094*, 151–163.

Laufer, A., Solomon, Z., & Levine, S. Z. (2010). Elaboration on posttraumatic growth in youth exposed to terror: The role of religiosity and political ideology. *Social Psychiatry and Psychiatric Epidemiology, 45*(6), 647-653.

Liamputtong, P. (2010). *Performing qualitative cross-cultural research.* Cambridge, England: Cambridge University Press.

Liamputtong, P. (2010a). The science of words and the science of numbers: Research methods as foundations for evidence-based practice in health. In P. Liamputtong (Ed.), *Research methods in health: Foundations for evidence-based practice* (pp. 3-26). Melbourne: Oxford University Press.

Liamputtong, P. (2010b). Cross-cultural research and qualitative inquiry. *Turkish Online Journal of Qualitative Inquiry, 1*(1), 16-29.

Lightsey, O. R. (2006). Resilience, meaning and wellbeing. *The Counseling Psychologist, 34*, 96-107.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry.* Beverly Hills, CA: Sage.

Litz, B. T., Gray, M. J., Bryant, R. A., & Adler, A. B. (2002). Early intervention for trauma: Current status and future directions. *Clinical Psychology: Science & Practice, 9*(2), 112-134.

Luster, T., Desiree, Q., Bates, L., Rana, M., & Lee, J. A. (2010). Successful adaptation among Sudanese unaccompanied minors: Perspectives of youth and foster parents. *Childhood, 17*(2), 197–211.

Luthar, S. S (1998). *Resilience among at-risk youth: Ephemeral, elusive, or robust?* Paper presented at the Boyd McCandless Young Scientist Award presentation, 106th Annual Convention of the American Psychological Association, San Francisco, USA.

Luthar, S. S. (1999). *Poverty and children's adjustment*. CA: Sage.

Luthar, S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development 71* (3), 543 – 562.

Luthar, S. S., & Cushing, G. (1999). Measurement issues in the empirical study of resilience: An overview. In M. D. Glantz & J. L. Johnson (Eds.), *Resilience and development: Positive life adaptations* (pp. 129-160). New York: Plenum.

Luthar, S. S., & Zigler, E. (1991). Vulnerability and competence: A review of research on resilience in childhood. *American Journal of Orthopsychiatry, 61*, 6-22.

Lyons, J. (1991). Strategies for assessing the potential for positive adjustment following trauma. *Journal of Traumatic Stress, 4*, 93-111.

Maerker, A., & Schutzwohl, M. (1997). *Posttraumatic personal growth: Speculations and empirical findings*. Paper presented at the Fifth European Conference on Traumatic Stress, Maastricht, The Netherlands.

Mancini, A. D., & Bonanno, G. A. (2010). Resilience to potential trauma: Towards a lifespan approach. In In J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), *Handbook of adult resilience* (pp. 258-283). USA: The Guilford Press.

Mansdorf, I. J. (2008). Psychological interventions following terrorist attacks. *British Medical Bulletin, 88*(1), 7-22.

Marmar, C. R., Weiss, D. S., & Pynoos, R. S. (1995). Dynamic psychotherapy of posttraumatic stress disorder. In M. J. Friedman, D. S. Charney, & A. Y. Deutch (Eds.), *Neurobiological and clinical consequences of stress: From normal adaptation to post traumatic stress disorder* (pp. 495–506). Philadelphia: LippincottRaven.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*(3), 227–238.

Masten, A. S. (2004). Regulatory processes, risk and resilience in adolescent development. *Annals of the New York Academy of Sciences, 1021*, 310-319.

Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology, 2,* 425-444.

Masten, A. S., Hubbard, J. J., Gest, S. D., Tellegen, A., Garmezy, N., & Ramirez, M. (1999). Competence in the context of adversity: Pathways to resilience and maladaptation from childhood to late adolescence. *Development and Psychopathology, 11,* 143-169.

Masten, A. S., & Obradovic, J. (2006). Competence and resilience in development. *Annals of the New York Academy of Sciences, 1094,* 13-27.

Masten, A. S., & Powell, J. L. (2003). A resilience framework for research, policy and practice. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 1-25). NY: Cambridge University Press.

Maxwell, J. (1996). *Qualitative research design: An interactive approach.* Thousand Oaks, CA: Sage.

McCallin, M. (1992). The impact of current and traumatic stressors on the psychological well-being of refugees communities. In M. McCallin (Ed.), (1992). *The psychological well-being of refugee children: Research, practice and policy issues.* Geneva: International Catholic Children's Bureau.

Miller, K. E., & Rasco, L. M. (2004). *The mental health of refugees: Ecological approaches to healing and adaptation.* NJ: Lawrence Erlbaum Associates.

Mollica, R. F., Caspi-Yavin, Y., Bollini, P., Truong, T., Tor, S., Lavelle, J. (1992). The Harvard Trauma Questionnaire: Validating a cross-cultural instrument for measuring torture, trauma, and post-traumatic stress disorder in Indochinese refugees. *Journal of Nervous and Mental Disease, 180*(2), 111-116.

Mollica, R. F., McDonald, L. S., Massagli, M. P., & Silove, D. M. (2004). *Measuring trauma, measuring torture*. US: Harvard Program in Refugee Trauma.

Morse, J. M. (1995). The significance of saturation. *Qualitative Health Research, 5*, 147-149.

Moskowitz, J. T. (2003). Positive affect predicts lower risk of AIDS mortality. *Psychosomatic Medicine, 65*, 620-626.

Muecke, M. A. (1987). Resettled refugees' reconstruction of identity: Lao in Seattle. *Urban Anthropology, 6*(3), 273-290.

Muecke, M. A. (1992). New paradigms for refugee health problems. *Social Science and Medicine, 35*, 515-523.

Murray, C. D., & Wynne, J. (2001). Researching community, work and family with an interpreter. *Community, Work & Family, 4*(2), 157-171.

Nabuzoka, D. (2009). Culture's influence on psychological development. In D. Nabuzoka & J. Empson (Eds.), *Culture and psychological development*. UK: Palgrave Macmillan.

Negash, T. (1997). *Eritrea and Ethiopia: The federal experience*. New Brunswick, NJ: Transaction Publishers.

Neiger, B. (1991). *Resilient reintegration: Use of structural equations modeling*. Unpublished doctoral dissertation, University of Utah, Salt Lake City, Utah.

Nicholl, C., & Thompson, A. R. (2004). The psychological treatment of Post-Traumatic Stress Disorder (PTSD) in adult refugees: A review of the current state of psychological therapies. *Journal of Mental Health, 13*, 351-362.

Nolen-Hoeksema, S., Wisco, B. E., & Lyubomirsky, S. (2008). Rethinking rumination. *Perspectives on Psychological Science, 3*, 400–424.

Office of the Refugee Commissioner, Malta (2013, June). *Studying integration efforts of beneficiaries of international protection and identifying areas where special input is needed.* Putting Integration into Perspective, ERF Co-funded Project Conference, Malta.

Ong, A. D., Bergeman, C. S., & Chow, S. (2010). Positive emotions as a basic building block of resilience in adulthood. In J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), *Handbook of adult resilience* (pp. 81-94). USA: The Guilford Press.

Orcutt, H. K., King, L. A., & King, D. W. (2003). Male-perpetrated violence among Vietnam veteran couples: Relationships with veteran's early life characteristics, trauma history, and PTSD symptomatology. *Journal of Traumatic Stress, 16*(4), 381-390.

Osofsky, J. (1990). Risk and protective factors for teenage mothers and their infants. *Newsletter of the Society for Research in Child Development, 1-2.*

Otto, M. W., Hinton, D. E., Korbly, N. B., Chea, A., Ba, P., Gershuny, B. S., et al. (2003). Treatment of pharmacotherapy-refractory posttraumatic stress disorder among Cambodian refugees: A pilot study of combination treatment with cognitive–behavior therapy vs. sertraline alone. *Behaviour Research and Therapy, 41*, 1271–1276.

Papadopoulos, R. K. (2005). Political violence, trauma and mental health interventions. In D. Kalmanowitz & B. Lloyd (Eds.), *Art therapy and political violence: With art, without illusion* (pp. 35–59). London: Brunner-Routledge.

Papadopoulos, R. K. (2007). Refugees, trauma and adversity-activated development. *European Journal of Psychotherapy and Counselling, 9*(3), 301-302.

Pargament, K. T., & Cummings, J. (2010). Anchored by faith: Religion as a resilience factor. In J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), *Handbook of adult resilience* (pp. 193-210). USA: The Guilford Press.

Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. *Review of General Psychology, 1*, 115-144.

Patton, M. Q. (1990). *Qualitative evaluation and research methods.* London: Sage.

Paunovic, N., & Ost, L. (2001). Cognitive-behavior therapy vs exposure therapy in the treatment of PTSD in refugees. *Behaviour Research and Therapy, 39,* 1183–1197.

Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatisation in psychotherapy with incest survivors.* NY: W.W. Norton.

Pigdeon, N. (1996). Grounded theory: Theoretical background. In J.T.E. Richardson (Ed.), *Handbook of qualitative research methods for psychology and the social sciences* (pp.75-85). Leicester: BPS Books.

Pidgeon, N., & Henwood, K. (1996). Grounded theory: practical implications. In J.T.E. Richardson (Ed.), *Handbook of qualitative research methods for psychology and the social sciences* (pp.86-101). Leicester: BPS Books.

Porter, M., & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis. *Journal of the American Medical Association, 294*(5), 602-612.

Pourgourides, C. K., Sashidharan, S. P., Bracken, P. J. (1996). *A second exile: The mental health implications of detaining asylum seekers in the United Kingdom.* UK: North Birmingham NHS Trust.

Pulvirenti, M., & Mason, G. (2011). *Refugee Women's Experiences of Violence and Resilience: Early Explorations.* The Australian and New Zealand Critical Criminology Conference (ANZCCC2010). Sydney Institute of Criminology: Author.

Reed, R. V., Fazel, M., Jones, L., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in low-income and middle-income countries: Risk and protective factors. *Lancet, 379*(9812), 250-265.

Reich, J. W., Zautra, A. J., & Hall, J. S. (2010). *Handbook of adult resilience.* USA: The Guilford Press.

Resick, P. (2001). *Stress and trauma.* UK: Psychology Press Ltd.

Richardson, G. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology, 58*(3), 307-321.

Robjant, K., Hassan, R., & Katona, C. (2009). Mental health implications of detaining asylum seekers: Systematic review. *The British Journal of Psychiatry, 194,* 306-321.

Roosa, M. (2000). Some thoughts about resilience versus positive development, main effects versus interactions, and the value of resilience. *Child Development, 71*(3), 567-569.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry, 57,* 316-331.

Rutter, M. (1999). Resilience as the millennium Rorschach: Response to Smith and Gorrell Barnes. *Journal of Family Therapy, 21,* 159-160.

Ryff, C. D., & Singer, B. (2003). Flourishing under fire: Resilience as a prototype of challenged thriving. In J. Haidt & C. L. M. Keyes (Eds.), *Flourishing: Positive psychology and the life well lives* (pp. 15-36). Washington, DC: American Psychological Association.

Sachs, E., Rosenfeld, B., Lhewa, D., Rasmussen, A., & Keller, A. (2008). Entering exile: Trauma, mental health, and coping among Tibetan refugees arriving in Dharamsala, India. *Journal of Traumatic Stress, 21*(2), 199–208.

Salinsky, M., & Dell, S. (2001). *Protection not prison: Torture survivors detained in the UK.* London: Medical Foundation for the Care of Victims of Torture.

Sandler, I. N., Wolchik, S. A., Davis, C. H., Haine, R. A., & Ayers, T. A. (2003). Correlational and experimental study of resilience for children of divorce and parentally-bereaved children. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 213-240). NY: Cambridge University Press.

Schaefer, J. A., & Moos, R. H. (1998). The context for posttraumatic growth: Life crises, individual and social resources, and coping. In R. G. Tedeschi, C. Park, & L. G.

Calhoun (Eds.), *Posttraumatic growth: Positive changes in the aftermath of crises* (pp. 99-125). London: Laurence Erblaum Associates.

Schlenker, B. R., Chambers, J. R., & Le, B. M. (2012). Conservatives are happier than liberals, but why? Political ideology, personality and life satisfaction. *Journal of Research in Personality, 46*(2), 127-146.

Schore, A. N. (2001). Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal, 22,*7-66.

Schweitzer, R., Greenslade, J., & Kagee, A. (2007). Coping strategies of refugees from the Sudan: A narrative account of resilience themes. *Australian and New Zealand Journal of Psychiatry, 41*(3), 282-288.

Schweitzer, R., Melville, F., Steel, Z., Lacharez, P. (2006). Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees. *Australian and New Zealand Journal of Psychiatry, 40,* 179-187.

Scurfield, R. M. (1985). Post-trauma stress assessment and treatment: Overview and formulations. In C. R. Figley (Ed.), *Trauma and its wake: The study and treatment of post-traumatic stress disorder* (pp. 219-256). NY: Brunner/Mazel Publishers.

Shakespeare-Finch, J., & Wickham, K. (2009). Adaptation of Sudanese refugees in an Australian context: Investigating helps and hindrances. *International Migration, 48*(1), 23-46.

Shaw, A., Joseph, S., & Linley, A. P. (2005). Religion, spirituality, and posttraumatic growth: a systematic review. *Mental Health, Religion & Culture, 8*(1), 1-11.

Sheldon, K. M., Cummins, R., & Khamble, S. (2010). Life-balance and well-being: Testing a novel conceptual and measurement approach. *Journal of Personality, 78,* 1093-1134.

Sheldrake, R. (1998). Experimenter effects in scientific research: How widely are they neglected ? *Journal of Scientific Exploration, 12*(1), 73-78.

Shoeb, M., Weinstein, H., & Mollica, R. (2007). The Harvard trauma questionnaire: Adapting a cross-cultural instrument for measuring torture, trauma and posttraumatic stress disorder in Iraqi refugees. *The International Journal of Social Psychiatry, 53*(5), 447-463.

Silove, D. (1999). The psychosocial effects of torture, mass human rights violations and refugee trauma: Toward and integrated conceptual framework. *The Journal of Nervous and Mental Disease, 187*, 200-207.

Silove, D., Steel, Z., & Watters, C. (2000). Policies of deterrence and the mental health of asylum seekers. *Journal of the American Medical Association, 284*(5), 604-611.

Silove, D., Manicavasgar, V., Mollica, R., Thai, M., Khiek, D., Lavelle, J., et al. (2007). Screening for depression and PTSD in a Cambodian population unaffected by war: Comparing the Hopkins Symptoms Checklist and Harvard Trauma Questionnaire with the structured clinical interview. *Journal of Nervous and Mental Disorders, 195*(2), 152-157.

Sinason, V. (2002). Killing time: Working with refugees. In R. K. Papadopoulos (Ed.), *Therapeutic care for refugees: No place like home* (pp. 125-133). London: Karnac.

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., et al. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology, 60*, 570-585.

Sossou, M., Craig, C. D., Ogren, H., & Schnak, M. (2008). A qualitative study of resilience factors of Bosnian refugee women resettled in the southern United States. *Journal of Ethnic and Cultural Diversity in Social Work, 17*(4), 365-385.

Stanfield, J. (1998). Ethnic modeling in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The landscape of qualitative research* (pp. 333-358). London: Sage.

Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R., & van Ommeren, M. (2009). Association of torture and other potentially traumatic events with mental health

outcomes among populations exposed to mass conflict and displacement: A systematic review and meta-analysis. *Journal of the American Medical Association, 302*(5), 537-549.

Steel, Z., Silove, D., Phan, T., & Bauman, A. (2002). Long-term effects of psychological trauma on the mental health of Vietnamese refugees resettled in Australia: A population-based study. *The Lancet, 360*, 1056-1062.

Steptoe, A., Wardle, J., & Marmot, M. (2005). Positive affect and health-related neuroendocrine, cardiovascular, and inflammatory processes. *Proceedings of the National Academy of Sciences USA, 102*, 6508–6512.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory.* London: Sage Publications.

Sugarman, L. (2003). The life course as a meta-model for counselling psychologists. In R. Woolfe, W. Dryden & S. Strawbridge (Eds.), *Handbook of counselling psychology: Second edition* (pp. 303-322). London: Sage.

Summerfield, D. (2002). Effects of war: moral knowledge, revenge, reconciliation, and medicalised concepts of recovery. *British Medical Journal, 325*, 1105-1107.

Sundquist, J., Bayard-Burfield, L., Johansson, L. M., & Johansson, S. E. (2000). Impact of ethnicity, violence and acculturation on displaced migrants: Psychological distress and psychosomatic complaints among refugees in Sweden. *The Journal of Nervous and Mental Disease, 188*, 357-365.

Sutker, P. B., Davis, J. M., Uddo, M., & Ditta, S. R. (1995). Assessment of psychological distress in Persian Gulf troops: Ethnicity and gender comparisons. *Journal of Personality Assessment, 64*(3), 415-427.

Sword, W. (1999). Accounting for the presence of self: Reflections on doing qualitative research. *Qualitative Health Research, 9*, 270-278.

Tarter, R. E., & Vanyukov, M. (1999). Re-visiting the validity of the construct of resilience. In M. D. Glantz & J. L. Johnson (Eds.), *Resilience and development: Positive life adaptations* (pp. 85-100). NY: Kluwer Academic/Plenum Publishers.

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: A new perspective on psychotraumatology. *Psychiatric Times, 21*, 58-60.

Tedeschi, R. G., Park, C., & Calhoun, L. G. (1998). *Post-traumatic growth: Theory and research in the aftermath of crisis.* Mahwah, NJ: Erlbaum.

Temple, B., & Young, A. (2004). Qualitative research and translation dilemmas. *Qualitative Research, 4*, 161-178.

Tesfagiorgis, M. G. (2011). *Eritrea.* CA: ABC-CLIO, LLC.

Thomas, F. C., Roberts, B., Luitel, N. P., Upadhaya, N., & Tol, W. A. (2011). Resilience of refugees displaced in the developing world: A qualitative analysis of strengths and struggles of urban refugees in Nepal. *Conflict and Health, 5*(1), 20.

Tiet, Q. Q., Bird, H. R., Davies, M., Hoven, C., Cohen, P., Jensen, P. S., et al. (1998). Adverse life events and resilience. *Journal of the American Academy of Child and Adolescent Psychiatry, 37*, 1191-1200.

Tribe, R. (2004). Internally displaced Sri Lankan war widows: The women's empowerment programme. In K. E. Miller, & L. M. Rasco (Eds.), *The mental health of refugees: Ecological approaches to healing and adaptation* (pp.161-185). NJ: Lawrence Erlbaum Associates.

UK Home Office. (2009). *Home office statistical bulletin: Control of immigration, statistics, UK 2008.* Retrieved May 10, 2010, from http://rds.homeoffice.gov.uk/rds/pdfs09/hosb1409.pdf.

Ungar, M. (2003). *Methodological and contextual challenges researching childhood resilience: An international collaboration to develop a mixed method design to investigate health-related phenomena in at-risk populations.* Retrieved May 20, 2011, from www.resilenceproject.org.

Ungar, M. (2004). A constructionist discourse on resilience: Multiple contexts, multiple realities among at-risk children and youth. *Youth and Society, 35*(3), 341–365.

Ungar, M. (2005). Introduction: Resilience across cultures and contexts. In M. Ungar (Ed.), *Handbook for working with children and youth: Pathways to Resilience across cultures and contexts* (pp.xv-xxxix). Thousand Oaks, CA: Sage Publications.

Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work, 38*, 218–235.

