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### **Abstract**

The experiences of a group of twelve asylum-seekers and refugees based in the United Kingdom (UK) were investigated using Interpretative Phenomenological Analysis (IPA) to examine the nature of the trauma experienced by the participants, including the possibility of resilience and posttraumatic growth (PTG). Participants undertook a two-stage interview process - an introductory interview focused around significant artefacts chosen by participants, then a second interview engaging in a more general exploration of their experiences of trauma. Four superordinate themes were extracted from the interview data: (1) loss (2) struggle (3) memory and (4) helping coping strategies. The experience of trauma was characterized by symptoms of suicidal ideation, sleeping problems, flashbacks and high levels of anxiety. A lack of social support and the protracted nature of the asylum-seeking process were particularly problematic. However, characteristics relating to resilience and PTG were also reported, including increased gratitude and a desire to be of service. Religion was reported as a significant source of psychological support.

*Keywords:* Asylum-seekers; Interpretative Phenomenological Analysis; Post-Traumatic Growth; Recovery; Resilience; Refugees; Religion; Trauma.

## **Introduction**

Since 1999, there has been a global effort to work towards common legal frameworks that fit with the Geneva Convention and other important international agreements in supporting refugees (United Nations High Commissioner for Refugees, UNHCR, 2014). At the present time a great deal of population movement is occurring and the issue of refugees and asylum-seekers is receiving a good deal of media and political attention. Over the last decade, there has been an increase in the number of asylum-seekers coming to Europe, including a 190% increase in applications for asylum within the UK from countries such as Afghanistan, Iraq, and Syria (Jackson, 2015). Alongside these European trends, it has been reported that there has been a general hostile immigration environment for those coming to the UK over the past decade, particularly in the midst of targets being set at reducing net migration to the "tens of thousands" (Gentleman, 2019). The UK mass media have also contributed to an ever-evolving discourse in which refugees may sometimes be portrayed sympathetically, whereas at other times those in a similar situation may be labelled instead as "migrants" (Goodman, Sirriyeh, & McMahon, 2017). This has implications for how refugees and asylum-seekers are viewed by the general public and by state-based authorities and also how they see themselves.

The issue of how refugees perceive and experience their predicament is generally neglected. Moreover, the voices of refugees themselves seldom contribute to the debate. Many asylum-seekers and refugees who come to the UK have experienced or witnessed torture, war, sexual violence, chronic or acute stress, trauma, and multiple complex losses. Refugees and asylum seekers in general have been found to experience high levels of post-traumatic stress disorder (PTSD), depression, and suicidal ideation (Burnett & Peel, 2001; Porter & Haslam, 2005; Steel, Chey, Silove, Marnane, Bryant & van Ommeren, 2009). According to Fazel, Wheeler, & Danesh (2005), refugees are around 10 times more likely to experience psychiatric disorders than the general population.

At the same time, research has shown that resilience can help asylum seekers and refugees to adjust to their predicament, and protect them against the negative effects of trauma (Hutchinson & Dorsett, 2012). Psychological resilience typically incorporates two facets (i) the experience of stress or risk, and (ii) positive achievement despite adversity (Allan, McKenna & Hind, 2012). Resilience includes a healthy, stable trajectory of functionality and a return to homeostasis after being displaced from a homeostatic state (Norris, Tracy & Galea, 2009; Skodol, 2010). The development of resilience in refugees has been shown to reduce symptoms of depression and emotional problems (Ziaian, de Anstiss, Antoniou, Baghurst, & Sawyer, 2012) and anxiety and PTSD (Schweitzer, Melville, Steel, & Lacherez, 2006).

Similarly, previous research has indicated potential for post-traumatic growth among some refugees and asylum-seekers (Ai, Tice, Whitsett, Ishisaka, & Chim, 2007; Alessi, 2016; Berger & Weiss, 2006; Kroo & Nagy, 2011; Maercker, Marija, Raichat, & Karin, 2009). Previous studies have also identified some of the factors that contribute to the likelihood of PTG in refugees and asylum seekers. These have included an attitude of hope and cognitive coping (Ai et al., 2007); participation in counselling/psychotherapeutic treatment and religion/faith-based practices (Barger & Weiss, 2006); hope, religiosity and social support (Kroo & Nagy, 2011); hope, access to community and legal services, an altruistic attitude and spirituality/ religion (Alessi, 2016) and social acknowledgement (Maercker et al., 2009).