Ungar, M., Brown, M., Liebenberg, L., Othman, R., Kwong, W. M., Armstrong, M., et al. (2007). Unique pathways to resilience across cultures. *Adolescence, 42*, 287-310.

Ungar, M., & Liebenberg, L. (2005). The International Resilience Project: A mixed methods approach to the study of resilience across cultures. In M. Ungar (Ed.), *Handbook for working with children and youth: Pathways to resilience across cultures and contexts* (pp.211–226). Thousand Oaks, CA: Sage.

United Nations High Commissioner for Refugees, UNHCR. (2011). *UNHCR 2011 refugee statistics: Full Data.* Retrieved May 10, 2012, from http://www. refugee-statistics-unhcr-data#data.

Urquhart, C. (2001). An encounter with grounded theory: Tackling the practical and philosophical Issues. In E. Trauth (Ed.), *Qualitative research in information systems: Issues and trends.* London: Idea Group Publishing.

U.S. State Department, Office of Foreign Assistance. (2011). *Eritrea is the only African nation to cut off US AID.* Retrieved January 22, 2012, from http://www.madote.com/2011/01/eritrea-is-only-african-nation-to-cut.html.

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Van der Kolk, B., & Van der Hart, O. (1989). Pierre Janet and the breakdown of adaptation in psychological trauma. *American Journal of Psychiatry, 146*(12), 1530-1540.

Van der Veer, G. (1992). *Counselling and therapy with refugees: Psychological problems in victims of war, torture and repression.* New York: John Wiley and Sons.

Varvin, S. (2003). *Mental survival strategies after extreme traumatisation.* Copenhagen: Multivers.

Varvin, S. (2007). *Trauma and resilience.* Paper presented at the 45th IPA congress, Panel on resilience and depletion, Berlin, Germany.

Wacbs, T., & Cruen, G. (1982). *Early experience and human development.* New York: Plenum.

Walker, R. J. (1995). *Resiliency in adult children of alcoholic parents: Use of structural equation modelling.* Unpublished doctoral dissertation, University of Utah, Salt Lake City, Utah.

Walsh, F. (2002). Bouncing forward: Resilience in the aftermath of September 11. *Family Processes, 41*, 34–36.

Walsh, W. B. (2004). *Counseling psychology and optimal functioning.* NY: Lawrence Erlbaum.

Wasserstein, S. B., & La Greca, A. M. (1998). Hurricane Andrew: Parental conflict as a moderator of children's adjustment. *Hispanic Journal of Behavioural Sciences, 20*(2), 212-224.

Watters, C. (2007). The mental health care of asylum seekers and refugees. In M. Knapp, D. McDaid, E. Mossialos, & G. Thornicroft (Eds.), *Mental health policy and practice across Europe.* Open University Press, McGraw-Hill International.

Weine, S. M., Kulenovic, A. D., Pavkovic, I., & Gibbons, R. (1998). Testimony psychotherapy in Bosnian refugees: A pilot study. *American Journal of Psychiatry, 155*, 1720–1726.

Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High risk children from birth to adulthood.* Ithaca, NY: Cornell University Press.

Werner, E. E., & Smith, R. S. (2001). *Journeys from childhood to midlife: Risk, resilience and recovery.* London: Cornell University Press.

Williams, J. H., Ayers, C. D., Arthur, M. W. (1997). Risk and proactive factors in the development of delinquency and conduct disorder. In M. W. Fraser (Ed.), *Risk and resilience in childhood: An ecological perspective* (pp. 140-170). USA: NASW Press.

Willig, C. (2001). *Introducing qualitative research in psychology.* Buckingham: Open University Press.

Wilson, J. P. (2004). PTSD and complex PTSD: Symptoms, syndromes and diagnoses. In J. P. Wilson & T. M. Keane (Eds.), *Assessing psychological trauma and PTSD* (pp. 1-46). New York: Guilford.

Wilson, J. P., & Drozdek, B. (2004). *Broken spirits: The treatment of traumatized asylum seekers, refugees and war and torture victims.* New York: Brunner/Routledge.

Wong, P. T. P. (1998). The human quest for meaning. In P. T. P. Wong & P. S. Fry (Eds.), *Theories of psychopathology and personality* (pp. 395-435). Mahwah, NJ: Erlbaum.

Woolfe, R., Dryden, W., & Strawbridge, S. (2003). *Handbook of counselling psychology: Second edition.* London: Sage.

Woolfe, R., Strawbridge, S., Douglas, B., & Dryden, W. (2010). *Handbook of counselling psychology: Third edition.* London: Sage.

Wortman, C. B. (2004). Post-traumatic growth: Progress and problems. *Psychological Inquiry, 15*, 81-90.

Wyman, P, A., Cowen, E. L., Work, W. C., Hoyt-Meyers, L., Magnus, K. B., & Fagen, D. B. (1999). Caregiving and developmental factors differentiating young at-risk urban children showing resilient versus stress-affected outcomes: A replication and extension. *Child Development,70*, 645-659.

Yalom, I. D. (1980). *Existential psychotherapy*. USA: Basic Books.

Yanos, P. T., Roe, D., & Lysaker, P. H. (2010). The impact of illness identity on recovery from severe mental illness. *American Journal of Psychiatric Rehabilitation, 13*(2), 73-93.

Yu, C. C., Chan, W., Cheng, S., Sung, F., Hau, R., & Kit-Tai, Y. T. (2006). Are physical activity and academic performance compatible? Academic achievement, conduct, physical activity and self-esteem of Hong Kong Chinese primary school children. *Educational Studies, 32*(4), 331-341.

Zautra, A. J., Hall, J. S., & Murray, K. E. (2010). Resilience: A new definition of health for people and communities. In J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), *Handbook of adult resilience* (pp. 3-35). USA: The Guilford Press.

Zeidner, M., & Endler, N. S. (1996). *Handbook of coping*. New York: John Wiley.

Appendices

Appendix A

Conceptual Framework Adopted by this Study
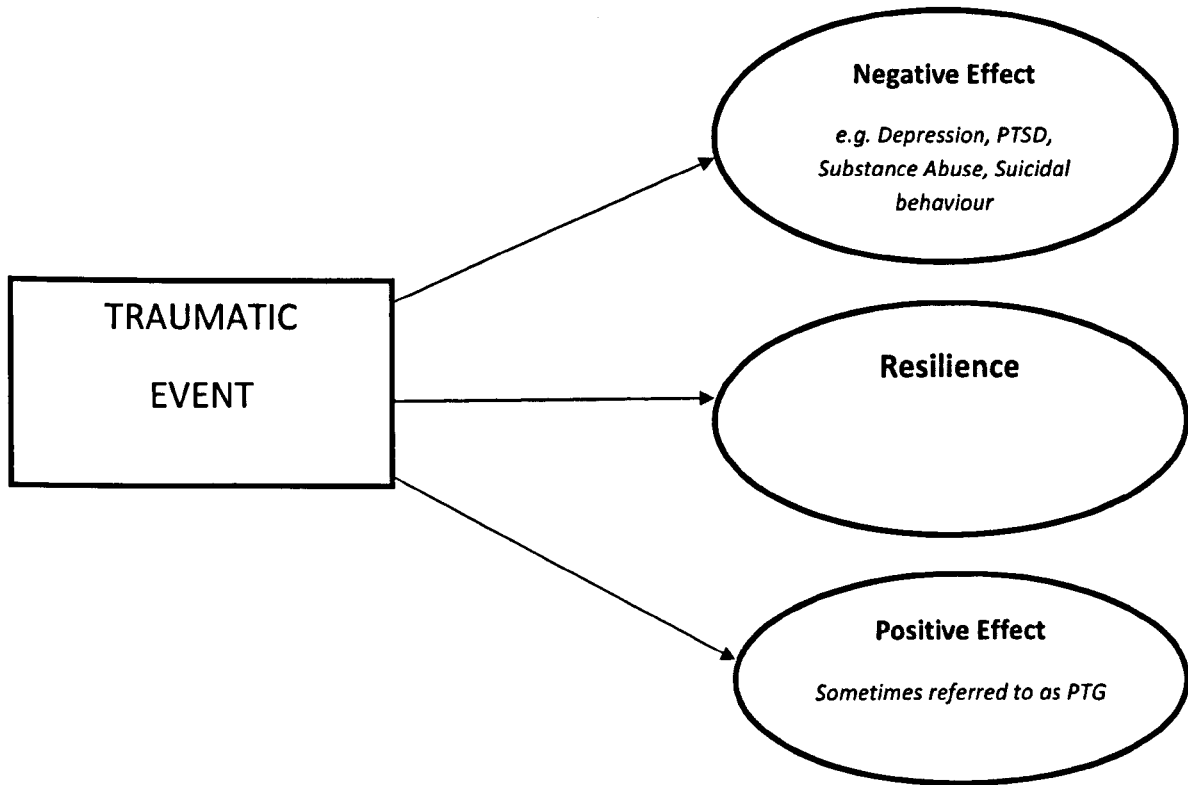
Figure A1. Categorisation of possible responses to traumatic events.

Appendix B

The Resilience Framework
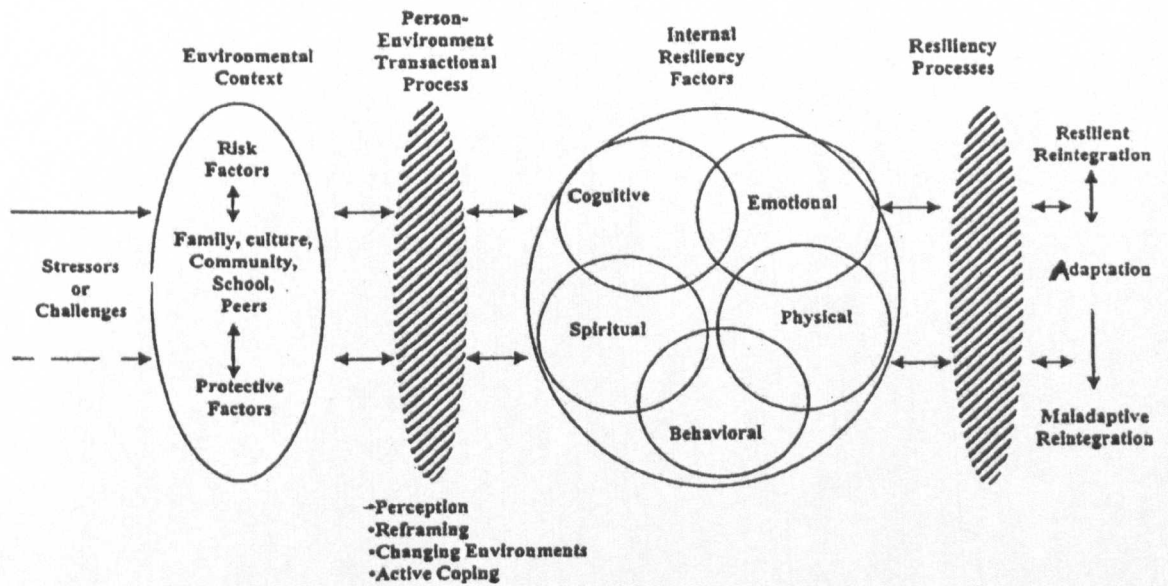
Figure B1. Kumpfer's (1999) resilience framework.

Appendix C

A Resilience Model in Response to Psychological Trauma
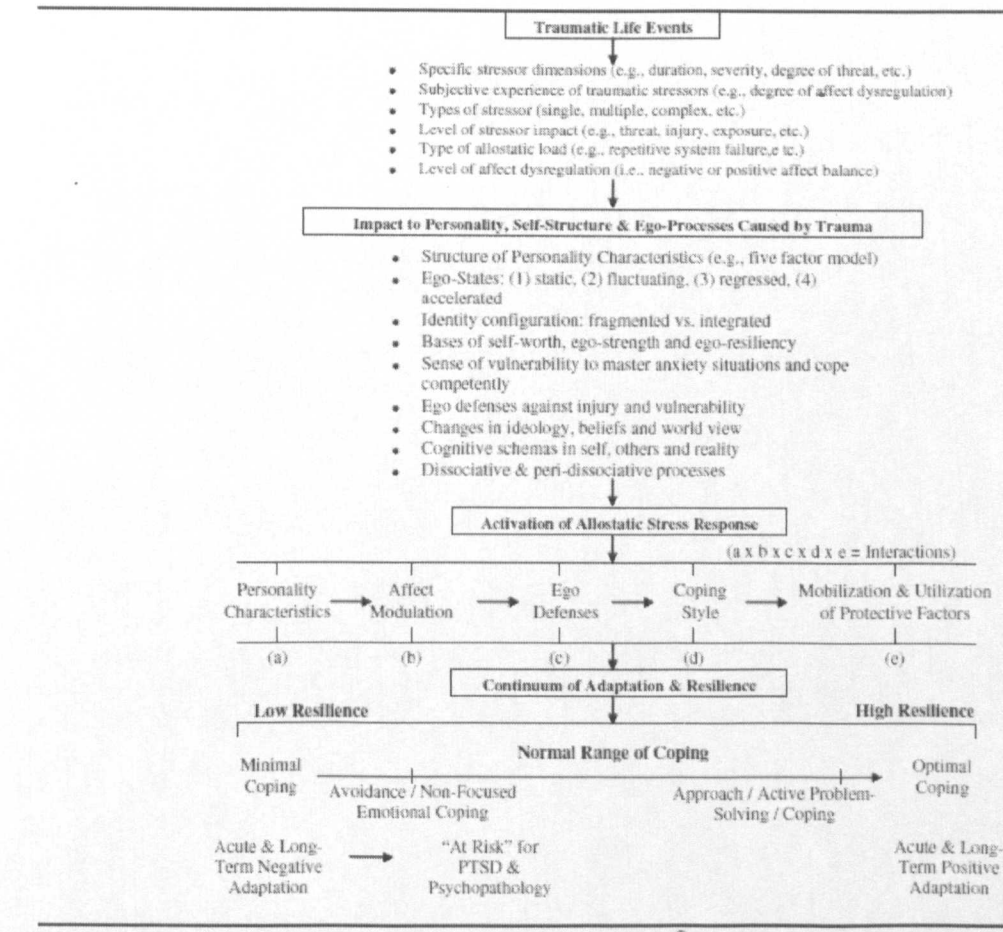
Figure C1. Wilson's (2004) resilience model in response to psychological trauma.

Appendix D

Adaptive Systems implicated in Resilience

Table D1

Adaptive Systems implicated in the World Literature on Resilience (Masten & Obradovic,

   2006)

Learning systems of the human brain
—problem solving, information processing
Attachment system
—close relationships with caregivers, friends, romantic partners, spiritual figures
Mastery motivation system
—self-efficacy processes, reward systems related to successful behaviour
Stress response systems
—alarm and recovery systems
Self-regulation systems
—emotion regulation, executive functioning, activation and inhibition of attention or behaviour

Family system
—parenting, interpersonal dynamics, expectations, cohesion, rituals, norms
School system
—teaching, values, standards, expectations
Peer system
—friendships, peer groups, values, norms
Cultural and societal systems
—religion, traditions, rituals, values, standards, laws

Appendix E

Empirical Research Search

Table E1

Search Terms used to identify existing Empirical Studies on Resilience to Refugee Trauma

Search Terms
Search Engines: *Google & Google Scholar; PsycINFO; PubMed*
Refugees + resilience
Refugees + positive outcomes
Refugees + psychology
Refugees + adjustment
Refugees + coping
Refugees + resilience factors
Refugees + mental health
Risk and resilience + refugees
Meta review + refugee resilience
Refugee trauma
Refugee trauma + resilience
Refugee trauma + well-being
Refugee trauma + mental health outcomes
Refugee trauma + positive adaptation
Refugee trauma + absence psychopathology

Screening Materials

F1. Sample of the Demographic Sheet

Reference Number: _____

<u>**Demographic Sheet**</u>

1. Age: _____

2. Gender: _____

3. Religion: _____

4. Country of origin: _____

5. Current Asylum Status *(please mark the one that applies to you)*:

☐ Asylum Seeker

☐ Humanitarian Protection

☐ Refugee Status

6. Did you arrive in Malta by boat from Libya?

   Yes   No

7. What was your life like in your country of origin?

_____

_____

_____

_____

8. Length of time in detention in Malta: _____

9. Are you currently employed (paid or voluntary):   Yes   No

10. If no are you currently seeking employment? _____

F2. Sample of the Harvard Trauma Questionnaire

HARVARD TRAUMA QUESTIONNAIRE (HTQ)

The following are symptoms that people sometimes have after experiencing hurtful or terrifying events in their lives. Please read each one carefully and decide how much the symptoms bothered you <u>in the past week</u>. Place a mark in the appropriate column.

		(1) Not at all	(2) A little	(3) Quite a bit	(4) Extremely
1.	Recurrent thoughts or memories of the most hurtful or terrifying events				
2.	Feeling as though the event is happening again				
3.	Recurrent nightmares				
4.	Feeling detached or withdrawn from people				
5.	Unable to feel emotions				
6.	Feeling jumpy, easily startled				
7.	Difficulty concentrating				
8.	Trouble sleeping				
9.	Feeling on guard				
10.	Feeling irritable or having outbursts of anger				
11.	Avoiding activities that remind you of the traumatic or hurtful event				
12.	Inability to remember parts of the most traumatic or hurtful events				
13.	Less interest in daily activities				
14.	Feeling as if you don't have a future				
15.	Avoiding thoughts or feelings associated with the traumatic or hurtful experience				
16.	Sudden emotional or physical reaction when reminded of the most hurtful or traumatic events				

F3. Sample of the Hopkins Symptom Checklist

HOPKINS SYMPTOM CHECKLIST-25 (HSCL-25)

Listed below are symptoms or problems that people sometimes have. Please read each one carefully and describe how much the symptoms bothered you or distressed you in the last week, including today. Place a mark in the appropriate column.

	PART I ANXIETY SYMPTOMS	Not at all	A little	Quite a bit	Extremely
1.	Suddenly scared for no reason				
2.	Feeling fearful				
3.	Faintness, dizziness or weakness				
4.	Nervousness or shakiness inside				
5.	Heart pounding or racing				
6.	Trembling				
7.	Feeling tense or Keyed up				
8.	Headaches				
9.	Spell of terror or panic				
10.	Feeling restless or can't sit still				

		PART II DEPRESSION SYMPTOMS	Not at all	A little	Quite a bit	Extremely
11.		Feeling low in energy, slowed down				
12.		Blaming yourself for things				
13.		Crying easily				
14.		Loss of sexual interest or pleasure				
15.		Poor appetite				
16.		Difficulty falling asleep, staying asleep				
17.		Feeling hopeless about future				
18.		Feeling blue				
19.		Feeling lonely				
20.		Thought of ending your life				
21.		Feeling of being trapped or caught				
22.		Worry too much about things				
23.		Feeling no interest in things				
24.		Feeling everything is an effort				
25.		Feeling of worthlessness				

Appendix G

The Interview Schedule

Preamble:

Thank you for agreeing to participate. Have you understood the consent form and information sheet? As you have read in the information sheet this research is related to Eritrean refugees coping[19] with their trauma and difficult experiences. In a few minutes I will ask you a few questions which should take around an hour. I am not expecting you to have thought a lot about the topic, though you may have. I would just like to hear your views on the topic as they are of interest to me and will help me understand the topic of coping better. Your views may change throughout the course of the interview as you may have new ideas and this is obviously fine. So please feel free to speak openly and creatively about your experiences. And, as explained in the information sheet this will all be confidential and at no time after the interview will your name or other identity-revealing information be disclosed.