Four of the above studies dealt with quantitative data obtained via structured questionnaires, which therefore did not feature the voices of the refugees/asylum seekers themselves, nor did these studies provide any phenomenological detail of individual experience. Alessi (2016) followed a qualitative approach of thematic analysis, interviewing 26 participants using a semi-structured interview format, with individual interviews lasting 1.25 to 2.5 hours and which enabled commonalities to be obtained, but again, the in-depth uniqueness of people's experiences were arguably neglected due to this method of analysis.

The present study aimed to use IPA to provide a richer and more detailed investigation of the lived experience of a group of UK-based asylum-seekers and refugees. Insights were sought into the following questions: how does it feel to seek asylum in a foreign country, following a personal history of persecution, torture or other physical and emotional abuse? What does it mean to face an uncertain future, in a country which may feel unwelcoming - going through an asylum process which may in itself be intensely stressful and traumatic - without the likely prospect of return to one's home country and of being reunited with one's family or friends? What are the well-being needs of asylum-seekers and refugees, as they negotiate these challenges?

### **Method**

Phenomenology is the study of experiential phenomena, particularly their nature and meaning. The origins of Interpretative Phenomenological Analysis (IPA) are most often found in the field of psychology, but are increasingly utilized in health and social science research (Smith, Flowers, & Larkin, 2009). Finlay (2014) has stated that IPA as a phenomenological methodology is concerned with the nuances of people's experience and makes sense of a range of perceptual phenomena. Using this approach, the aim of the study was to explore the ontology of trauma, and efforts at recovering from trauma, as related to the lived experience of being an asylum-seeker or refugee.

### **Researchers**

We are a group of multi-disciplinary researchers based at Leeds Beckett University, UK, spread across the disciplines of psychology, counselling and psychotherapy, sports science and criminology. Linked by a common interest in researching the topics of well-being and human flourishing, in 2017 we formed "Well-being and Spirituality" research cluster. One of our team had worked for several years as a therapist and counsellor for a charity that provides support to asylum seekers and refugees. We decided to utilize this connection to investigate the traumatic experiences of asylum-seekers and refugees, with particular reference to resilience and the possibility of post-

traumatic growth, although as the project developed, the emphasis shifted towards a more general exploration of the effects of trauma and how the participants responded to it.

## **Participants**

12 people took part in this study, comprising nine women and three men. Eight identified as being asylum-seekers and three saw themselves as refugees, while one participant did not disclose their status to the research team. All participants were geographically located in the Yorkshire and Humber area of the UK. The participants' countries of origin were Nigeria (4), Guinea (3), Sierra Leone (1), Democratic Republic of Congo (1), Liberia (1), Zimbabwe (1) and Iran (1). Their ages ranged from 28 to 61 years. Length of stay in the UK ranged from five to 21 years. It should be noted that relatively small sample sizes are the norm in IPA (e.g. it can even be used with one informant, as with Eatough & Smith, 2006). The strength of the method lies in its ability to provide in-depth idiographic insights that are unique to each individual participant while simultaneously revealing shared themes common across the range of lived experiences among a group of participants (Smith & Osborn, 2008).

To protect the identities of the participants of this study, we have removed identifying information from the quotes from the interviews. The initials of the forename and surname of the interviewer are used, as well as a number showing whether the interview was the first or second. For example, 'LOD 3.2' indicated that interviewer LOD was interviewing her third participant and this was the second interview with this person. Likewise, 'GW 1.1' showed that GW was interviewing his first participant and this was his first interview with this participant.