1. Could you tell me a little about how you came to be a refugee here?

2. How would you describe what this experience has been like for you?

3. How well do you feel you have coped with these experiences?

   Prompt:

   - *Your responses on the initial questionnaires suggested that you have coped well. What do you think of this?*

4. What does coping well with adversity mean to you and within your community or culture?

   Prompts:

   - *What do you understand by the term 'resilience' or 'coping'*

   - *What does your culture think about this phenomenon?*

---

[19] Despite a different meaning being ascribed to "coping" in this study, this word has been used instead of "resilience" as it was deemed to facilitate comprehension for participants.

- *How does your language refer to this?*

5. What do you think has enabled you to cope well with the adversity you have faced?

   Prompts:

   - *Do you think your family has in any way helped?*

   - *Do you think your community has in any way helped?*

   - *Do you think your culture has in any way helped?*

   - *Are there any particular ideas, values or stories from your life or culture that you feel have helped you to cope?*

   - *Do you think there is anything about your experiences in childhood that has helped you cope well with the adversities you have faced as adult?*

6. Is there anything else about this topic that I have not asked you about that you feel is important? Is there anything you would like to add?

7. What has it been like for you to do this interview?

Appendix H

H1. Sample of Screening Stage Information Sheet given to Potential Participants

Information Sheet

Dear Volunteer,

I am currently conducting doctoral research in fulfilment of the Doctorate in Counselling Psychology at London Metropolitan University. You are being invited to participate in this study, which focuses on the resilience of refugees following their traumatic experience. I have always been interested in the refugee experience and have decided to focus on this area of research following my work with refugees in centres in Malta. I have great respect for these individuals and hope this study will be useful to shed more light on the ways in which refugees cope and adapt positively following their experiences.

You are being invited to participate as an individual who is living the refugee experience, whose views, experiences and cultural context provide a valuable contribution to this research. I will now carefully outline what this study entails.

What is this study about?

This study, entitled 'Towards a process-based understanding of resilience: An in-depth investigation into post-trauma resilience in Eritrean refugees', concerns the refugee experience and trauma and the coping and adaptation of refugees throughout their experience. The study aims to investigate resilience associated with the refugee experience in these particular cultural contexts. Resilience refers to the characteristics and processes that allow individuals to cope and adapt following adversity.

How will I contribute to the study?

Participants will contribute to the study by completing an inventory pack, composed of a demographic sheet and two questionnaires related to the psychological reactions to trauma. Participants are first asked to sign a consent form explaining that they understand their rights related to the study. At this point participants will be given a reference number and at no point will their name be visible on the inventory packs, making their data unidentifiable. The packs can be completed at the participant's convenience and should take approximately 25 minutes to complete. The researcher will be available before and after completion of the packs to discuss the volunteer's experience of participation and answer any queries.

How will my responses be used?

Following the completion of inventory packs, the data will be compiled and computed. Results will be used to create a basis for the study's understanding of the consequences of traumatic experiences refugees face. At no point will any responses be linked to the participant's identity as a reference number will be in use throughout and all data will be stored safely on a password protected computer. The only people who will have access to this data are myself, the researcher and the research supervisor.

What happens after the study?

Following completion of inventory packs, participants will be welcome to contact me if they have any queries or need any additional help. My contact details are given below. Moreover, in line with the aims of the study, a number of participants will be contacted for further in-depth interviews related to their refugee experience. Participants will then be contacted by the researcher and they will once again have the opportunity to accept or decline participation in this second phase of the research. Interviews will take place in a private room at the JRS centre and will last around 50-60 minutes. Interviews will take place with the researcher and will be tape-recorded.

Do I have to take part in this study?

Participation in any part of the study is completely voluntary. It is in no way related to any asylum decisions and your decision has absolutely no influence on your refugee status in Malta. You will be free not to participate after reading this sheet and will be in no way pressured to do so.

Will my participation be anonymous and confidential?

You will be given a reference number with the consent form and the consent forms signed by participants will be kept separate from inventory packs at all times. Your name will not appear on any questionnaires or tapes in the second part of the research . Other identity-revealing information such as address or certain demographic data will be omitted or changed when writing up the thesis. All data will be stored safely on a password protected computer. No one expect myself and my supervisor will have access to this material. After analysis packs and tapes will be stored safely and privately for a specific time period and then disposed of.

What if I don't feel comfortable to continue taking part?

You have the right to withdraw from the study up to 2 weeks following the completion of the inventory packs. My contact details are provided below should you need to ask for your data to be withdrawn or should you need to contact me about any problem.

What if I have a problem after the study?

My contact details are provided and you are free to contact me anytime you wish with queries. Contact details of a psychologist will also be provided should you require further support following participation in this study.

I hope you have been able to understand the purpose and procedure of this study. If you would like to participate in this study please contact me on the number below. Thank you for taking the time to go through this sheet. It is greatly appreciated.

Alexia Rossi

Work Mobile Number: xxxxx

Dr. Mark Donati
E-mail: xxxxx

H2. Sample of Interview Stage Information Sheet given to Potential Participants

Information Sheet

Dear Volunteer,

I am currently conducting doctoral research in fulfilment of the Doctorate in Counselling Psychology at London Metropolitan University. You are being invited to participate in this study, which focuses on the resilience of refugees following their traumatic experience. I have always been interested in the refugee experience and have decided to focus on this area of research following my work with refugees in centres in Malta. I have great respect for these individuals and hope this study will be useful to shed more light on the resilience refugees demonstrate in the face of their intense struggles. I also hope this study will highlight the ways in which refugees find the strength to cope and adapt positively following their experiences.

You are being invited to participate as an individual who is living the refugee experience, whose views, experiences and cultural context provide a valuable contribution to this research. I will now carefully outline what this study entails.

What is this study about?

This study, entitled 'Towards a process-based understanding of resilience: An in-depth investigation into post-trauma resilience in Eritrean refugees', concerns the refugee experience and trauma and the coping and adaptation of refugees throughout their experience. The study aims to investigate resilience associated with the refugee experience in these particular cultural contexts. Resilience refers to the characteristics and processes that allow individuals to cope and adapt following adversity.

How will I contribute to the study?

Following completion of inventory packs, participants will contribute to the study by participating in in-depth interviews, aimed at obtaining a deeper understanding of refugee trauma and strength. Participants are first asked to sign a consent form explaining that they understand their rights related to the study. At this point participants will be given a new reference number and at no point will their name be visible on the tapes or transcripts, making their data unidentifiable. Interviews will take place in a private room at the JRS centre and will last around 50-60 minutes. Interviews will take place with the researcher and will be tape-recorded. Time will be allowed at the start and end of the interview to discuss any queries.

How will my responses be used?

Following the interviews, the tapes will be transcribed. Any information considered identity revealing will be changed or omitted when writing up the transcripts. All tapes and transcripts will stored safely on a password protected computer. The only people who will have access to this data are myself, the researcher and the research supervisor. These transcripts will be used to obtain categories of information that will then be used together to form the basis for a comprehensive conceptual framework that would explain resilience processes within particular cultural contexts.

What happens after the study?

Following the interviews, participants will be welcome to contact me if they have any queries or need any additional help. My contact details are given below.

Do I have to take part in this study?

Participation in this study is completely voluntary. It is in no way related to any asylum decisions and your decision has absolutely no influence on your refugee status in Malta. You will be free not to participate after reading this sheet and will be in no way pressured to do so.

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Will my participation be anonymous and confidential?

You will be given a reference number with the consent form and the consent forms signed by participants will be kept separate from interview transcripts and tapes at all times. Your name will not appear on any transcript or tape. Other identity-revealing information such as address or certain demographic data will be omitted or changed on the transcripts and all tapes and transcripts will be stored safely on a password protected computer. No one expect myself and my supervisor will have access to this material. After analysis, interview tapes and transcripts will be stored safely and privately for a specific time period and then disposed of.

What if I don't feel comfortable to continue taking part?

You have the right to withdraw from the study anytime up to the data aggregation stage up till 2 weeks following the interview date. My contact details are provided below should you need to ask for your data to be withdrawn or should you need to contact me about any problem.

What if I have a problem after the interview?

My contact details are provided and you are free to contact me anytime you wish with queries. Contact details of a psychologist will also be provided should you require further support following participation in this study.

I hope you have been able to understand the purpose and procedure of this study. Thank you for taking the time to go through this sheet. It is greatly appreciated.

Alexia Rossi

Work Mobile Number: xxxxx

Dr. Mark Donati
E-mail: xxxxx

Appendix I

Sample of Consent Form given to Participants

Consent Form

I agree to participate in a study entitled 'Towards a process-based understanding of resilience: An in-depth investigation into post-trauma resilience in Eritrean refugees' investigating the resilience of refugees when faced with the trauma of their experiences.

I understand that:
- ∈ My participation is completely voluntary
- ∈ I will be free to withdraw from the study at any time
- ∈ My identity will never be revealed
- ∈ My questionnaires / interviews will be kept strictly confidential
- ∈ No confidential information will be divulged at any time except in instances where a participant may have indicated being at risk of harm or harm coming to others.

I consent to the use of my data for the purposes of a Counselling Psychology Doctoral Thesis at London Metropolitan University.

_____   _____

Signature   *Date*

_____   _____

Name in Block Letters   *Reference Number*

Appendix J

J1. Sample of Screening Stage Debriefing Sheet given to Participants

Debriefing Sheet

Dear Participants,

I would first like to express my immense gratitude for your participation. I thank you for taking the time to reflect on your experiences and participate in completing the inventory packs. Your participation has provided a valuable contribution to this study, enabling me to study the consequences of the traumatic experiences refugees face.

As explained previously in the information sheet, the data you provided through the inventory packs will now be compiled and computed. The results will then form the basis of this study's understanding of the consequences of traumatic experiences refugees face. As explained, your data will be treated as strictly confidential and myself and my supervisor will be the only people that have access to it. May I also remind you that you are free to withdraw your data from the study even following the completion of the inventory pack. You can do this by contacting me on the number below and quoting your reference number.

Moreover, as mentioned in the information sheet, in line with the study's aims, a number of participants will be contacted for further in-depth interviews. This second stage of the research will once again be confidential, anonymous and voluntary as all individuals have the right to decline participation.

I would also like to acknowledge the fact that when reflecting on such difficult and sometimes traumatic experiences, individuals may consequently experience distressing thoughts and feelings, sometimes feeling worse than they felt before. I would like to stress that this is a normal reaction following such experiences and you are welcome to contact me should you need to discuss or clarify anything further or should you wish for a contact for psychological support.

Thank you once again for your kind and invaluable help, it is greatly appreciated.

Alexia Rossi (*Work Tel: xxxxx*)

J2. Sample of Interview Stage Debriefing Sheet given to Participants

Debriefing Sheet

Dear Participants,

I would first like to express my gratitude for your participation. I thank you for taking the time to reflect on your experiences and participate in the interview. I know these are all valuable experiences that will contribute much to this study, enabling me to understand the refugee experience and resilience in greater depth.

As explained previously in the information sheet, the data you provided through the interviews will now be transcribed. These transcripts will then be used to derive categories of information which will serve as a basis for generating a conceptual framework that would explain resilience processes within a particular cultural context. As explained, your data will be treated as strictly confidential and myself and my supervisor will be the only people that have access to it. May I also remind you that you are free to withdraw your data from the study up to 2 weeks following the completion of this interview. You can do this by contacting me on the number below and quoting your reference number.

I would also like to acknowledge the fact that when reflecting on such difficult and sometimes traumatic experiences, individuals can consequently experience distressing thoughts and feelings, sometimes feeling worse than they felt before. I would like to stress that this is a normal reaction following such experiences and you are welcome to contact me should you need to discuss or clarify anything further or should you wish for a psychological support contact should you wish to seek further support.

Thank you once again for your kind help, it is greatly appreciated.

Alexia Rossi (*Work Tel: xxxxx*)

Distress Protocol

Given the sensitive nature of the topic being investigated, resilience following refugee trauma, there is the possibility that the data collection procedures may cause participants to remember some potentially distressing moments of their experiences as refugees and some distress may hence be experienced as a consequence of participation. This protocol has been designed as a guide for myself, the researcher in the event that a participant experiences a high level of agitation and/or emotional distress through their involvement in this research.

Such a level of distress however is not expected as the study was designed to include those individuals who had no history of psychiatric review and were currently seen to actively engage and maintain positive relationships in their community. Moreover, all efforts (as outlined in the method chapter) have been made to protect and safe-guard the participants' well-being in every way possible throughout their involvement in the research. To further minimise risk, ethical considerations bearing in mind protection of the participants were discussed with the JRS organisation as well as a number of refugees working within the organisation. These individuals were able to give an insider's view of the possible ways in which the participants may respond to the research and ways to minimise the risk. Such strategies were incorporated during the planning stages of this research. In seeking independent and impartial advice for the study, I also consulted a few refugees who had been in Malta for a number of years and were hence in a position to look at such a study more objectively. While acknowledging that there was the possibility of the study being difficult for some participants, they explained that it is likely to do more good than harm as they feel refugees like themselves would see this study as an opportunity to take a step back and think about their experiences, giving it meaning and more importantly giving them the opportunity to see themselves not solely as victims but individuals with the ability to withstand adversity and possibly be of support and encouragement to others in their situation.

The three step protocol in table 3 below was hence prepared in the unlikely case of an emergency detailing possible signs of distress as well as the appropriate action to be taken.

Table K1

Distress Protocol modelled on that of Chris Cocking (2008) an NMC Registered Mental

Health nurse with experience Monitoring and Managing Situations causing Distress

Level of Distress	Signs	Action
Mild	1. Tearfulness	1. Ask whether participant feels willing or able to continue
	2. Difficulty speaking / voice choked with emotion	2. Offer time to pause and gain composure
		3. Remind them that they would be able to end the interview at anytime should the distress become intense
	3. Distracted/ Restless	
Severe	1. Incoherent speech , Crying	1. Terminate interview
	2. Panic symptoms (e.g. shaking, hyperventilation, uneasiness)	2. Begin debriefing immediately
		3. Suggest relaxation techniques to regulate breathing/ reduce agitation
	And/or	4. Recognise participants' distress and offer reasurrance by normalising the experience in response to a difficult event
	3. Severe agitation, aggression (verbal or physical)	5. Accept and validate distress but suggest that unresolved issues arose should be discussed with a mental health professional as the research itself is not a therapeutic interaction
		6. Provide contacts for therapeutic services available
		And/or
		7. Maintain safety of participant and researcher
		8. If concerned for participants' safety or that of others, inform participant of the researcher's duty to inform any existing contacts available such as with the voluntary organisation or GP.

Participants' Accounts of Traumatic Events and Experiences

Participant 1 (*[20]Semira)

Semira escaped Eritrea after being summoned to indefinite military service feeling that her days of freedom were numbered. She described a perilous journey through the desert to Sudan and onto Libya where together with her travel group she experienced, hunger, thirst, exposure to the elements, humiliation and being at the mercy of the smugglers for survival. During her time in the desert Semira witnessed the death of two members of her travel group. Upon arrival in Libya she was imprisoned and witnessed a member of her travel group being raped. Together with some of her group, she escaped from prison and went into hiding for a couple of months till they were found and imprisoned again. Following her second escape she was smuggled to Malta by boat. The boat journey was also treacherous with 175 individuals on board a small boat for 75 hours. Despite the boat being bound for Italy, the hull broke en route and after sending a flare signal, they were rescued and brought to Malta. In Malta she was detained in harsh conditions for 13 months. She described witnessing repeated fights between immigrants in detention and being denied basic needs by soldiers. Semira indicated that this was second time she had attempted to escape from Eritrea after being deported back following her first attempt. Semira has now been in Malta for 6 years, is married and has one child. She has been accepted for resettlement in the USA.

Participant 2 (*Tesfa)

Tesfa, a university graduate, escaped Eritrea after a number of years of military service during which he felt his right to religious freedom was being violated through the government's persecution of Pentecostal Christians. He also felt captive by the perpetual military service he knew he was conscripted for, leaving him unable to pursue his career. He escaped into Sudan on foot, walking by day and night to cross the border with a group of friends. He described this as a very risky decision, as anyone caught escaping the army was

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[20] * All names used are fictitious in order to protect participants' identities

liable to a harsh underground prison sentence or execution. After a long journey, encountering thieves and smugglers they arrived in Kasala, Sudan. Here, Tesfa sought help at the UNHCR camp and together with other Eritrean migrants, who had arrived before him, was transferred to Khartoum. Life in the refugee camp in Khartoum was tough with little food and drink, exposure to arid, desert conditions and overcrowding due to the quantity of Eritreans arriving in Sudan. After realising that asylum claims were taking very long to be processed in the camp, Tesfa decided to leave. With the help of smugglers he managed to leave and travelled for 3 weeks across the Sahara desert to get to Libya. From Libya, they travelled across the Mediterranean by boat, which despite being small arrived safely in Malta. Tesfa, spent 7 and a half months in detention which although harsh he felt were bearable in comparison to the treacherous journey he had experienced prior to that.

Participant 3 (*Mehret)

Mehret escaped Eritrea after repeated experiences of inhumane treatment in the military service due to her long-standing physical health problems making it more difficult to carry out the work required in the military. She made her way to Kasala, Sudan on foot meeting another migrant along the way and making the journey with her. Being in danger in Kasala, Mehret fled to Khartoum. Here she met and married her first husband. When she was one month pregnant with her first child he was taken away. She did not know anything about his whereabouts or what had happened till 4 years later when she was told that he was deported to Eritrea, imprisoned and later killed. After the birth of her son, Mehret escaped to Libya as she feared that after taking her husband the captors may turn on her and her son. The passage to Libya was especially hard due to the cold weather, being at the mercy of smugglers and having to make the journey with a two month old baby. She lived in Libya for 3 years where she described being constantly in hiding to avoid assaults from authorities and locals. She left by boat to Malta when the opportunity came. Mehret's experience on the boat was particularly difficult as it was a very small boat with 210 people, no captain, few supplies and poor conditions. Upon arrival she was detained together with her son. Despite feeling that the conditions were harsh but manageable for herself in contrast to her previous experiences, the detention period was particularly difficult for her son as he did not have the right food and care and as a result became very ill. Seeing her son in this state compounded her experience as there was very little she could do for him. Mehret has been in Malta for 6 years during

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which time she has found employment, re-married and had two more children. Together with her family she has been accepted for relocation in Switzerland.

Participant 4 (*Biniam)

Biniam fled Eritrea in 2008 because of the on-going political tension, lack of democracy and repeated violation of his rights to an education and freedom of religion. He spoke of an exceptionally difficult desert journey across the Sahara desert to Sudan where he had to contend with smugglers and struggle for food and water. Despite migrants sharing their supplies, people became ill and an atmosphere of tension and uncertainty prevailed. After being transferred from smuggler to smuggler, Biniam and a group of friends continued their journey from Sudan and made it to Libya. Here he witnessed his friend being captured by Libyan authorities while trying to help fellow travellers into hiding. Following this, Biniam remained in hiding for 6 months till he decided together with his friends that they should attempt to make the crossing to Malta. While boarding the boat, half of the group including himself was intercepted by Libyan authorities and imprisoned. He spoke of being very scared for his life while in jail. After two days, he took the decision to escape and during the lunch hour he managed to run out past guards till he arrived at a place far away enough from the prison compound where he hid in a tree till he felt it was safe enough to move on. Following this he attempted to make the boat crossing and this time succeeded and arrived in Malta. He was detained for a period of time but following his release went on to seek and obtain employment. He is now looking into furthering his education and seeking resettlement in the USA.