## **Procedure**

Following ethical approval, we placed an advert for recruitment through an agency that provides therapeutic and advocacy support to refugees and asylum-seekers who have experienced torture and trauma. The invitation to take part in the study provided details of the inclusion criteria for the study, which stated that participants needed to be either a refugee or asylum-seeker and should be able to speak a reasonable level of English to enable them to communicate with the

researcher. As the agency offered specialist psychotherapeutic support, prospective participants were assessed by psychotherapists within the service to ensure they were not experiencing acute distress at the time of recruitment and were able to talk about their experience. We attached a Participant Information Sheet to the invitation, describing the research project and what participation would involve. We informed prospective participants that their travel expenses would be paid for attending the two interviews. We also offered them store vouchers that they could use to exchange for goods and services at local stores.

12 individuals fitted the study's inclusion criteria and proceeded to the interview stage. We shared the participant information and consent forms with each participant before the first interview and were available in person to explain any details before consent was obtained.

Participants undertook a two-stage interview process. For the first interview, participants were asked to bring with them an artefact ; that is, an item of significance to them that would help them to talk about their experiences. The researchers chose this method as a preliminary 'warm up' to the second interview, cultivating and enhancing rapport with the participants, and also as a method to enhance memory recall (Burden, Topping, & O'Halloran, 2015). We also wanted to enable participants to talk as comfortably as possible about their experiences and considered an artefact a good way of doing this.

The sharing of artefacts was an intimate process, which reflected and communicated features of a participant's world view and their cultural norms and values. Artefacts could have included a physical object or non-tangible elements such as a style or piece of music, or even an inner artefact (such as a thought, an idea, story or joke). Artefacts could function as a "material probe" (De Leon & Cohen, 2005) to facilitate the flow of an interview to prompt and motivate participants, and in so doing, trigger visceral responses and latent memories. In this sense, the artefact was not meant to be a diagnostic tool, but intended to be a conveyer of metaphors and associations to help understand that person's *Weltanschauung* and to provide insight into their lived experiences.

The second interview in this process was conducted approximately a week after the first interview and was a more focused exploration of the participants' experiences of trauma and their reactions to such traumas. On the basis of the rapport established during the first interview, we encouraged participants to share more detailed information and to explore the meaning of their experiences in greater depth. The second interviews were semi-structured, free-flowing and accommodated the responses of participants in the first interviews; questions progressively covered several topics including: (i) Resilience and PTG (e.g. perceived strengths following traumatic experiences, ability to cope with everyday challenges; (ii) Spirituality (e.g. extent of religious or spiritual influences); and (iii) Support received (e.g. experiences in relation to support received in the UK).

### **Analysis**

We followed a systematic and rigorous approach to analyzing the data by using good practice guidance on the use of IPA (Alase, 2017; Maltby, Williams, McGarry, & Day, 2014; Willig, 2013). 8 members of the research team were divided into pairs to analyze the transcripts, and allocated pairs of transcripts from two or three participants. The first of the transcripts was initially analyzed by each analyst to look for potential themes and then there was a cross-referencing of potential themes when both researcher pairs consulted with each other and debated the potential presence of such themes. Two members of the team performed an overarching audit of the themes that had been extracted by the analyst pairs and then cross-referenced themes across all analyses to identify prevalent themes that may be common to most participants and also unique themes that may be specific to only one or two participants. As recommended by Smith et al. (2009), emerging themes were organized into major (superordinate) and minor (subordinate) components.

Using the framework of IPA, the analysts attempted to engage in a “double hermeneutic” process (Smith et al 2009, p.35) – that is, the participants interpreted their own experiences whilst being interviewed and the analysts then interpreted the meaning-making of the participants.

Researcher reflexivity was an inherent and ongoing part of the research process. We held debriefing meetings and also wrote reflective diaries. Furthermore, one of the researchers - who has worked as a psychotherapist in the field of trauma - offered training to the others to reduce the potential for vicarious trauma.

## **Results**

### **Artefacts**

A wide range of artefacts was chosen by participants, including a pair of training shoes worn while crossing the Sahara Desert, a patchwork quilt, inspirational songs, poems, photographs, a dress, a Bible (i.e., that the participant had carried from her home country), a bag and a gourd (i.e., an African percussion instrument).

Analysis of the artefact interviews identified two main themes in relation to the choice of the artefacts, which were: (i) Inspirational and comforting effects, which represented or provided hope, and (ii) Connections that linked participants to their family, friends or homeland.