Participant 5 (*Jamila)

Jamila, a university graduate, fled Eritrea after 4 years in military service. Here, she felt her right to freedom of religion was not being respected. As a Pentecostal Christian she was repeatedly persecuted and risked harsh imprisonment leaving her unable to practice her religion in public and private. Jamila made the journey to Sudan on foot and stayed for about 8 months but never felt safe and hence continued her journey to Libya as soon as possible. After 2 months in Libya she decided to make the journey by boat to Malta. This journey was particularly difficult because of the treacherous weather conditions and the small, unsteady boat. After 3 days in rough sea, their boat capsized. Jamila explained that all 26 people on board were rescued by the navy. Upon arrival in Malta she was detained for a number of

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months and after release faced "killer racism" which made pursuing her dream of furthering her education and finding related employment hard. She described her experience as immensely difficult and one which remains imprinted in her memory. She has now been in Malta for 5 years within which time she has been unable to further her education but has enrolled in short courses, secured employment and raised a family with two children. She has been accepted for resettlement in the USA where she hopes to continue pursuing her goals.

Participant 6 (*Berhane)

Berhane graduated as a teacher from the University of Asmara. Teachers and other professionals were considered threats to the government and were hence enrolled in indefinite military service. Following participation in numerous protests and actively speaking up against the injustices he witnessed in Eritrea, Berhane was arrested on numerous occasions. Such experiences of a repressive regime that engaged in gross human rights violations prompted his decision to escape. Berhane described his escape as a decision that posed a high degree of risk as it required him to travel close to border guards, risking imprisonment on the grounds of treason. As a result he travelled quickly on foot, making the larger part of the journey by night to avoid capture. He arrived in Sudan and after securing the necessary funds through small ad hoc business endeavours and the best escape route, he continued his journey. Berhane arrived in Libya safely and was not intercepted, as were other migrants who had travelled the same route. He continued his journey to Malta by boat and was detained upon arrival. He was detained for 1 year during which time he witnessed riots, illness and misery but described remaining focussed on his goal of freedom. Following his release from detention, Berhane sought employment and private accommodation as soon as possible. He has now been in Malta for 6 years, has secured stable employment and is involved in an outreach programme involving awareness raising on the refugee reality for children in primary and secondary schools.

Appendix M

Illustrative Table: Family of Origin

FAMILY OF ORIGIN		
FAMILY MEMBERS' TRAITS	**CHARACTERISTICS OF FAMILY UNIT**	**CHILD-REARING PRACTICES**
Courageous	High Levels of Cohesion	Encouraging children to adopt fearless attitude in face of difficulties
Enduring	Supportive	Balance between guidance and age-appropriate fostering of autonomy
Risk-taking		Imparting important values (Industry, Goal orientation, Being proactive, Religion)
Generous		Supporting children's creative initiatives
Appreciative and Encouraging		Encouraging children to succeed
		Prioritising Education

Figure M1. Family of origin characteristics and child-rearing practices as depicted through data.

Illustrative Table: Eritrean Culture

ERITREAN CULTURE		
VALUES	**NORMS**	**BELIEFS**
Self-reliance	Being independent upon reaching adulthood	The importance of the psychological aspect
Endurance		With self-belief one can overcome any obstacle
Persevering towards one's goals	Seeking help only within family	"Tsenat" ideology
Assistance	Elders giving advice & assisting	
Responsibility towards one's community/country	Assuming responsibility for extended family.	
Collective Consciousness		
Family Unity		

Figure N1. Components of Eritrean culture as depicted through participant data.

Appendix O

Example of a Memo

An influential Aspect of the participants'
childhood environment

The family seems to be a significant aspect
of their developmental trajectory that influences
their later response to trauma. → Explicitly
said — 1.5, L.413, 1.6, L.336, L.522, 11, L.164)

How ??

MEMBERS — Specific traits
Parent which they exhibit
Siblings courage, risk-taking,
Family (2 generous, enduring
(SHOZ) Children followed their
example

environment created
encouraging
supportive
high cohesion

Also seem to be messages imparted that encourage
the child to display certain behaviours. Direct or
indirect? both?
Family is possibly influencing later resilience
through the following aspects a childhood:

① Family unit → creates anparticularity
environment particularly
conducive to the develop.
of certain characteristics
a the child eg. creating a
self-esteem...

② Characteristics of family
Members ———→ Modelling behaviour?

③ Upbringing methods / practices

Figure O1. An influential aspect of the childhood environment memo.

Member Check Excerpts

Excerpt 1

In the following excerpt, which follows my description of the themes and categories, the participant seeks to clarify my erroneous understanding of certain Eritrean values and norms being instilled in individuals through the value placed on these in independence struggle.

KEY: I= Interviewer; R= Respondent

I The next part was Eritrean culture itself, but these values described here are also related to the history and the specific context of the independence struggle of Eritrea

R But the history has roots in the culture

I History has its roots in the culture

R Yeah, this er er extraordinary achievement so er er maybe things were organised, maybe things of it we taken in order, for the purpose of er the hardship or the struggle er, otherwise it has its roots in the culture, it didn't er come out of nowhere

I Ok so you think this strength and victory in the fight comes out of culture

R Yes

I So it comes out of certain values

R The struggle only highlights, it is only an example, otherwise it highlighted it, strengths and weaknesses but it was already in the culture

I So certain values for example like the importance of erm independence and the importance of challenging, like that for example might have been already in the culture

R Yeah

I And then something like this that happened to Eritrea only heightened and showed how these were really present in the culture

R Yeah. The things [values of self-reliance, challenging difficulties...] is the examples were given so the armed struggle was mentioned so much as an example of facing challenges and so on so er you might not notice where the roots are so people might mention this because it was very visible, because it is a revolution

I   Ah

R   It was well organised, so it was er, otherwise this might not be very visible because it is in the culture but individuals with regard to their personal individual problems, the way they deal with that, still they are.. Because in here it was highlight but definitely all its roots, it has all its roots in the culture

I   Ok ok.. and do you feel that these cultural roots that you're speaking about they're still very strong, these cultural values haven't really changed

R   No

I   They're still integral to the culture

R   Yes

I   Ok ok that's interesting alright... and it relates to this last part [Eritrean culture], it seems that the individual's resilience will be influenced by the culture they live in

Excerpt 2

In the following two excerpts, the participant provides an overall evaluation of the results presented.

I   If you had to see these themes, to what extent to you feel that these themes and categories fit your own experience?

R   I think most of them do, er I can give you examples from each theme... situations but more or less so of them er maybe more than others but er they all have er to some extent they all have er...I don't know if you want er...

I   I will ask you I will ask you er a bit more about the ones you feel are more relevant

R   Yes

I   First of all is there any one of them that you feel doesn't really fit your experience that for you doesn't really, so a theme or a category, any particular category you feel doesn't really fit your experience?

R   ...Some more than others but they all have, I can say they all fit

Excerpt 3

Following a discussion about themes/categories the participant felt were more relevant, he continues to provide an overall evaluation of the findings.

I   Do you feel, like you mentioned this [clarification on Eritrea's recent history] for example, do you feel there are any other particular themes that can be improved or explained better?

R   One, the culture, Eritrea's recent history part

I   That ok I understand that, do you feel there is anything else that can be improved or explained in a better way?

R   I think it is good, I think you have explained, I don't think I have any more to say

I   Ok ok, and do you feel that these themes together explain how you were able to cope with the refugee experience? If you had to look at these things together do you feel they give a good understanding of your coping process

R   Ya some more than others, I would remove this [points to Eritrea's recent history]

I   Aha aha yes

R   But others yes I would said yes, and there are others like social support, the way you explained it is, I mean the way you explained it is good. I would be happy, but I wouldn't base my hope on that, that would be a big resource for me but not everything because I have my own circumstances

I   Ok

R   So some more than others but yes

I   And if I understood you well what you explained to me before, most were, the ones that you felt were most relevant for you were the first three [Engaging with adverse reality, Cognitive and behavioural response repertoire, Striving to maintain existential well-being]. Those that are related to the personal factors perhaps, the parts related to the person, perhaps more than the last set, or?

R   I think the first three are very important, can say the first three are more important but even, for example, education, so it's like a mix in a way, you draw on different points from you and your environment at different points in your experience to help you cope. Yes yes, from here to some extent er they are all relevant.

Appendix Q

Reflective Notes Excerpts

These excerpts are taken from reflective notes written some time apart, but they speak of one of my particular personal biases and depict how I used these notes to keep me vigilant of the way it could impact the research.

<u>Excerpt 1</u>

It is important to remember the research participants are different to the refugee individuals I witness on a daily basis. The picture, in my mind is one of refugees as survivors because of their traumatic experience and the way they continue to face one struggle after another in Malta, be it rejected employment applications, unjust employment conditions, exploitation, academic credentials being ignored etc. Each time however, they seem to fight the injustice or the difficulty even if it means going to all the organisations involved, protesting even when authorities ignore them. Even if they are feeling low, many seem to continue fighting for what they believe is their right. It's interesting how even in clients I work with in MCH[21], the determination to persist and obtain what they desire is present, perhaps to a lesser degree, but present none the less. This is undeniably a picture of strength. Now perhaps this picture is such as I unconsciously compare with other clients I have worked with as a trainee who have not portrayed such strength. Perhaps within the refugee individuals themselves there are struggles which do not emerge, possibly because of cultural beliefs or personal beliefs (e.g. believing that allowing their vulnerability to emerge may inhibit their asylum process etc.). This could possibly also be the result of clinicians like myself who see refugees as remarkable individuals. Through this view point, we may inadvertently inhibit the individual's expression of struggles.

Now I have chosen to study how these refugees display such resilience but I need to put this picture I have to the side and allow participants the space to be themselves and not what I think they are. Remember to allow them the space to let their story unfold as needed even if it emerges that their story is more one of struggle than of strength.

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[21] MCH - Mount Carmel Hospital, the psychiatric hospital in Malta

<u>Excerpt 2</u>

Following the first interview, I realise what a lot of mental strength it took to prevent my mind from making comparisons with other refugees I know. Almost from the beginning the each story sounded so similar and I found it interesting how they sometimes seem to emphasize similar things. I wonder whether this is because they have passed through similar RSD[22] interviews and so are accustomed to emphasising similar things. As the interview progressed, many differences started to emerge and I needed to be careful not fall into the trap of simply looking out for differences as that will inevitably come across in my utterances and can influence the direction of the interview. Again quite a few elements of the participant's narrative brought back my mental picture of refugees and strength, but I made an effort to bracket it and move on. At times this took me slightly longer (i.e. a couple of exchanges later). BUT I see that without this effort, the interview can easily lead me to create a caricature of strength rather than an opportunity to study the resilience process in all its complexity. Interesting avenues emerged that I could not have imagined and it is these than I need to think about and remain mindful of.

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[22] RSD – Refugee status determination

Appendix R

Established Prevention Programmes

Hatzidimitriadou's (2010) work on self-help groups with immigrant women highlights the empowering value of such groups. This occurs through their nature as a source of information, interdependence and personal responsibility through which resilience is fostered, as an individual is encouraged to regain control of their lives and tackle the issues they may be facing. Through the safe place they provide for individuals to share ideas, difficulties and strengths, individuals learn from one another, feel supported through shared interests and experiences and feel a sense of belonging (Hatzdimitriadou, 2003, 2010). This consequently strengthens the group's collective capacity to instigate communal endeavours and effect change for themselves or other potentially vulnerable groups, for example by supporting an ethnic group's cultural ties and identity, as well as integration in the wider society.

Another noteworthy mention of an existing prevention programme is the Women's Empowerment Programme (WEP), offering brief group interventions to promote psychological well-being in internally displaced Sri Lankan war widows (Tribe, 2004). The WEP aimed at providing psycho-education and facilitating the development of coping strategies by drawing on the women's inner resources. Furthermore, by utilising a community-based approach, this programme strived to increase well-being in this potentially vulnerable group by increasing harmony between women of different ethnicities and building long-term support networks, rather than solely targeting individual difficulties (Tribe). Together with numerous benefits, such as participants feeling less isolated and becoming empowered to set up co-operative ventures and a women's group (Tribe), the WEP also adopted a cascade model through which women trained could then offer brief group interventions to others. This increased the reach and sustainability of this programme by encouraging more wide-spread empowerment and formation of community networks (Tribe).

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Section B

Reflective Essay

Cognitive Behaviour Therapy Level 3

(PYP 152C)

My Personal Journey with Counselling Psychology

I will begin with a brief account of my personal journey with counselling psychology. It is from this premise that I will take off, as I first and foremost see myself as a counselling psychologist and in this respect a therapist, scientist and reflective practitioner.

I was initially drawn to psychology through a desire to understand the human person in greater depth, more specifically their capacity to experience and live with both joy and suffering and to achieve healing and wholeness following pain. This interest I feel was nurtured in me from childhood through the disparity I witnessed between being brought up in a loving and nurturing family, while concurrently questioning the injustices and hardship in the world. As I grew and could feel the warmth from my family intensify, my contact with people experiencing great hardship also increased. I began to witness first hand the pangs of poverty, destitution and displacement and the strength of the human person to support himself, through the refugees I worked with in Malta and other individuals I worked with in developing countries.

These experiences influenced the development of my personal view of human nature and a set of related values. I strongly believe that the individual is the expert of his/her life, is inherently capable of achieving wholeness and has the innate potential and drive for growth and fulfillment. I therefore value the right of all individuals to experience autonomy and respect as well as a sense of belonging and love. I also ascribe to a positivist understanding of pain and hardship as an opportunity for growth and learning.

The congruence I feel between these personal values and beliefs and the humanistic philosophy underpinning counselling psychology motivated my choice to pursue this profession, in an attempt to be in a position to support individuals through their pain and empower them to strive towards their full potential. These values and beliefs act as my guiding compass in life, form the basis of my personal philosophy of life and therefore naturally also underline my practice as a counselling psychologist. I was also attracted towards counselling psychology as it afforded an avenue where to

discover and critically evaluate new approaches to psychological theory and practice in a way that satiated my general interest in psychological knowledge.

As a practitioner, I feel that my various life experiences have also influenced the development of my personal theory of therapy. Seeing the capacity of various individuals to heal themselves in the face of intense suffering without access to formal psychological services, I have come to understand the client as the expert of his own life and the therapist as a guide/facilitator of the client's personal recovery journey. As a facilitator of personal growth, the therapist would empower the client to take the necessary steps towards wholeness and in doing so provide the client with tools to support him/her on this journey. Postgraduate training and personal reflection, has made me realise this theory of therapy partly stems from my epistemological position of social constructionism and the belief that we as individuals co-construct our reality and that *phenomena* exist as a result of the meaning each individual attributes to it. In this respect, the therapist first must understand how the client is constructing his/her own psychological world.

While my theory of therapy appears to align with a humanistic theoretical orientation that fits with my personality as an individual who places value on feeling and experience (Quenk & Quenk, 1996) and my epistemological position, it is CBT that I consider to currently be my main theoretical orientation. In line with evidence suggesting that significant determinants of one's choice of theoretical orientation are personality and value systems and, if not primarily, situational factors (Chwast, 1978; Cummings & Lucchese, 1978), I attribute my choice of CBT very much to the latter. Specifically to CBT being the main model taught on my doctoral programme, a number of my placements and supervisors, as well as the client groups I was working with.

In my earlier training stages, I could sense a tension between my personality and the sometimes highly prescriptive nature of CBT and as I rebelled against it and adopted a 'pick and choose' approach to that and other models, I noticed my already strong feeling of incompetence intensify and I began to doubt my effectiveness as a therapist, seeing my practice become unstructured and frugal. A determination to counter these incompetence feelings and the strong evidence base for the effectiveness of CBT for

addiction problems (Roth & Fonagy, 1996) (my client group then) gradually led to the realisation that the adoption of a pure CBT approach would enable me to support better my clients in their recovery. It was then that I decided to immerse myself as fully as possible into this model and become fully competent in its therapeutic use.

I now write from a stage in my training where I feel I have become well-versed and comfortable with the therapeutic use of the CBT. Although I still recognise elements of the model that may cause some friction with my humanistic value base, there are other factors that I feel align well with my philosophy of change, namely, the nature of the therapy as a collaborative effort, where the client is encouraged to identify goals and with the therapist's support as a guide and teacher of strategies, take the necessary steps towards these goals. Moreover, the recognition of a sound therapeutic relationship as a necessary component for effective therapy, also aligns with my theory of change as it places emphasis, albeit to a lesser degree than in other therapies, on necessary therapeutic conditions such as respect and empathy. CBT's attempt to take clients' perceptions seriously and respectfully (Sanders & Wills, 2005) in contrast to an emphasis on unconscious processes common in psychodynamic models, also sits well with me as it places the client as the expert in charge of his life and therapy.

CBT is in my opinion highly proficient in speaking to the rational mind and it in some ways, through its articulation of cognitions and its treatment of behaviour, surpasses a number of approaches as it offers the client an opportunity to engage therapeutically on different levels. I value CBT as a therapy that provides both client and therapist with the tools to recognise a specific issue and provides a tried and tested intervention tailored to that presentation (O'Donohue & Fisher, 2008). For example, I have found CBT very effective when working with clients presenting with anxiety disorders such as OCD, as it is very adept in identifying the factors inhibiting functioning and provides an effective exposure protocol with a strong evidence-base (Salkovskis et al., 2000).

CBT also offers the concept of a formulation as providing a theoretical map whereby the therapist can make sense of client material and the client can comprehend his/her difficulties (Westbrook, Kennerly & Kirk, 2007). I have found that for some clients

the formulation is what puts order to the chaos they experience mentally. For example, a client presenting with intrusive cognitions clearly expressed that such a framework had finally helped them understand the causes behind what she was experiencing and expressed that she could see a way out of her difficulties. This in my opinion reflects the empowering capacity CBT can have.

Another motivator for my use of CBT is its strong evidence base. Both clinical and research evidence has indicated that in its complete form, this model prescribes a therapy that is highly effective for a range of presentations as are anxiety, eating and mood disorders (Leichsensing, Hille, Weissberg & Leibing, 2006). Such a strong evidence base speaks to the scientist-practitioner element of my counselling psychologist identity in affording me the security to know that I am offering an approach that is at least to certain degree empirically validated.

Despite my present engagement and appreciation of this model, my developing practice has highlighted that CBT may not be suitable for each client and that certain CBT techniques may be unhelpful for particular clients. For example, a particular client's feedback indicated that when given a DTR she shut down as she felt that as a therapist I was more interested in having her write down her thoughts on the paper than listening to her and understanding the immense pain she struggled with daily. Apart from being a great eye-opener about the way to deliver CBT interventions, this feedback made me very aware of the different meanings individuals attribute to the same event. Where a DTR was interpreted by another client as a helpful technique in allowing him to become aware of his automatic thoughts, this client interpreted it as a barrier between the therapist and her pain. Hence, Epictetus' understanding that people are not disturbed by the event alone but by the meaning they attribute to that event. While not rubbishing the technique, the way forward was to place emphasis in my therapy in seeing the client before the model and taking the time to understand the client's personal theory of change.

There were also situations in my practice where client feedback and difficulties in therapy highlighted potential weaknesses of the CBT model. This brings me to Allport's (1962) recognition of the fact that such theories are not wrong, but in some respects partial. On one occasion, early in my training a client presented with anger at

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my inability to understand him. While I took a cognitive stance to understanding and processing this anger, a greater awareness of the therapeutic alliance and a psychodynamic transference interpretation would have aided my conceptualisation of the case earlier on in the therapy. In this respect, a de-emphasis on the unconscious processes integral and influential in therapy is in my opinion a potential weakness of the CBT as it may leave potentially key information undiscovered.