### **Themes from the First Interviews**

Finlay (2008) has emphasized the importance of reflexivity when conducting phenomenological research. The research team reflected in writing on their experience of the artefact-based interviews. Participants also had the opportunity to share their knowledge and expertise about the artefacts. This enabled participants to have more control over the interview agenda and to feel valued and confident in what was being discussed.

Given the sensitive nature of the topics being shared, artefacts allowed a gentle introduction to the more invasive questions surrounding their experiences in their country of origin, their state of mind and the potential for PTG when claiming asylum and/or being a refugee. One researcher stated, “The use of artefacts enabled the discussion to have an obvious focus, and a point from which to springboard a discussion about a journey...It allowed a trigger for memory, a more natural way to ask a question.” In the words of another researcher, the introductory interview “helped prepare the researchers for some of the traumas, anxieties and unease experienced by the



participants”. Therefore, it was evident that the artefacts helped prepare both participants and researchers for the more detailed second stage interview, in the sense that the researchers were becoming aware of how some questions could have profound impacts on participants.

### **Themes from the Second Interviews**

Table 1 shows the 4 superordinate themes, with their corresponding subordinate themes, as identified through the IPA of the two sets of interviews for all participants.

Insert Table 1 here

#### **1. Loss**

One of the most salient themes for the interviewees was the experience of loss, and the grieving of a range of losses. These various losses included ‘Loss of predictability, stability and security’, ‘Loss of interpersonal connections’, ‘Loss of identity and a sense of belonging’ and ‘Loss of dignity.’

##### ***1.1 Loss of predictability, stability and security***

The participants reflected on how uncertain their existence had been within the asylum-seeking process. This appeared to be a major source of the continual stress that they reported. The following excerpt typifies the unpredictable, unstable and insecure existence that interviewees reported as having being experienced on a regular basis:

I will say I am safe since I came. Because all these difficult things, having food or not having food, or going to school or learning about something – anything else, but at least I know there is no gun behind me here. So that is the most important. I don’t know how my life is going to be. Because the Home Office doesn’t want me. They don’t want to help me. But I have this worry, but I still say that my life, I am safe for now. [LOD 3.2]

This quote illustrates a contrast between physical safety (e.g. “there is no gun behind me here”) and the interviewee’s psychologically precarious nature (“I don’t know how my life is going to be”). This is compounded by a perceived lack of control over fundamental needs (e.g. “having

food or not having food”) and more advanced needs (e.g. “learning about something”). There is also a feeling of being rejected by the authorities, adding to the interviewee’s chronic anxiety. The following quote from other participants connect to them not feeling in control over their lives:

I don’t know what is happening for me tomorrow. I’m living in Home Office house. I don’t know they will come at night to take me to the airport. I don’t know. So, lot of, lot of things. I find myself in sickness. [JA 2.2]

Because each day that comes, it’s hard to be living the life of uncertainty. You don’t know what is going to happen tomorrow. You could just be in the house tonight.

They’ll just come with their squad and break down, get your door out and get you out, you know. Just like that. You just take the life hour by hour. For a human being to be living like that, looking at your child and thinking, ‘Oh maybe I will not be there for her 18th birthday. Maybe I might not be there for her marriage.’ [LOD 2.2]

The first of the two excerpts offers insight into the effects of the threat of deportation. The first excerpt portrayed this ongoing concern as a state of “sickness” with their life being solely determined by the Home Office. The second excerpt also depicts a precarious life situation, with a graphic illustration of possible deportation.

Other participants described feeling as if they were living in a state of limbo regarding their leave to remain. Their frustration was compounded by existing on minimal financial support from the State, whilst being prevented from engaging in paid employment. One participant described himself as “like a prisoner, but just out on the streets” [LOD 2.2]. He went on to describe his embarrassment and lack of self-respect at living on limited funds and having to inherit clothing from friends or purchase items from a charity shop.

### ***1.2. Loss of interpersonal connections***

A consequence of the traumatic experiences that propelled participants into being asylum-seekers/refugees was a loss in the quality and quantity of their interpersonal relationships, as is evidenced by the following two quotes:

One thing I know, I don't know if it's positive or negative, I don't trust anymore. I've lost that trust. Yeah. Because of the role my Dad's best friend played in the attack...It's very hard for you to promise me now, and for me to actually believe it, where it's hard for you to tell me 'OK, I'll do this' or 'I did it'. I'll question it, even if I can see that it's true. [EC 1.2]

And then another thing, what the UK [is] going to give me today, which is more than my wife and my own daughter? What thing? I will be happy when I've got something, when I'm enjoying it with my wife and my daughter, my family. Not just me. [LOD 3.2]

The first excerpt describes the emotional scars of the participant due to a betrayal that led to the murder of her family members and her rape, and ultimately to her flight from her home country. The second excerpt is reminiscent of a grieving process in which the interviewee bemoans the fact that he does not know whether his wife and daughter are alive, and suggests that his lack of connection to them cannot be compensated by any material means.

### ***1.3. Loss of old identity and a sense of belonging***

Another common thread to the trauma of being an asylum-seeker or refugee is the loss of the participants' previous identity.

You know anywhere that I went to find a way to go through the system, to be accepted and work a decent job – because I used to teach in my country. I didn't want to go for cleaning and things like that. Because I thought this is not my level or ranking of, you know in society... Yes, I wanted to go to work like others. I don't want to say – it's embarrassing to say that you are on benefits. I've never been in my country on benefits. Yeah. I had my own house. I was rich enough to pay everything that I wanted. And I still have those things, but I can't use it here. [LOD 1.2]

...think about the difference – the time I was in [name of home country], how I was doing my things, my business, living with my family, my happiness. And I think right now, I feel lonely. I feel down. [LOD 3.2]

It is evident that both participants view their present social status as lower than before, and that is a source of humiliation for them. The first participant goes on to criticize herself for being unable to create a new life that could connect her with UK society. She is aware of other asylum-seekers and refugees who are able to successfully resettle, and is confused and frustrated by her own inability to belong and thrive:

I thought, ‘OK, you know, I worked hard to come here and to survive all these situations, and what is this with me that people could, you know, make it like a home here, but I can’t?’ I don’t, still after these years, I don’t feel like I’m at home. You know, to me it’s like some temporary time that I have to – like in a prison, you have to finish and then go back to your real life. I don’t take it as a real life, and I’m just rejecting all the opportunities, because, you know, it’s like, you think you don’t belong to here. You’re coming back, you know. [LOD 1.2]

This quote reveals a deep sense of feeling unsettled ("you don't belong here") and self-criticism ("what is it with me"). The participant appears to have created a psychological "prison" for herself, holding out hope of getting "back to real life" in her home country and using this as a reason for declining certain types of employment.

#### ***1.4. Loss of dignity***

Lack of financial independence was perceived by participants as degrading. Everyday activities such as shopping and travelling became problematic, and they perceived this as humiliating. The following quote starkly illustrates this disempowering dynamic:

The Home Office, a little bit, they were digging my grave without even killing me. It was so difficult. was living on vouchers. £35 a week. It’s not easy. I have to stand in the supermarket, wait for people, asking them to change it; give them £35

voucher, offering them to give me £20 or £25, just because I want the cash to get food from the African shop. Those vouchers are only [for] Morrison's, Tesco and Asda. Those vouchers, you cannot use them to buy bus passes. So I need cash. I'm a woman. I need some personal things, personal, private – like pads for periods.

[LOD 4.1]

This participant used the phrase “digging my grave without even killing me,” revealing her great sense of shame. Another participant described a similar response:

You don't have money...If any organization say they will keep you, you must follow that. If they make cabbage, you must eat that. If they make salad, you must eat salad...They cannot make all you need, and they cannot even – because me, me personally, I don't like to ask. The only thing I hate all my life, begging, beg something. I work. I always worked. Yes, I always work. So even [if] I stay with you and you're helping me for some time, I'm having difficulty to tell you I have this problem. Because it's like I'm begging you or I'm telling you my problem to help me. [LOD 3.2]

In addition to a sense of humiliation, the participant is also describing a lack of autonomy. It is clear that this interviewee does not feel at all comfortable in having decisions made for him, having previously been self-sufficient.