On another occasion, a client with Seasonal Affective Disorder (SAD) presented with pent-up anger towards her ex-partner who she had never been able to face and communicate her feelings to towards. While CBT proved effective in helping the client understand and deal effectively with her presenting problem, I felt I had reached an impasse when it came to supporting the client to face and deal with such strong and deep-seated emotions. It was at this point that, supported by supervision, I felt the need to draw on my pre-training experience with Gestalt therapy and make use of the empty-chair technique, I had been trained to use. The client, although hesitant for a while, engaged fully with the technique as years of anger and hurt came out in the therapy room, a containing environment. The client's feedback was also encouraging as she found the technique very cathartic and explained that she now felt an emotional blockage had been lifted.

These cases highlight the limitations of traditional CBT in responding to clients' diverse and often intense emotional experiences. Owing to the fact that emotional experience is a key element of clients' presentations in therapy, the search to incorporate techniques into CBT that involve staying with emotion and the use of imagery is increasing (Sanders & Wills, 2005). In this respect practitioners, such as Moorey (1996), in incorporating contributions from Rogerian therapy, advocate a more reflective, 'staying with' style of therapy. Similarly, in attempting to address this concern, practitioners such as Hackmann (1999) have turned to Gestalt concepts and methods, exploring the use of imagery work alongside cognitive work in order to promote more emotional engagement with the client rather than the distancing that cognitive work sometimes promotes (Safran & Segal, 1990).

The cases highlighted provide an example of where concepts from other therapies may have contributed to a more accurate interpretation of a client's presentation and

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techniques to a better management of his/her issues. Over the years CBT has undergone a natural development, integrating concepts from other therapeutic disciplines (Sanders & Wills, 2005). For example, the therapeutic alliance has assumed a greater prominence and concepts originating in the psychodynamic discipline such as transference and countertransference are becoming increasingly recognised in CBT (Leahy, 2003). In this respect, I feel I practice less of a traditional form of CBT, rather one that has developed naturally over time to account for some of its weaknesses and it is this form of CBT that is more harmonious with my personality and value system.

I feel that my current style of practice is quite personal and has been influenced to a great extent by my personality, values and previous client experience. In this respect I work hard at fostering a solid therapeutic relationship from the start through the use of empathy, respect and positive regard. I support clients to locate their goals and take the reigns of therapy into their own hands and through honest encouragement and empowerment, I impart to clients the belief that they have within them the capacity to improve. While this style has generally been helpful in guiding clients to work towards their goals, it's sometimes overly positive nature may have been a blockage for some clients leading to a feeling that their struggles were not validated in therapy.

I write this essay at an important juncture in my training, currently at the stepping stone to becoming a fully autonomous professional. At this point I am challenged to look critically at my practice and while I am comfortable with CBT as my therapeutic model, I now feel I am in a position where I can safely address the limitations of CBT I have encountered in my practice through the development of a more integrative practice. Consistent with literature (Norcross & Goldfield, 1992), such integration earlier on in my training would have been dangerous as any combination in techniques would have been more eclectic in fashion. But, having established a firm basis in CBT and having practiced it in a pure form guided by clear case conceptualisation, I now feel I am able to explore the integration of other techniques.

Being exposed to a greater variety of therapeutic models especially over the last two years of training such as systemic therapy, third wave cognitive therapies, as well as a previous exposure to Gestalt therapy, I begin to go through a process of

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'desegregation', whereby integration in practice may not have actually started but the barriers, at least cognitive ones, that separate ideas are diminished (Goldfried, 1991). This stage is according to Wachtel (2010) a precursor to more comprehensive stages of integration.

In reflecting on the possible direction my future practice may take, I consider Meichenbaum's (1997) integration of the constructivist narrative perspective with CBT as a useful pathway that my integration may mirror as I seek to address the limitations of CBT and diminish any tensions with my personal philosophy of change. Meichenbaum (1997) advocates a more discovery-oriented approach, supporting clients to recognise themselves as authors of their own stories and constructors of their realities both past and future. A greater emphasis is placed on past development and the emotional experience of individuals stemming from their core beliefs.

I also see future developments in my practice taking the form of technical integration, the most common form of integration (Horton, 2000). With CBT providing a consistent theoretical framework, I see myself integrating techniques from experiential therapies such as Gestalt therapy. The rationale for this integration being that while maintaining a cognitive-behavioural case conceptualisation and the same understanding of the role emotion plays in the clients' case, drawing on experiential techniques such imagery work from Gestalt would promote more emotional engagement with the client, as such techniques are not synonymous with CBTs' strengths. Such integration is also supported by literature which shows that gestalt and cognitive-behavioural techniques are amenable to integration and such technical integration does not result in disjointed and incoherent treatment plans (Lebow, 1987).

Such integration has already started to a small extent in my practice and although CBT is currently and will in the foreseeable future be my main theoretical orientation, I do not consider my identity to be solely that, rather would consider myself as tending more towards an integrative stance as I do not believe a single approach contains within it all the answers. This journey towards developing my personal integration, which I see as the hallmark of my development in my post-training period and which I understand as an integral part of the development of a therapist's

professional self (Horton, 2000), is also one of the greatest challenges in my clinical practice.

The field of integration is fraught with debate, with positions such as those of Lazarus and Beutler (1993) and Goldfried and Castonguay (1992) that integration, within a coherent theoretical structure and continuity across all techniques, given the epistemological differences of the theories is not desirable and may not even be possible. In contrast, authors such as Wachtel (2010) have argued that integration serves to overcome the conceptual tunnel vision that seems to impede progress in the field as it moves therapists away from a singular and restricted frame of reference, providing the practitioner not only with new interpretations of phenomena in therapy but also with an increased receptivity to observations that might clarify some of the dilemmas brought forward by clients. Stricker (2010) has cited CBT itself as a very successful example of integration.

Other authors (Stricker & Gold, 1996) have highlighted the pitfalls of integration and the fine line that exists between integration and eclecticism. Such authors have highlighted the importance of a coherent theoretical framework that should always be the basis for integration. Stricker (2010) has argued that integration built on previous experience only is prey to cognitive heuristics and technical integration which lacks a basis of formal theory may be reduced to a "syncretic and undisciplined form of eclecticism" (p.399). Even more recently the debate has extended to incorporate the paramount need for an evidence-base to support this integration movement (Goldfried, 2010).

In the face of such a highly debated field, my opinion is that although integration between certain therapeutic models might be impeded by philosophical differences, integration between a variety of orientations is definitely a productive endeavour as CBT epitomises. I also believe that technical integration based on a theoretical rationale is a fruitful endeavour as it involves striking the right balance between theory and technique in order to enhance therapy's utility for the client. It is here that I see one of the greatest strengths of the integrative stance, i.e. the notion of putting the client before the model.

As I strive to develop my personal integration and not fall into the pitfalls of such practice I feel the challenges to my development are multiple. In striving to work with these challenges, in line with a strong evidence base (Horton, 1996), the first step to integration should be focussing on developing a strong therapeutic alliance over technique. Next, I am mindful to continually reflect on my personal belief system, further immerse myself in the aspects of theory I am attempting to integrate and be led by a core theoretical framework when attempting to integrate techniques from various approaches. I also aim to remain accountable in supervision for my work and the rationale behind it. Finally I will also strive to keep abreast of current thinking and practice as well as always referring to the evidence available be it in the form of standard research or client feedback.

As the next part of my journey with counselling psychology is about to begin, I reflect on my development from the start as an untrained helper to an autonomous professional. I am appreciative of my training and personal experience thus far though I envisage a further process of exploration, training, integration, self-monitoring but most importantly of maintaining congruence with my personal values and continual reflection. A process, that synonymous with this training, will be as intense as it is rewarding.

References

Allport, G. W. (1962). Psychological models for guidance. *Harvard Educational Review, 32*, 373-381.

Chwast, J. (1978). Personality and opportunity in psychotherapist's choice of theoretical orientation or practice. *Psychotherapy: Theory, Research and Practice, 15*(4), 375-382.

Cummings, N. A., & Lucchese, G. (1978). Adoption of a psychological orientation: the role of the inadvertent. *Psychotherapy: Theory, Research and Practice, 15*(4), 323-328.

Goldfried, M. R. (1991). Research issues in psychotherapy integration. *Journal of Psychotherapy Integration, 1*, 5-25.

Goldfried, M. R. (2010). The future of psychotherapy integration: Closing the gap between research and practice. *Journal of Psychotherapy Integration, 20*(4), 386-396.

Goldfried, M. R., & Castonguay, L. G. (1992). The future of psychotherapy integration. *Psychotherapy, 29*, 4-10.

Hackmann, A. (1999). Working with emotions in psychotherapy. *Clinical Psychology and Psychotherapy, 6*(3), 236.

Horton, I. (1996). Towards the construction of a model of counselling. In R. Bayne, I. Horton & J. Bimrose (Eds.), *New directions in counselling.* London: Routledge.

Horton, I. (2000). Principles and practice of a personal integration. In S. Palmer & R. Woolfe (Eds.), *Integrative and eclectic counselling and psychotherapy.* London: Sage.

Lazarus, A. A., & Beutler, L. E. (1993). On technical eclecticism. *Journal of Counseling and Development, 71,* 381-386.

Leahy, R. (2003). *Overcoming resistance in cognitive therapy.* UK: Guilford.

Lebow, J. L. (1987). Developing a personal integration in family therapy: Principles for model construction and practice. *Journal of Marital and Family Therapy, 13*(1), 1-14.

Leichsenring, F., Hiller, W., Weissberg, M., & Leibing, E. (2006). Cognitive-behavioral therapy and psychodynamic psychotherapy: Techniques, efficacy and indications. *American Journal of Psychotherapy, 60*(3), 233-259.

Meichenbaum, D. (1997). The evolution of a cognitive-behaviour therapist. In J. K. Zeig (Ed.), *The evolution of psychotherapy: The third conference.* NY: Brunner/Mazel.

Moorey, S. (1996). Cognitive behaviour therapy for whom? *Advances in Psychiatric Treatment, 2,* 17-23.

Norcross, J. C., & Goldfield, M. R. (1992). *Handbook of psychotherapy integration.* NY: Basic Books.

O'Donohue, W. T., & Fisher, J. E. (2008). *Cognitive behaviour therapy: Applying empirically supported techniques in your practice.* NJ: John Wiley & Sons.

Quenk, N. L., & Quenk, A. T. (1996). Counselling and psychotherapy. In A. L. Hammer (Ed.), *MBTI applications: A decade of research on the Myers-Briggs Tpe indicator.* CA: Cousulting Psychologists Press.

Roth, A., & Fonagy, P. (1996). *What works for whom: A critical review of psychotherapy research.* NY: Guilford Press.

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Salkovskis, P. M, Wroe, A. L., Gledhill, A., Morrison, N., Forrester, E., Richards, C. et al. (2000). Responsibility attitutdes and interpretations are characteristic of obsessive compulsive disorder. *Behaviour Research and Therapy, 38*, 347-372.

Safran, J. D., & Segal, L. S. (1990). *Interpersonal process in cognitive therapy.* NY: Basic Books.

Sanders, D., & Wills, F. (2005). *Cognitive therapy: An introduction.* London: Sage.

Stricker, G. (2010). A second look at psychotherapy integration. *Journal of Psychotherapy Integration, 20*(4), 397-405.

Stricker, G., & Gold, J. R. (1996). Psychotherapy integration: An assimilative, psychodynamic approach. *Clinical Psychology: Science and Practice, 3*, 47-58.

Wachtel, P. L. (2010). Psychotherapy integration and integrative psychotherapy: Process or product? *Journal of Psychotherapy Integration, 20*(4), 406-416.

Westbrook, D., Kennerly, H., & Kirk, J. (2007). An introduction to cognitive behaviour therapy: Skills and applications. London: Sage.

Section C

Theoretical Essay

Couple and Group Therapy

(PYP 048C)

Group Therapy Essay

With reference to two theoretical models, compare and contrast process and content

interventions in working with a group. Use clinical examples to illustrate the theory.

Introduction

"A persuasive body of outcome research has demonstrated unequivocally that group therapy is a highly effective form of psychotherapy and this it is at least equal to individual psychotherapy in its power to provide meaningful benefit" (Yalom & Leszcz,2005, p.1).

Within counselling psychology (CoP), group therapy is regarded as a powerful means of dealing with psychological distress because of its ability to effect change through a combined focus on the individual's internal, interpersonal and systemic-contextual. The symmetry between a group therapy approach and this discipline is evidence by the correspondence between this tri-partite focus and themes central to the CoP philosophy such as a multidimensional approach to individual problems, an ecological/systemic contextualisation of issues, the concepts of normalisation and shared human concerns and the value of providing a non-stigmatising environment for people to explore their issues (Gilbert & Shmukler, 2003).

Together with this tri-partite model, Yalom's (1985) seminal work on groups can provide an effective transtheoretical understanding of group work. Yalom outlined various factors that operate in groups regardless of the therapeutic model and can be seen as the basic principles underlying therapeutic change. These include universality and instillation of hope, through which members disconfirm their problem as unique and draw hope from other's improvement and support; altruism, as members gain intrinsically through giving rather than solely receiving help; interpersonal learning and cohesiveness, the fundamental need of proximity, sense of belonging and understanding despite being vulnerable. The latter two have been highlighted as pivotal for therapeutic change (Yalom & Leszcz, 2005). Other factors highlighted by Yalom (1985) that are considered antithetical and hence only present as group therapeutic factors in certain modalities include the corrective recapitulation of the primary family group and catharsis in psychodynamically oriented group therapy and imparting of information in CBT oriented groups.

This clearly indicates that there are a number of common factors in group therapy that pertain to the qualities afforded to therapy when individuals attempt change collectively rather than individually and a series of other therapeutic factors that are model-dependent. Hence this essay will proceed to outline the main tenets of each modality and will subsequently make use of clinical examples to compare and contrast the use of these models in group settings.

Psychodynamic Group Therapy (PGT)

In line with the main principles of psychodynamic theory, Watzke et al. (2008) indicate that a psychodynamic group would be one which assumes a strong focus on relationships, defences, the individuals' past and emotions with the aim of "changing behaviour by enhancing a client's capacity for feelings and how he responds to these feelings" (Lanza et al., 2009, p.90). PGT interventions include 1) the use of transference to focus on the client-therapist relationship and link this or client-group interpersonal relationships to the clients' general relationship patterns; 2) discussing events and relationships' from the clients' past and linking their perceptions and feelings to their life-story; 3) confrontation techniques targeting defence mechanisms by presenting clients with displeasing issues and working through unacceptable feelings; 4) the use of interpretation to identify recurring behavioural patterns and interpret clients' feelings, subconscious issues and negative intrapersonal tendencies; 5) focus on emotions, encouraging the experience of positive and negative emotions; 6) the use of group dynamics, exploring group conflicts, member roles and member-to-group interaction.

Psychodynamic group therapy would hence often view the group as a microcosm of the world and guide clients to identify their dysfunctional interaction patterns exhibited in their interactions with group members and therapist which often parallel their own external patterns of behaviour. The group would then act as an experimental family guiding the clients to learn and adopt new behavioural patterns (Rutan, Stone & Shay, 2007).

Cognitive-Behavioural Group Therapy (CBGT)

In contrast to PGT, CBGT utilises cognitive-behavioural principles and therefore focuses on cognitions, behaviour and skill acquisition (Lanza et al., 2009). CBGT has a major cognitive component and makes use of interventions such as dysfunctional thought records (DTRs), reality testing, mood monitoring and guided discovery. These techniques enable clients to identify and then challenge their negative thought patterns and beliefs. CBGT also makes use of behavioural interventions such as activity monitoring, relaxation, experiments and social and problem-solving skills training. Psycho-education is also integral to CBGT as members are introduced to models and concepts which aid their understanding of the origin and modification of their particular presentation. CBGT also predicates structure through agenda and goal-setting requiring the consensus and collaboration of therapists and members, and the summarising key areas of discussion. A level of directivity is another CBGT characteristic

with therapists guiding the interaction, giving feedback and bringing topics into sessions. By virtue of its focus on members' abilities and competence and support of their improvements in therapy, CBGT empowers members, encouraging independence and self-efficacy.

Content vs. Process Interventions

Literature on the subject has indicated several differing definitions (Prawat, 1999) for these terms indicating that a clear categorisation of all therapeutic interventions is bound to be flawed as while interventions may predominantly focus on content or process according to one definition, each may also have elements of the other if another definition were adopted. I have hence chosen to adopt 'content-focused' and 'process-focused' interventions as the terminology to be used in this essay in line with Patterson, Williams, and Edwards' (2009) definition: content-focused interventions aim to define the problem, clarify issues and gather further information while process-focused interventions aim to uncover and explore feelings and themes that are revealed through patterns of interaction in therapy.

Comparative Analysis

A comparison of the approaches highlights the presence of a safe place created through the overlap between the therapist's inner and shared outer reality and that of the members which allows individuals the space not be criticised as they explore their feelings and schema (Gilbert & Shmukler, 2003). This common aspect highlights the importance of therapist qualities. In both approaches the group can be seen "as a transition between the world and people's psychological reality" (Gilbert & Shmukler, 2003, p.445) through which members can test out new ways of relating to others, for example by practising assertiveness techniques or relating emotionally to others. Again, the therapist's ability to maintain boundaries, confidentiality etc. emerges as critical.

While a comparison of the approaches yields an emphasis on the therapeutic relationship as a common factor (Watzke et al., 2008), a more supportive, empathic, non-judgemental, involved stance is more characteristic of CBGT, while neutrality, abstinence and distance is more characteristic of the relationship in PGT (Keijsers, Schaap, & Hoogduin, 2000).

An initial contrast of these two approaches indicates a content difference with CBGT focusing on cognitions and PGT on feelings (Lanza et al., 2009). An in-depth analysis however indicates that these approaches also differ in style and therapeutic action (Watzke et

al., 2008). For example, besides cognitive and behavioural interventions, CBGT at times adopts a psychoeducational style that encourages independence and self-efficacy and the therapeutic stance is seen as involving structuring, directivity and active exploration. In PGT there is an increased focus on relationships and emotions and interventions such as confrontation are used to target intrapsychic conflict and resistance. The therapeutic stance is, in contrast to CBGT unstructured and less didactic.

This analysis can be effectively illustrated through clinical examples. Those utilised have developed from personal experiences co-facilitating CBT groups for individuals with a primary presentation of aggressive behaviour and another for parent-training.

In the former case, the CBGT I co-facilitated focused on processing the anger underlying the aggression and uncovering and exploring individuals' schema using process-focused interventions such as guided discovery. Cognitive restructuring was then used to challenge dysfunctional thoughts and problematic schema and more content-focused interventions such as relaxation and coping skills training then guided individuals to reduce anger following provocation, resolve conflicts and prevent escalation (McKay, 1992). While this CBGT was successful in helping members reduce aggressive outbursts, Gondolf (1993) indicates that anger-management training may sometimes be ineffective in the long-term for clients with aggression presentations as it may give individuals whose problem results from an attempt to control their environment, something else to control.

Similarly to CBGT, PGT with aggressive behaviour would aim to deal with cues, individual experiences and responses to anger (Lanza et al., 2009). However, in contrast to cognitive restructuring interventions, PGT would employ interventions such as interpretation and confrontation to guide the individual to identify and understand the issues underlying aggressive behaviour, e.g. the client's sense of entitlement. PGT would also focus on dealing with aggressive impulses and improving interpersonal relationships but, while a CBGT group would make use of behavioural content-focused interventions such as relaxation and skills training, a PGT group would use predominantly process-focused interventions such as transference and use group dynamics to highlight faulty interaction patterns and model positive ways of relating and expressing feelings. Due to its emphasis on the root causes of aggression and violence, PGT may be more adept at guiding clients to develop long-standing positive relationship patterns than GBGT (Gondolf, 1993). While in CBGT an emphasis is

placed on cognitions underlying the aggressive behaviour using DTR and other content-focused interventions, in a PGT, content-focused interventions would be directed at verbalizing feelings within the bounds of a safe and supportive group.

By virtue of group therapy's nature, individuals would begin to tolerate different viewpoints and develop more positive interaction styles in both modalities. Both CBGT and PGT would make use of the group itself, albeit in different ways. In a PGT, members would be asked to share their experiences of past groups, their feelings and thoughts about and goals for the group, while in CBGT less emphasis is placed on past group experiences, with the thrust being the development of collective group goals. In PGT, the group often functions as a therapeutic tool and is seen to be pivotal to productive functioning of the members (Evanczuk, 1993), as in serving as a microcosm of the world, members are guided to identify dysfunctional interaction patterns evidenced in the group and start learning alternative patterns. In CBGT, the group functions less as an active therapeutic tool and interventions do not generally centre around member-to-member interactions, but rather members work together on similar issues such as aggression through discussion and carrying out similar exercises support each other throughout therapy (McKay,1992).

An analysis of these therapeutic approaches would also indicate the difference in style mentioned previously. It is clear that I adopted a directive and didactic style as a co-therapist in the CBGT group I facilitated as we taught concepts, proposed exercises and gave homework. We initiated member interactions and our involvement fluctuating throughout therapy in contrast to a PGT therapist, whose involvement would be similar throughout and would generally adopt a more distanced stance, encouraging member-to-member interactions and utilising these to offer interpretations (Watzke et al., 2008).

What now follows is a further comparison/contrast of CBGT and PGT using a parent-training group. Traditional cognitive-behavioural approaches to parenting groups are often protocol-driven, teaching developmental and behavioural concepts to parents and supporting them in their implementation (Douglas, 1989). This would be done through content-focused interventions such as the discussion of case vignettes and homework tasks to practice these skills. The second element of these groups would be a focus on the parent-child relationship (Schaefer & Briesmeister, 1989), utilising more process-focused interventions of observing and discussing the parent-child relationship and interaction patterns. Cognitive interventions

such as guided discovery would highlight the parent's understanding of the child's behaviour and possible beliefs about themselves as parents or their relationship with their child. Cognitive restructuring interventions would then be employed to challenge and alter the parent's cognitions. Behavioural interventions would include modelling positive parent-child interactions and supporting the parent in practicing these interactions in various situations.

An evaluation of this CBGT for parents highlighted a number of factors that were inadequately addressed, some of which have also been evidenced in literature (Wessler & Hankin Wessler, 1997) as weaknesses of the traditional CBT approach to parenting groups.

In a similar vein to the previous example, this parenting group served mainly as a support network rather than a base for process-driven interventions. While, according to Yalom (1985), support and validation are important elements of group therapy, a post-group evaluation highlighted some problematic aspects of support which can sometimes take the form of sympathy rather than empathy. Such dynamics could have led to increased parental self-criticality in order to draw sympathy from the group and possible resentment from the group towards the self-critical parents. Moreover, the surfacing self-pity and anger may indicate something about the parents' entrenched self-image that should be worked on rather than sympathised with. This would be probably highlighted in PGT as will be described below.

A particular parent (Linda[1]) presented for this CBGT feeling undermined by her husband in her care-giving role in front of her children, resulting in them criticising and ignoring her decisions. She would subsequently resort to alcohol abuse, increasing the criticism from her family and her self-loathing. Her individual assessment indicated that she was brought up by a highly critical mother who would often ridicule her failures. CBGT utilised content-focused interventions to explore Linda's possible schemas and presented ways in which she could attempt developing positive interactions with her children and devictimising herself. As therapy progressed however it was clear that Linda was not working on these new interactions at home. This was clearly frustrating for the group, leading Linda to feel re-victimised, in line with Yalom's (1985) description of the help-rejecting complainer. Linda's participation subsequently decreased and she was seen as unmotivated and critical. Towards

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[1] pseudonym

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therapy's end, Linda did not demonstrate the level of change in her parental interactions that others in the group exhibited.

This incident may have been due to the fact giving Linda certain tasks may have made her vulnerable to the re-enactment of familiar interpersonal patterns of failure and victimisation. A further explanation for this could be Linda once again replaying familiar feelings and patterns by using others to invoke these feelings of anger and self-pity.

Bowlby's (1969) attachment theory would be a major psychodynamic contribution to such a parent-training group. In this respect the child can be seen to develop his/her attachment style in relation to parent's behaviour and parent's interaction patterns could be seen in the light of their own attachment styles (Manassis, 2001). Attachment theory proposes that if in adulthood a person's behaviour or belief does not evoke familiar affect then the person will adapt their thoughts and behaviour to regenerate these feelings (Stern, 1985). This could take place during the parenting process in order to allow the parent to feel secure.

Hence if Linda were attending PGT, a greater emphasis would be placed on attachment styles and using process-focused interventions and the therapist would be able to offer this new understanding of Linda's presenting difficulties and of her 'help-rejecting complainer' behaviour in the group. Such interventions may be less threatening for Linda than certain cognitive-behavioural interventions described above that require parents to give up aspects integral to their self-image. Psychodynamic interventions such as confrontation may allow parents like Linda to explore the origins of these difficult, yet familiar emotions (anger, self-pity) within the safe bounds of the therapeutic group. Other psychodynamic interventions, such as highlighting previous positive interactions, and soothing parental negative feelings, would then support the parent to develop more positive patterns of interaction with their children.

This example has indicated that while CBGT approaches to parent training are effective for some clients to learn parenting skills and develop more positive interactions with their children, there are parents who seem unmotivated and do not exhibit change. In these cases, PGT may be more effective as it would target the individual parenting styles, offer an understanding of their development and explore emotions in greater depth. In PGT parents would not be asked to give up and modify elements of their self-image, but understand and

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work through them. Moreover since PGT is not task-driven like CBGT, parents' fear of failure is reduced.

In response to the need to address some of the problems in a traditional CBGT approach to parent-training, we now see third-wave CBT approaches being adapted to such groups. An example of this is the CAT (cognitive appraisal therapy) parent-training group, which helps parents understand and work through their deeper-seated negative affect related to their negative self-image prior to using more cognitive and behavioural interventions to begin to adopt more positive parenting strategies (Stern, 2000).

Conclusion

The clinical examples have served as the basis for the essay's comparative analysis and helped identify a number of strengths and limitations such as PGT's active use of the group as a therapeutic tool and that CBGT's cognitive load may make it unsuitable for some clients and its task-oriented nature may create increased shame in unsuccessful clients (Harway & Evans, 1996). Limitations of PGT relate to it as lengthier therapy and the lack of clarity around its mode of action (Lanza et al., 2009), while a strong point in favour of CBGT is its clear goal-setting and collaborative approach that makes members feel they have an active role in the group from the start.

Despite the evidence base for both approaches, a critical review of research indicates that much of this evidence base stems from individual psychotherapy (Leichsenring,2005). Moreover within specific group therapy research, little comparison research exists and even less comparison research focuses on the processes involved (Emmelkamp et al., 2006). Such process research is necessary in order to increase our understanding of the method of action of different group therapy models, to increase the goodness of fit between client and approach (Beutler, 2000) and for the development of more integrative therapies (Goldfried, 1991).

The clinical examples above have also served as a platform for personal reflexivity as a group therapy practitioner. While I feel relatively inexperienced having worked as a co-therapist rather than main therapist in both relatively short-term groups, I feel a predilection for group work as its focus on the multidimensional context in which change is effected and the importance attributed to factors of universality and cohesiveness fit with my personal theory

of change, that therapeutic change can best be achieved by working with all the layers of the person and that an environment where human issues are shared is a very effective contributor towards this change.

Through a discussion of process and content interventions, the essay has demonstrated the distinct profiles that research (Watzke et al., 2008) also indicates between CBGT and PGT. Although perhaps less apparent, one must also appreciate the significant ways in which these groups utilise the same core therapeutic factors to effect change. Moreover, while evidence has been found for the effectiveness of both approaches to group therapy (Blazer,2003) literature has indicated that at times the actual model used may have less impact on the group than the style and personality of the therapist (Lanza et al.,2009). Therefore, as alluded to earlier, one cannot but reflect on the therapist's qualities and their ability to provide the group members with a secure base within which to explore their vulnerabilities and their capacity to feel empathy to allow the client to learn about their own affect, be genuine, and hold the person in good esteem for them to feel valued. While in theory this may be enshrined in each counselling psychologist in our persona as therapists, group practice can put the therapist face-to-face with a variety of client characteristic such as ethnicity, sexuality etc.. It is here that in my practice with groups, reflexivity is paramount as it allows me to acknowledge possible meanings and attributions given to such characteristics and work towards the developing warmth and validation for each group member. It is precisely Counselling psychology's humanistic stance that places more emphasis on the therapist-member relationship than therapeutic approach (Milton, 2010) that highlights the importance of these therapists' qualities in promoting change over and above the choice of the therapeutic model.

References

Beutler, L. E. (2000). *Prescriptive psychotherapy: A practical guide to systematic treatment selection.* NY: Oxford University Press.

Blazer, D. G. (2003). Depression in late life: Review and commentary. *Journal of Gerontology: Medical Sciences, 58*(3), 249-265.

Bowlby, J. (1969). *Attachment and loss: Volume 1, attachment.* NY: Basic Books.

Douglas, J. (1989). Training parents to manage their child's sleep problem. In C. E. Schaefer & J. M. Briesmseister (Eds.), *Handbook of parent training: Parents as co-therapists for children's behaviour problems* (pp. 13-37). NY: Wiley.

Emmelkamp, P. M. G., Benner, A., Kuipers, A., Feiertag, G. A., Koster, H. C., & Van Apeldoorn, F. J. (2006). Comparison of brief dynamic and cognitive-behavioral therapies in avoidant personality disorder. *British Journal of Psychiatry, 189,* 60-64.

Evanczuk, K. J. (1993). *Violence: A phenomenological analysis.* Paper presented at the Council of Nurse Researchers National Conference, Washington, DC.

Gilbert, M., & Shmukler, D. (2003). Psychological therapy in groups. In R. Woolfe, W. Dryden, & S. Strawbridge, *Handbook of counselling psychology* (pp. 442-461). London: Sage.

Goldfried, M. R. (1991). Research issues in psychotherapy integration. *Journal of Psychotherapy Integration, 1,* 5-25.

Gondolf, E. W. (1993). Treating the batterer. In M. Hansen & M. Harway (Eds.), *Battering and family therapy: A feminist perspective* (pp. 105-118). CA: Sage.

Harway, M., & Evans, K. (1996). Working in groups with men who batter. In M. P. Andronico (Ed.), *Men in groups* (pp. 357-375). US: American Psychological Association Press.

Keijsers, G. P. J., Schaap, C. P., & Hoogduin, C. A. L. (2000). The impact of interpersonal patient and therapist behaviour on outcome in cognitive-behavioral therapy: A review of empirical studies. *Behavior Modification, 24,* 264-297.

Lanza, M. L., Anderson, J., Boisvert, C. M., LeBlanc, A., Fardy, M., Steel, B. (2009). Assaultive behaviour intervention in the veterans administration: Psychodynamic group psychotherapy compared to cognitive behaviour therapy. *Perspectives in Psychiatric Care, 38*(3), 89-97.

Leichsenring, F. (2005). Are psychoanalytic and psychodynamic psychotherapies effective? A review. *International Journal of Psychoanalysis, 86,* 841-868.

Manassis, K. (2001). Child-parent relations: attachment and anxiety disorders. In W. K. Silverman & P. D. A. Treffers (Eds.), *Anxiety disorders in children and adolescents: Research, assessment and intervention* (pp. 255-273). UK: Cambridge University Press.

McKay, M. (1992). Anger control groups. In M. McKay & K. Paleg (Eds.), *Focal group psychotherapy* (pp.163-194). CA: New Harbinger.

Milton, M. (2010). *Therapy and beyond: Counselling psychology contributions to therapeutic and social issues.* UK: Wiley-Blackwell.

Patterson, J., Williams, L., & Edwards, T. M. (2009). *Essential skills in family therapy.* NY: The Guilford Press.

Prawat, R. S. (1999). Social constructivism and the process-content distinction as viewed by Vygotsky and the pragmatisits. *Mind, Culture and Activity, 6*(4) 255-273.

Rutan, J. S., Stone, W. N., & Shay, J. J. (2007). *Psychodynamic group psychotherapy.* US: The Guilford Press.

Schaefer, C. E., & Briesmseister, J. M. (1989). Handbook of parent training: Parents as co-therapists for children's behaviour problems. NY: Wiley.

Stern, D. N. (1985). *The interpersonal world of the infant.* NY: Basic Books.

Stern, J. (2000). Parent training. In J. R. White & A. S. Freeman (Eds.), *Cognitive-behavioral group therapy for specific problems and populations* (pp.331-360). US: American Psychological Association Press.

Watzke, B., Rueddel, H., Koch, U., Rudolph, M., & Schulz, H. (2008). Comparison of therapeutic action, style and content in cognitive-behavioural and psychodynamic

group therapy under clinically representative conditions. *Clinical Psychology & Psychotherapy, 15*(6), 404-417.

Wessler, R. L., & Hankin Wessler, S. (1997). Counseling and society. In J. S. Palmer & V. Varma (Eds.), *The future of counselling and psychotherapy* (pp.167-190). London: Sage.

Yalom, I.D. (1985). *The theory and practice of group psychotherapy, Third Edition.* NY: Basic Books.

Yalom, I. D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy, Fifth Edition.* NY: Basic Books.

Section D

Process Report

Applied Therapeutic Practice

(PYP 047C)

Introduction

Gulcin's (pseudonym) case serves as a study of issues relevant to cross-cultural work, the impact of organisational settings and the potential pitfalls facing a trainee in novel situations.

Gulcin referred herself to IAPT upon GP's advice, experiencing persistent sadness and stress. CBT was the model of choice, as per NICE guidelines and its evidence-base for depression (Fennell,2004). Client indicated she had a basic understanding of CBT subject-matter and wished to try it out. Bronfenbrenner's (1979) ecological systems theory was employed concurrently to provide a comprehensive case-understanding.

Client Information

Gulcin is a 27-year old female from rural Turkey who moved to the UK in 2006 to voluntarily get married to a Turkish friend she had been in correspondence with after divorcing her first husband in Turkey due to domestic violence (DV). She has a 2-year old son and was 6-months pregnant upon therapy commencement. Gulcin was diagnosed with depression by her GP shortly after arriving in the UK, but has never been prescribed medication and has no family history of mental health problems.

Assessment

Initial Interview

Gulcin was offered an appointment via telephone. During this conversation, Gulcin's prior request for an interpreter was discussed. She indicated her English was poor and wanted a female Turkish interpreter. At assessment, Gulcin's body-language and tonality seemed to indicate a subdued, reserved nature. Contrastingly, the interpreter (Ece-pseudodym) was chatty, often attempting to aid my understanding by volunteering information. This contrast concerned me, signalling a possible hindrance to the therapeutic relationship's development.

Gulcin presented with sadness, irritability, anxiety and anger outbursts. While I was mindful of the link between pregnancy and emotional lability (Hapgood,Elkind,&Wright, 1988) these

symptoms' origin predated current pregnancy by several years and Gulcin reported no significant differences between her current and pre-pregnancy emotional states.

Gulcin spoke about a sad childhood and difficult adolescence with isolation, feeling different from peers/family and struggles against societal/cultural pressures being recurrent themes. In searching to comprehensively understand the roots of Gulcin's problems, all relevant life-events uncovered by assessment were subsequently linked to the resultant learning and cognitions that characterize her presenting problems (see Appendix-1).

Diagrammatically Gulcin's presenting problems unfolded as follows:
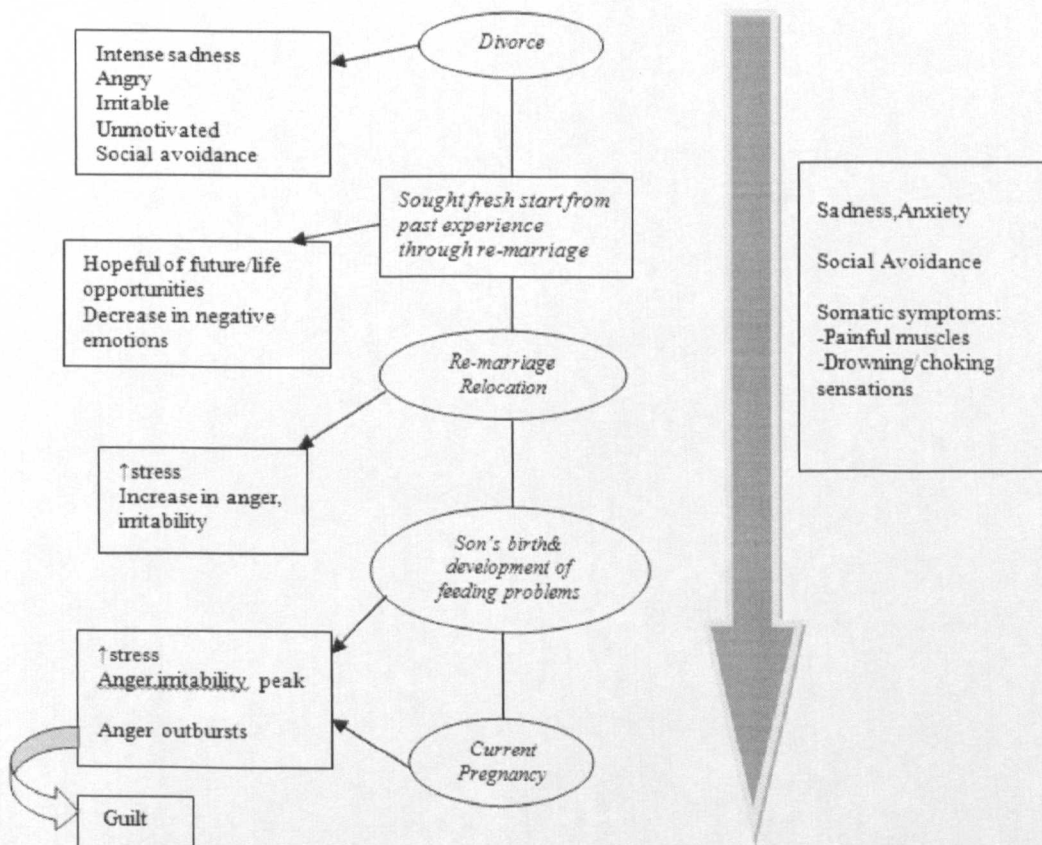
Assessment indicated that Gulcin craved support and emotional connection. She currently has a poor social network in the UK and despite feeling that her current husband respects her and is considerate of her needs, also feels emotionally distant from him and that they don't spend enough quality time together.

Consulting relevant literature (Ulusahin,Basoglu,& Paykel, 1994) indicated that anxiety and irritability are common descriptors of depressive symptoms in a Turkish population rather than related to a particular anxiety disorder. Moreover, although, somatization and choking/drowning sensations aren't considered typical depression indicators, this research has indicated that they are culturally-related communication-styles rather than symptoms themselves.

A comprehensive risk-assessment indicated no current risk for self or children. During goal-setting Gulcin spoke of wanting to feel less sad, more relaxed and have more friends[1].

Formulation

Formulation was amended to include previously overlooked client evidence highlighted by analysis providing a more comprehensive case-understanding.

Gulcin's early experiences are predisposing factors (Appendix-2&3) that could have led to the development of negative core-beliefs (CBs) around esteem and others as rejecting. The critical incidents of divorce and ensuing societal stigma and DV could have acted as precipitating factors, activating CBs, leading to depressive feelings and triggering various intermediate beliefs (IBs) like *'If I keep my distance, I will avoid getting hurt'* and related behavioural consequences like emotional withdrawal from current husband. Literature indicates DV as a significant problem in Turkey (Marshall & Furr,2010) with devastating effects on women's esteem (Campbell, 2002) with this phenomenon stemming from a dominant patriarchy discourse (Glick,Sakalli-Ugurlu,Ferreira,& Aguiar,2002).

Bronfenbrenner's (1979) theory postulates that a person's development takes place through regular complex interactions between the evolving individual and people/symbols in his/her immediate environment. These vary systemically as a joint function of personal characteristics and different environmental layers. Appendix-5 portrays the relationship between Gulcin's self and messages provided through her interaction from childhood to early adulthood with the various settings in her microsystem. The model also depicts how features

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[1] Following goals collaboratively set:mood-management, stress-reduction, reducing social isolation.

at the exosystem and macrosystem levels (e.g.cultural ideologies), affect the conditions and processes occurring within Gulcin's microsystem.

This model helps illustrate the constant tension between Gulcin's developing person and her environment. Intelligent, determined and mindful of her rights, in adolescence she fought to have an education while still fulfilling her familial obligations. Always feeling different from her community and lacking in esteem, in adulthood she stopped working to follow societal norms and get married, but couldn't then conform to the prevailing patriarchal discourse when confronted with violence deciding to seek divorce, even if that meant non-conforming[2]. After being ostracised by her community following this decision, she sought marriage to a UK-based Turkish friend, possibly the best compromise between personal needs and societal pressure.

Following relocation, despite being immersed in a Turkish sub-culture conveying similar messages about female role/duties, Gulcin found herself in a different macrosystem that upholds more open-mined ideologies and actively promotes female emancipation. This possibly contributed to Gulcin's internal turmoil regarding her current life, hypothetically explaining her increase in anger and irritability post-relocation.

Intervention

Overview

An 8-session contract was agreed aimed at ending before Gulcin's last month of pregnancy. Initial 4 sessions were dedicated to C-B formulation sharing, identifying and modifying cognitions and behavioural interventions e.g.self-care activity-scheduling. Gulcin also reluctantly missed various sessions, explaining this was due to child-care issues she was struggling to solve, when the issue was discussed in light of organisational policy. While I could appreciate these difficulties and Gulcin's efforts, I was concerned that such breaks would disrupt therapeutic relationship and progress.

Hours before the 5th session, supervision was scheduled to discuss Gulcin's attendance given IAPT's preoccupation with interpreter funding. Given pregnancy duration, missed sessions

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[2] Appendix4-relevant literature

and my imminent contract-end, contract completion wasn't logistically possible. This together with funding constraints led to a supervisory decision to re-place Gulcin on the waiting-list[3]. While I could appreciate the benefits of a longer un-interrupted therapy course, this decision made me feel uneasy and concerned as I felt this premature ending could be counter-therapeutic especially in her emotionally vulnerable state during pregnancy.

My initial agenda consisted mainly of discussing the ecological model, however this now required amendment to discuss ending. Complicating matters, Ece was unavailable and following supervisor's advice and standard procedure, I contacted Gulcin to discuss this and she unhesitantly chose to attend the session alone. This added to my uncertainty as I was worried about Gulcin's ability to understand.

The session began with a sharing about ending. Feeling Gulcin was able to continue I proceeded with my initial agenda.

On-going evaluation

Key: *Phrases highlighted in **bold** indicate exchanges where therapist and client would be speaking simultaneously*
X – Client's real name edited out

THERAPIST 1: And how does it make you feel, how do you feel that you have six, seven years that you have to stay with your children
CLIENT 1: uff [sighs] too boring
THERAPIST 2: um
CLIENT 2: but.. but how can I do...
THERAPIST 3: uhm uhm
CLIENT 3: and uu all country people they don't, they like the children, you know, em after my baby, my son comes to 3 years, em all people then is coming to second baby, when they always you know, ask me, all people, all women, just, they just think till 2 or 3 children
THERAPIST 4: Ok, ok, so perhaps do you feel there is a bit of cultural pressure
CLIENT 4: **yes**
THERAPIST 5: **pressure from your culture**
CLIENT 5: yes

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[3] Offering further therapy with another therapist when child-care issues are solved

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THERAPIST 6: to have,

CLIENT 6: **children**

THERAPIST 7: **to have 2, 3 children**

CLIENT 7: uhm uhm..

THERAPIST 8: and how does it make, how does it feel to have pressure from your community and from your culture to have 3 children

CLIENT 8: I don't, that is too hard but you know, all, all my friends, all Turkish people all, not all maybe, some people they don't like children maybe two, one or two maybe they don't have but many er people, er make the two, three children.

THERAPIST 9: ok

CLIENT 9: In my country if you want one or two children, just one or two you try the second, third, fourth, haha [*slight laugh*] [*through change in voice and gestures client indicates speech of a third person*]

THERAPIST 10: ok, so the culture is to have a lot of children

CLIENT 10: aha

THERAPIST 11: if I am understanding you correctly

CLIENT 11: uhm, ya

THERAPIST 12: ok so perhaps as well what could be.. you often mention that you don't feel so good inside and you feel a bit sad and

CLIENT 12: uhm

THERAPIST 13: you know stressed

CLIENT 13: um

THERAPIST 14: so could that also be related to the fact that you as a person, erm, are, are, have spent time studying and you you like working, you have dedicated time to your career erm and also to your studying and you're are quite an intelligent person and you, these things are important for you, but in your culture perhaps it is not so erm, it is more important in your culture to have children

CLIENT 14: uhm

THERAPIST 15: once you are married

CLIENT 15: yeah

THERAPIST 16: you should have children and you should follow that that route,

CLIENT 16: uhm yes

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THERAPIST 17: have children, stay at home be a house wife, and perhaps the difference of how you are and how your culture is, perhaps that makes you a bit stressed

CLIENT 17: uhm, yes

THERAPIST 18: and perhaps that could be one of the reasons why you feel a bit sad in yourself

CLIENT 18: yeah...

THERAPIST 19: you think **that could be**

CLIENT 19:... **yeah yeah**, yeah

Following my agenda, I attempt to introduce the ecological model. Client's brief responses don't necessarily indicate understanding and my interjections (eg.T12,T18) are close-ended hindering dialogue. These interjections may reflect my anxiety about session delivery and a possible unconscious fear of being unable to offer containment if certain experiences emerged.

THERAPIST 20: so, so, how do you think, erm we, how do you think this understanding, how do you think this can help you, what do you think you can do to perhaps find some of, a bit of yourself, you know, to try and, because, I, is it important that you, that you follow your culture? Is it important for you?

Interjection-T.20 is highly-laden, inviting problem-solving, clarification and reflection simultaneously. This long-winded style may impede communication especially in the presence of language barriers. Gulcin attempted to address some areas proposed, but the style of the utterance was overwhelming, keeping the discussion unfocused and preventing Gulcin from adequately processing the themes explored.

CLIENT 20: [inaudible speech] yeah very important because er I'm Turkish and we are living each other, er I know I must er if have children, look after children, er, and I just dream ee maybe look after my son, look after my children er at home, er I don't know, maybe in my country some women they can work at home erm, different you know, different maybe job, they just being to job and they made at home, you know and they they give back maybe

THERAPIST 21: how, how, what is it, sorry I am not, so they have a job which they do at home? How is it?

CLIENT 21: they sometime er, I don't know, maybe if if I search, if I, erm, job centre maybe

THERAPIST 22: **ah job centre**

CLIENT 22: **I don't know**

THERAPIST 23: uhm uhm

CLIENT 23: maybe I feel happier and look after my children and work at home **with with them,**

THERAPIST 24: **um um**

CLIENT 24: maybe, but I don't know how can I find, like this job

THERAPIST 25: I think the idea that you came up with going to the job centre, I think is quite a good idea because at the job centre, you make an appointment, they can also get you, er if you, if you feel that perhaps er

CLIENT 25: if you feel, they give you jobs for erm jobs

THERAPIST 26: jobs to do at home

CLIENT 26: **at home**

C.24/25 indicate a digression. I was aware that Gulcin was opening up and asking for help, but also that this practical help fell outside my remit and recall feeling uncomfortable at being drawn into an alien role. Given Gulcin's unfamiliarity with therapy, reflecting back these feelings would have served as an ideal opportunity for discussing client-therapist roles.

THERAPIST 27: **yes yes**, erm, erm, I know there are a number of things you can do from home, but obviously, I, I am not an expert on these things, I am not sure. So the best people to guide you would be the job centre for sure and <u>erm if you feel you can explain yourself that is that is possible, and you can also ask for there to be an interpreter</u> if you feel that that is necessary. But I think what you have mentioned I think is very important. I think it's, because if the culture is something that is important for you and that you have mentioned as well in the past that it is difficult, to, to break from tradition, to do things in a different way, you explained how you've often been judged in your life, **that's difficult for you and you don't want to be in that situation again**

On reflection the underlined text may indicate in-session process, raising important questions about in-session comprehension level. While my initial impression of our communication was positive (see-T.68,T.71) I retrospectively consider whether this evaluation stemmed from my desire to help her feel understood and make us feel comfortable in this first session without an interpreter. I am now aware that this desire coupled with the pressure to manage an effective closing session led me to be out of touch with my internal process as well the therapeutic process. I was also inadvertently passing on a message about Gulcin's ability to be understood by others.

CLIENT 27: **yes, uhm uhm**

THERAPIST 28: so perhaps it is about trying to find a balance

CLIENT 28: uhm

THERAPIST 29: you know, trying to follow the tradition of your culture, so if that means having children and being a housewife, perhaps doing that, but at the same time erm, finding a way to keep yourself alive

I inadvertently make a strong exclamation about Gulcin's situation and implications of following cultural traditions (T.29). I now reflect on the relation between this comment and my feminist views. Failing to bracket these preconceptions may have prevented me adopting the required neutral stance towards Gulcin's situation.

CLIENT 29: uhm

THERAPIST 30: to see what X likes, what she like to do and what makes you happy. Because, there is.. what do you think of this.

CLIENT 30: yeah you're right but you know erm, ah maybe I just, er you know different, other X say

THERAPIST 31: aha

CLIENT 31: or you just think about your life just children or relatives but **ehh**

THERAPIST 32: **the other X**

CLIENT 32: **the other X**

THERAPIST 33: **aha aha**

CLIENT 33: you must do, you have to do your, you must look after children, cooking, dinner, everything you know

THERAPIST 34: uhm uhm

CLIENT 34: but uh, I'm boring this time, because uu every time monotone, you know, everyday woke-up, uu look after children [*sounding out of breath*]

THERAPIST 35: yes

CLIENT 35: very boring for me

THERAPIST 36: yes

CLIENT 36: and I want to earn my money and your, maybe I just like this uu new X is comes to, new X, but [*breathes deeply*] it is very difficult..it is very difficult [*inaudible*]

THERAPIST 37: I can understand that and if we see it like this, in a, in a diagram [*therapist draws ecological model*], this is how you were saying. So this is you

In focussing on content and session objectives, I fail to attend to implicit meanings behind Gulcin's speech; possibly missing her view of the solution presented as unfeasible.

CLIENT 37: uhm

THERAPIST 38: and there is kind of its split

CLIENT 38: **yeah**

THERAPIST 39: **so one** X and two X and around you.. there is erm, the community...[*drawing*] and then even bigger is the culture

CLIENT 39: uhm yeah

THERAPIST 40: ...[*drawing*] ok so basically what we are saying is that all this is influencing you

C29-T40 reveals a minefield of unconscious material I failed to engage with. I offer an interpretation of Gulcin's experience, but could have been more congruent by utilising more empathic responses, making use of the moment (e.g.Gulcin's slight breathlessness-C.34) to reflect back a possible sense of helplessness. Feeling at a loss about the scant discussion of closure and possibly influenced by unconscious feelings that I was struggling in therapy, I grabbed onto this pre-planned intervention, without considering its limited use at this juncture and the limited comprehension level given the interpreter's absence.

CLIENT 40: yeah

THERAPIST 41: is making you have all these thoughts,

CLIENT 41: uhm

THERAPIST 42: you know, that you should have children

CLIENT 42: yeah

THERAPIST 43: and that you should be a good housewife, but at the same time there is still X and X, one side of X is saying, because of your culture and your community

CLIENT 43: yeah

THERAPIST 44: I should be at home, I should uu cook and I should look after my children

CLIENT 44: yes

THERAPIST 45: and the other X, also because of your experience

CLIENT 45: uhm, yes

THERAPIST 46: um, so, because of your school, schooling, because of your job in Turkey as an accountant… because of all this is saying, no I should leave children, I should just

CLIENT 46: ya

THERAPIST 47: I should just erm do what I want to do

CLIENT 47: **uhm yes**

THERAPIST 48: **and you are feeling** that you are kind of perhaps you are feeling you are stuck in the middle

CLIENT 48: uhm yes

THERAPIST 49: and you cannot, because you are stuck in the middle, you cannot be one or the other and you cannot be, be happy, perhaps this, as we explained, this is perhaps why.

CLIENT 49: uhm

THERAPIST 50: So, I don't know what you think but perhaps the way forward, ok, perhaps what would be good to do, alright, is to try and find a balance, is to try and find something to do here [pointing to the central portion of the diagram indicating X with the two halves she had indicated]

CLIENT 50: uhm

THERAPIST 51: something in the middle

CLIENT 51: uhm

THERAPIST 52: ok, this one we have to keep it, the culture [pointing to cultural sphere] because you explained to me before that it is very important

CLIENT 52: uhm uhm

THERAPIST 53: the community, we have to keep it because you explained before about being judged

CLIENT 53: uhm yes..

THERAPIST 54: so we have to keep it, erm, erm, these [pointing to X in central portion of diagram] are also important parts of yourself, so we have to keep them

CLIENT 54: uhm

THERAPIST 55: so we need to find perhaps something in the middle, so this idea that you have of having a job.. from home

CLIENT 55: uhm

THERAPIST 56: is a very good idea, so perhaps and you can perhaps try and think of more..more things that will keep.. here [pointing to central portion of diagram] X, will, will find the balance, you understand **what I, what I?**

T.50,56 highlight an instructional approach that doesn't foster collaboration, possibly disempowering clients. The fast-pace of these exchanges doesn't really give Gulcin space to speak, also evidenced by incidences where we speak simultaneously, and renders comprehension more problematic. Moreover, Gulcin may have felt uncomfortable to seek clarification because of possible power-differentials together with cultural norms about acceptable behaviour as a client/patient.

CLIENT 56: **yeah, yeah** I understand but uuu, maybe I just think, my English is doesn't enough for work at home. For, I just talked to my husband yesterday evening, he just laughed, because your English not enough for uu work at home

THERAPIST 57: mm

CLIENT 57: so that is very difficult, it very difficult [very low tone]

THERAPIST 58: mm, so you would have discussed this option with him?

T.58 was outside Gulcin's frame of reference and a response like 'How do you feel about your husband's reaction?' could have brought to light her interpretations of such messages and how these impact her self-esteem and well-being.

CLIENT 58: I don't know, because maybe if I found easy job, for what can I do if I find, maybe uu don't enough, much English

THERAPIST 59: yes, I, I agree with you, I don't think you should say

CLIENT 59: uhm

THERAPIST 60: No, I don't have enough English so it's not possible.

CLIENT 60: yeah

THERAPIST 61: Two things, one I think that your English erm is quite good, and in fact I am very surprised because usually when we have the interpreter you don't say very much,

CLIENT 61: yeah

THERAPIST 62: you just, you know, say **a few things**

CLIENT 62: **yeah, yeah**

THERAPIST 63: in Turkish and that is it

CLIENT 63: yeah I am not, I wasn't happy with her, interpreter because something u u I don't want to say her, you know

THERAPIST 64: so she is not always saying exactly what you mean?

CLIENT 64: no, maybe something **I don't want to say her**

THERAPIST 65: **ahh maybe don't want** to say in front of her

CLIENT 65: uhm yes yes

THERAPIST 66: ok, ok

CLIENT 66: because er, because its same country, same

THERAPIST 67: uhm culture

CLIENT 67: yeah

THERAPIST 68: ok ok, so because I was very surprised how today we have managed

Analysis highlighted the oversight of disregarding Gulcin's disclosure about refraining from certain communication possibly because of embarrassment in sharing her experiences, needs and desires with someone with a shared culture. Consequently, the opportunity to draw an important parallel with Gulcin's past and fruitfully explore the tension between herself and her environment as a factor behind her difficulties was missed.

CLIENT 68: yeah [*smiles*]

THERAPIST 69: to have a very good session

CLIENT 69: ya [*breathes audibly*]

THERAPIST 70: and a very good discussion about different things. Have you been understanding what I'm saying?

Reflecting on this basic error of inviting feedback in a close-ended and suggestive manner (and the failure to seek clarification throughout the transcript)highlighted the extent to which my stance was influenced by the specific session context and how a strong solution-focus alienated me from the necessary emphasis on client-driven process.

CLIENT 70: yeah I understand
THERAPIST 71: yes and I have been understanding no problem what you are saying
CLIENT 71: aha [*smiles*]

Final Session

Here, ample space was dedicated to re-discussion of endings. I expressed my disappointment about being unable to complete our therapy-course, while Gulcin explained that, after digesting the news she overcame her initial shock, understood the decision and looked forward to continue working towards her goals in future therapy. She also spoke about this break being well-timed around her due date, giving her opportune time to reflect on our work. Although this feedback seemed to indicate meaningful closure, given the session was conducted without interpreter, I now reflect on how sure I can be about this discussion's intricacies.

Client feedback indicated that therapy was successful to a degree with Gulcin feeling "less sad" and "alive again" through home-job searches and able to identify and challenge cognitions underlying her depression, but she still reported difficulties managing stress and social isolation.

Further Reflections

The following sub-sections seek to offer valuable reflections on crucial practice issues brought to the fore by case analysis.

1. Interpreter-work

Despite interpreter-work being a focus of supervision discussions, I retrospectively notice that I didn't give due consideration to the impact of this third individual.

Following Gulcin's request for a female Turkish interpreter, based on my inexperience and relative lack of reflection, I mistakenly viewed Ece's presence simply as an adjunct facilitating communication. While I made preliminary observations of the triad members, I then bracketed my initial apprehension about Ece, regarding her more as an accessory to therapy than a triad member and never ventured to reflect and tackle issues like:Do triad members have common goals?

Analysis made me realise that I didn't shift from the dyadic mindset of previous client work to considering the triadic dimension of the in-session dynamics, consequently failing to attend to issues like Gulcin's embarrassment in front of Ece impacting negatively on her participation and progress. Furthermore I disregarded Gulcin's disclosure of this issue possibly making her feel misunderstood and that her concerns are unimportant.

I am now aware of the benefits in cross-cultural work of bearing in mind a triadic therapeutic model underlining three sets of relationships. I also feel more alert to the complexity of this work, conscious that factors like shared culture can have diverse effects; e.g.more effective interpreting covering the cultural component of expressions, but also possible tension due contrasting views on cultural norms. As a counselling psychologist I feel that client-focus can be the guiding principle in dealing with the multiple issues at stake in this work, with client given the space to feedback his/her feelings and thoughts about the therapeutic encounter.

2. Communication

While I had an initial positive evaluation of in-session communication, re-analysis highlighted a more nuanced picture with various problems becoming apparent; Gulcin's one-word answers, my complex language and disjointed discussion flow. These all raise doubts about whether Gulcin was understanding and being understood as well as first assumed.

Reflection brought the realisation that my wanting to reassure Gulcin that she could communicate in English and desire to repay her trust in wanting to have the session without

the interpreter were probably blurring my evaluation. Most importantly, my inadequate and infrequent eliciting of feedback prevented me from grounding my perception in Gulcin's reality.

This reconsideration prompted me to re-analyse Gulcin's prior level of communication and participation. While I still feel Gulcin was engaged in previous sessions, as indicated through her eagerness to attend and non-verbal cues, her verbal interaction can be regarded as below the level required for effective therapy. While this initially concerned me, following reflection and supervision, I understood this relative lack of verbal expression as a by-product of interpreter-work where clients know they can only provide second-hand information and Gulcin's not being conversant with therapy (instead being used to brief interactions as in a doctor-patient relationship).

I retrospectively feel that I committed a significant oversight in not regarding in-session communication as greatly influenced by in-session dynamics. Concerned about explaining the concept of therapy and benefits of elaborating, I wasn't in touch with process and Gulcin's possible discomfort. Keeping Gulcin as the reference point, I should have been more proactive and in a potentially key intervention searched for space to discuss the issue of verbal expression with her alone earlier in therapy.

3. Endings

Reflection highlights that I was inadequately prepared to deal with this case's premature ending, resulting in a scant, hurried interchange about the issue and feelings of guilt and uncertainty throughout the session about this inappropriate sharing.

While my remedy was to offer a further session during this session's closure, I am now aware that following our initial conversation this rushed solution was giving a confusing message regarding the need for and way to end therapy. I needed to be open about my concern in supervision and assertive in affirming that I felt unable to end therapy appropriately at short-notice without proper preparation. In retrospect, keeping client well-being in mind, I should have asked directly for two final sessions, even if this would have required me as trainee to challenge supervisory opinion. This would have afforded Gulcin the choice of how to use two sessions in terms of her goals and between-session reflection time to devote to the exploration

of issues and feelings around ending, thus creating space to achieve meaningful closure for both client and therapist.

Despite Gulcin's decision to proceed with the session, I now reflect on the ethics of sharing such news without a firm guarantee that she could understand it accurately and discuss it in depth. My overestimation of Gulcin's comprehension level and wish to give precedence to client choice may have led me to make an ethical blunder. More careful consideration and confidence in my judgement as a trainee would have helped me be firmer with the organisation, ensuring this session went ahead only with an interpreter.

4. Process

Analysis highlights the fundamental mistake of neglecting process. Being overly preoccupied with this novel scenario, I focused on the theory and assumptions of cross-cultural work often missing valuable clues/evidence present within in-session interaction patterns. I also didn't reflect sufficiently on how I experienced Gulcin, only now noticing a sense of pity that contributed to me naively assuming a carer-mode emphasizing reassurance and ready-made solutions at the expense of empowerment. To my dismay, I never reflected sufficiently on my sense of a hidden internal strength within Gulcin, falling prey to her negative self-concept, only managing to gain a clearer understanding of the internal characteristics fuelling her constant struggle with environmental influences upon subsequent analysis.

The consequent shortage of process-based interventions and over-reliance on content-based ones,e.g.sharing of ecological model in last session, impacted this work negatively as certain issues were never substantially addressed. I feel this work generally lacked the CoP character attendance to process would give it.

5. Therapeutic Relationship

While Gulcin indicated feeling comfortable with me in her final feedback, I feel our relationship could have developed further in trust and openness as my inattention to process and inadequate handling of Ece's presence probably acted as disruptive factors. I also failed to consider how Gulcin's past relationships and IBs may have influenced our relationship, with her possibly keeping back to protect herself from rejection and me not bearing in mind this rejection theme when discussing closure.

Evaluation

This casework, analysis and report represent a priceless lesson in my training as they made me grapple at length with cross-cultural complexities, early-termination issues and challenges associated with organisational setting and laid bare certain weak spots as a practitioner.

IAPT's routine, protocol-based service and rigid policies may augment a foreign client's uneasiness with an unfamiliar health system, leading to feelings of disempowerment and depersonalisation. From my end, facing the prospect of issues like funding being prioritised before client well-being was a disconcerting experience, making me ponder the stance I should adopt within similar future settings as a counselling psychologist who values multiculturalism. Remaining mindful of cultural variations in individuals' processing of reality and consequent variation of concepts like 'depression' (Marsella,2007), I avoided such terms and sought Gulcin's specific account. Conversely, I didn't sufficiently consider clients' need to adjust to the western concepts inherent in psychotherapy before engaging (Nippoda,2002)

Mindful of these issues I sought to offer a genuine and warm approach to therapy. While I feel that these values transpired to Gulcin, there were several factors impinging on therapy's effectiveness as outlined in the previous section. Aided by the vantage point of hindsight, macro-analysis of this case brought the realisation that when faced with a novel therapeutic scenario set within the constraints of a rigid organisational setting and the pressure of being a trainee under evaluation, I lost sight of certain foundations of CoP practice. I am now acutely aware of the necessity of never losing sight of the notions of collaboration and attention to process, always adhering to an open-ended, client-driven approach leading to greater depth and processing of client experience. Aware of the need to be in-touch with my own process in-session, I am determined to develop reflection-in-action (Schon,1987); which while aligning my work closer to CoP's reflective-practitioner stance, will enhance my interventions' therapeutic value.

As I near my training's completion, experience has taught me that in striving to meet the ensuing challenges of complex scenarios, grounding myself further in CoP's ethos and value system upholding an egalitarian therapeutic encounter and a focus on client's self-determination (Woolfe,Dryden,& Strawbridge,2003) is the only viable starting point.

References

Amnesty International. (2005). *Ask Amnesty: Women's human rights defender.* Retrieved from http://www.amnestyusa.org/askamnesty/live/display.php?topic=46.

Arikan, C. (1993). Women and violence. *Turkish State Ministry Directorate General for Status and Problems of Women, 8,* 21-23.

Beck, J. S. (1995). *Cognitive therapy: Basics and beyond.* New York: Guilford

Bronfenbrenner, U. (1979). *The ecology of human development.* Cambridge, MA: Harvard University Press.

Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet, 359,* 1331 – 1336.

Cinar, E. M., & Anbarci, N. (2000). Working women and power within two income Turkish households. In M. Cinar (Ed.), *The economics of women and work in MENA.* Amsterdam: JAI Press.

Fennell, M. J. V. (2004). Depression. In K. Hawton, P. M. Salkovskis, J. Kirk & D. M. Clark (Eds.), *Cognitive behaviour therapy for psychiatric problems* (pp.169-235). UK: Oxford University Press.

Glick, P., Sakalli-Ugurlu, N., Ferreira, M. C., & Aguiar, M. (2002). Ambivalent sexism and attitudes toward wife abuse in Turkey and Brazil. *Psychology of Women Quarterly, 26,* 292 – 297.

Hapgood, C. C., Elkind, G. S., & Wright, J. J. (1988). Maternity blues: phenomena and relationship to later post-partum depression. *Australian and New Zealand Journal of Psychiatry, 22*(3), 299-306.

Marsella, A. J. (2007). Cross-cultural research on severe mental disorders: Issues and findings. *Acta Psychiatrica Scandinavica, 78,* 7-22.

Marshall, G. A., & Furr, L. A. (2010). Factors that affect women's attitudes towards domestic violence in Turkey. *Violence and Victims, 25*(2), 265-277.

Nippoda, Y. (2002). *Japanese culture and therapeutic relationship.* Readings in Psychology and Culture, 10(3), International Association for Cross-cultural Psychology. Retrieved from http://orpc.iaccp.org.

Schon, D. (1987). *Educating the reflective practitioner.* San Francisco: Jossey Bass.

Ulusahin, A., Basoglu, M., & Paykel, E. S. (1994). A cross-cultural comparative study of depressive symptoms in British and Turkish clinical samples. *Social Psychiatry and Psychiatric Epidemiology, 29*(1), 31-39.

Woolfe, R., Dryden, W., & Strawbridge, S. (2003). *Handbook of counseling psychology.* London: Sage.

Appendix 1: Historical Development of Problems

Age	Situation	Learning taken place
3-10	Difficult childhood, "sad, lonely child"	
3-15	Parents perpetually involved in child-bearing, mother responsible for child-rearing and household chores, father working in agriculture	"Women should take care of the home and family"[1], Men are the breadwinners
5-16	Parents make her shoulder age-inappropriate household responsibilities as the second eldest	Others are demanding, "I have to fulfil my obligations towards my family"
5-15	Parents discount education for their female children	Education is for males, I am not valuable
5-10	Attends local primary school, enjoys classes, excels in school-work	Education is enjoyable
10-15	Attends secondary school through financial support from parents. But is seen as a burden and expected to contribute substantially to the household	"I have to suffer to earn an education", "I have to fulfill my obligations towards my family"
5-10	Not allowed to socialise with peers after school, isolated	I am different, Others cannot be trusted, "I should not mix with my friends"
8-20	Spends much time alone reading books and magazines from libraries and shops	Females live different lives outside Turkey, I have a right for an education, I have a right to work
5-15	Teachers at school emphasize education for male peers	Education is for males, "I am less important than the male students", I am not valuable
5-15	No friends among peers who were sociable in contrast to herself	"I am not like my peers", "My peers exclude me", I am different
16-20	Pursues further education and perseveres despite family's disapproval and being only female sibling to continue	"I have to suffer to earn an education", "I have to fight to be respected", "I am not like my sisters", Further education is for males
10-20	Feels isolated from family, feeling misunderstood and	I am different, "I am not like my sisters"

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[1] Inverted commas indicate phrases used by Gulcin

	unsupported by them	
18	Feels betrayed by male/female university colleagues she befriended who spread rumours about her	I am not valuable, Others cannot be trusted, Others are rejecting
19	Experiences strong desire for a career and pursues it with fervour feeling it was within her right	I need to fight to be respected
19-21	Is employed as an accountant in a financial firm, describes this as happiest period of her life as is respected for her hard work	"Hard work earns you respect", Males tend to be top of hierarchy, There are women that value a career like me, "Even women can be respected"
21	Voluntarily stops work and decided not to pursue career. Gets married to Turkish male acquaintance	
21	Experiences domestic violence in marriage	Traditional males do not value women, I am not valuable, Others are rejecting
22	Obtains divorce	I need to fight to be respected, Even women can be respected
22-23	Is ostracised by community, avoids people due to criticism and gossip stemming from societal stigma around divorced women[2]	Women should accept the patriarchal authority of their husbands in Turkey, Others will look down on you when don't conform to societal norms, I am different, Others are rejecting
23	Decides to move to the UK to marry	
23	Marries Turkish friend in the UK she had been in regular correspondence with since her divorce	
24	Becomes pregnant, increase in stress	Being a mother is stressful and demanding
24 to date	Withdraws from Turkish community in the UK due to stigma she still feels she carries as a divorced woman	Others will not understand me, I am different, Others will not accept me because of my divorce

[2] Cinar and Anbarci (2000) highlight the presence of societal stigma around divorced women in Turkey

24 to date	Decides not to pursue career because of household and child-rearing duties	Being a mother you must forget your needs
25	Son develops feeding problems after birth	Others are demanding, Being a mother is stressful and demanding
27	Becomes pregnant again	Others are demanding, Being a mother is stressful and demanding

Appendix 2: Case Formulation Diagram (*Adapted from Beck's (1995), Cognitive Conceptualisation Diagram*)

Relevant Childhood Data

Perceived as a financial burden by family, made to shoulder age-inappropriate responsibilities as a child, felt isolated and different from other family members, lack of emotional support by parents, felt different to friends, difficulty making friends.

Later Experiences: Perceived betrayal and ostracisation by university friends

Core Beliefs

Self: 'I am different', 'I am not valuable'

Others: 'Others cannot be trusted' "Others are rejecting" "Others are demanding"

Conditional Assumptions/Beliefs/Rules

'If I trust others, they will hurt me'; 'If I avoid others, I will avoid being rejected'; 'If I keep my distance from others, I will avoid getting hurt' 'If I show my frustration, others will place less demands on me' 'I need to fight to be respected'

Compensatory Behaviour

Social Avoidance, Emotional Withdrawal, Anger outbursts

Situation 1 Has guests over	Situation 2 Husband enquires about son's health and whether he is taking his medication	Situation 3 Invited to attend parenting group
NAT *'They are thinking negatively about me'*	**NAT** *'He lacks confidence in me; he does not appreciate my efforts'*	**NAT** *'I am not like them, they will not be my friends'*
Meaning of NAT 'Others are rejecting'	**Meaning of NAT** 'I am not valuable', 'Others are rejecting'	**Meaning of NAT** 'I am different' 'Others cannot be trusted'
Emotion Sadness	**Emotions** Sadness, Anger	**Emotion** Sadness, Anxiety
IB 'If I avoid others, I will avoid being rejected'	**IB** 'If I keep my distance from others, I will avoid getting hurt'	**IB** 'If I trust others, they will hurt me'
Compensatory Behaviour Avoids having guests in the future	**Compensatory Behaviour** Withdraws emotionally from husband	**Compensatory Behaviour** Declines to attend parenting group

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┌─────────────────────────────────┐
│           Situation 4           │
│     Son vomits at restaurant    │
└─────────────────────────────────┘
                 │
                 ▼
┌─────────────────────────────────┐
│              NAT                │
│   'I cannot cope with all these │
│           demands'              │
└─────────────────────────────────┘
                 │
                 ▼
┌─────────────────────────────────┐
│         Meaning of NAT          │
│      'Others are demanding'     │
└─────────────────────────────────┘
                 │
                 ▼
┌─────────────────────────────────┐
│            Emotion              │
│       Irritability, Anger       │
└─────────────────────────────────┘
                 │
                 ▼
┌─────────────────────────────────┐
│               IB                │
│   'If I show my frustration,    │
│   others will place less        │
│   demands on me'                │
└─────────────────────────────────┘
                 │
                 ▼
┌─────────────────────────────────┐
│     Compensatory Behaviour      │
│   Anger outbursts, getting      │
│   snappy over trivial matters   │
└─────────────────────────────────┘
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Italicised text indicates phrases used by client

CASE CONCEPTUALISATION DIAGRAM

Predisposition
Early Experiences
Perceived as a financial burden by family
Made to shoulder age-inappropriate responsibilities as a child
Felt isolated and different from other family members
Lack of emotional support by parents
Felt different to friends
Difficulty making friends
Later Experiences
Perceived betrayal and ostracization by university colleagues
Dysfunctional Core Beliefs
Self: Different, not valuable **Others:** Cannot be trusted, rejecting, demanding

Precipitation and Perpetuation

Critical Event/Immediate Past

- Domestic violence in first marriage
- Divorce

INTERMEDIATE BELIEFS (link to compensatory Behaviours)	'If I trust others they will hurt me" 'If I avoid others, I will avoid being rejected' 'If I keep my distance from others, I will avoid getting hurt' 'If I show my frustration, others will place less demands on me' 'I need to fight to be respected'

COMPENSATORY STRATEGY		
Social Avoidance	ST +	Protecting self from predicted/perceived negative evaluation of others.
	LT −	Prevents self from experiencing people as non-threatening, prevents unlearning.

| Emotional Withdrawal | ST + | Relief from perceived rejection and lack of esteem, avoidance of any possible distressing interactions. |
| | LT − | Increases emotional distance from others, increases feelings of isolation. |

| Anger Outburst | ST + | Pushes others away, temporarily decreases demands placed on her. |
| | LT − | Guilt for not being a good mother/wife, increases emotional distance from others, prevents appropriate communication of personal needs. |

Appendix 4 – Literature on Domestic Violence in Turkey

Literature indicates that domestic violence (DV) is a significant problem in Turkey (Marshall & Furr, 2010) with studies indicating occurance rates of 20-63% (Arikan, 1993) and a 2005 survey by Amnesty International indicating that almost half of Turkish women are victims of family violence. DV is found to have devastating effects on a woman's psychological and physiological well-being, with significant effects on esteem and related consequences such as anxiety and depression, together with physiological consequences such as body injury, infertility and even death (Campbell, 2002).

Explanations for the prevalence in DV in Turkey centre around cultural themes. These mainly relate to the patriarchy discourse being the dominant theme of Turkish culture. Here a culture of honour exists and a man's masculinity is related to his ability to exert control over his wife (Glick,Sakalli-Ugurlu,Ferreira, & Aguiar, 2002).

While in such a societal climate a widespread trend exists towards justification and women's acceptance of the patriarchal authority of their husbands and related behaviours like DV, literature (Marshall & Furr, 2010) indicates that despite the social stigma of non-conformity, an increasing number of women in Turkey resist patriarchal hegemony and do not tolerate DV. Higher levels of education, literacy, fewer cultural enmeshments with patriarchy, less holding of patriarchal values, and the ability to access cultural and social models beyond their immediate environment are factors that have been found to increase the likelihood of women's attitude of intolerance to DV in Turkey.

Appendix 5: Ecological Systems Model Diagram

(Adapted from Bronfenbrenner's (1979) Ecological Systems Theory)

MICROSYSTEM

FAMILY
- Close-knit
- Large
- Traditional
- Overprotective

Messages: *"Women should take care of the home and family", "Education is for males," "I am different from my sisters", "I should not mix with my friends", "I have to fulfil my obligations towards my family"*

PEERS
- Sociable

Messages: *"I am not like my peers", "My peers exclude me"*

WORKPLACE
- Mixed gender
- Respected establishment

Messages: *"Hard work earns you respect", Males tend to be top of hierarchy, There are women that value a career like me, "Even women can be respected"*

COMMUNITY
- Traditional
- Close-knit

Messages: *"Women should take care of the home and family", Men are the breadwinners*

GULCIN

INTERPERSONAL

Difficulty making friends

Lack of support from family

Isolated from rest of the community

BEHAVIOURAL

Hard-working

Social avoidance

Emotional withdrawal

COGNITIVE

Intelligent, determined
Mindful of rights
Low self-esteem
Cognitions:
- I am different
- I am not valuable
- Others cannot be trusted
- Others are rejecting
- Others are demanding
- I need to fight to be respected

EMOTIONAL

Sad

Irritable

Angry

Anxious

Guilt

PREVIOUS INTIMATE RELATIONSHIP
- Abusive

Messages: *Traditional males do not value women*

SCHOOL
- Local government school
- Mixed gender
- Emphasis on male education
- Fee-paying in secondary

Messages: *"I am less important than the male students", I have to suffer to earn an education*

Patriarchal Turkish Culture
(Marshall & Furr,2010)

Prominence of large families

Father's Work Environment
- Agricultural

MACROSYSTEM

EXOSYSTEM

MESOSYSTEM

MICROSYSTEM

Refer to Microsystem on previous page for details

Extended Family
- Traditional
- Over-bearing

Strong Islamic influence

Mass Media
- More egalitarian outlook
- Provides mixed messages

Rural and traditional life-style

Lack of opportunities for females

Appendix 6: Client's marital relationship

This appendix provides more information about Gulcin's marital relationship.

As indicated in the report, Gulcin feels that her current husband respects her and is considerate of her needs, offering practical support with chores when he is home. At the same time, Gulcin explained that she feels emotionally distant from him and that they do not spend enough quality time together due to housework and her husband's work schedule.

Gulcin's relationship with her husband was not fully expanded on or discussed in depth during therapy as she constantly seemed to shy away from any discussion about him containing possible evaluative elements, almost in an attempt to protect him. While she indicated that she was happy to be married to him, she alluded to elements of emotional distance which she seem to fit with her general cognitions such as *'Others as rejecting'* and *'If I keep my distance from others, I will avoid getting hurt'*.