The loss of dignity manifested itself in other ways, particularly in relation to the demands of obtaining secure and stable accommodation. Homelessness, or needing to move from one housing shelter to another, appeared to be particularly humbling, as the following quote illustrates:

I came to the UK. I had a lot of difficult things. In the winter the Home Office told me to leave the house. I didn't have anywhere to go. It was snowing everywhere. I had to go to stay in the park. I didn't have any friend, anywhere to go. When it's snowing, trust me. My case worker told me, come at six o'clock, or half past six. I

will arrange somewhere for you. I will call people to get you a place to sleep for the night. [LOD 3.2]

In addition to the practical difficulties of having nowhere to sleep, this participant was experiencing a lack of autonomy, similar to the previous participant who could not choose his meals. Other participants reported a sense of humiliation at their treatment by the authorities. There was a great dissonance between their actual needs (for care and support) and the way they were treated, as the next quote illustrates:

I go in detention, because that detention is not just detention. That is prison. So I was like 'I go in prison. It's like you're a criminal' but I am not a criminal. I am in trouble. I am sick but I go in the prison. [JA 2.2]

In essence, the participant appeared to viewing her deprivation of liberty as punitive, rather than rehabilitative and supportive.

The loss of dignity for some interviewees was particularly salient in their encounters with other settled asylum-seekers and refugees. The following quote refers to having a “stay” (i.e. a right to remain) and how difficult it was not to have this when interacting with others from their own community:

When you tell them 'I don't have a stay', it's like you have a deadly disease on you that they don't want you to transfer it to them. So when you live with them, because they know you don't have paper, you will not complain them to anybody, you will not cry to anybody. Yeah. So they will take advantage... [JA 1.1]

In this quote, we again see evidence of a precarious housing situation (“squatting”) and the lack of a leave to remain as a way of degrading the interviewee. It is striking that the participant uses the analogy of contagion, illustrating a pariah-like status within her own community. She also comes across as feeling vulnerable, especially in relation to viewing those in her community as potentially using her uncertain status as an excuse to treat her in a malevolent way.

## **2. Struggle**

Along with ongoing feelings of loss, there was a dominant and recurring superordinate theme of struggle. This struggle manifested itself in various ways, the following of which were most significant: the struggle with legitimacy and not being believed; the struggle with concealing emotions; and undergoing a difficult psychological (as well as physical) ‘journey’.

### ***2.1. Struggle with legitimacy and not being believed***

Participants reported experiencing a constant struggle of not feeling that they were ‘legitimate’ persons who would have the right to exist in the UK. They perceived that they were disbelieved by the authorities, and that they were obliged to repeatedly justify the legitimacy of their claim to live in the UK. They saw themselves as struggling to win a war of attrition with the authorities, who were trying to wear down their will. The following quote epitomizes this aspect of struggle:

Anything you tell them, they always say it’s a lie...And you can’t force them to believe you...I don’t explain this to the Home Office. I will never explain, because they will never take it. They will never believe it. [LOD 3.2]

A ‘them-and-us’ positionality was a common theme of the participants’ accounts, together with a sense of the enormity of the struggle to be seen as ‘legitimate,’ leading to stress and psychological exhaustion. For example:

It’s part of the process. It’s like they want to stress people. They want [you] to think, you still have a way, that you can go back. And they want to put you into tension that what’s, that you want to go. They advise you if you want to go, they can help you. They can do this. They can do that. But when I know what I’m going to face at home – where am I going to put my head in the danger? [FM 2.2]

First it was monthly and then they asked me to come every week. Because they wanted to make me exhausted and just say, ‘No, I’m coming [going] back.’ But I didn’t. I stayed [LOD 1.2]

The two quotes above illustrate the participants' perception that they were continually being challenged and tested by the authorities. The first participant appears to create an emotional distance from her uncertain asylum situation, by viewing it as "part of the process." This process plays out in her mind with a tug-of-war struggle in which she believes she is made to feel unwelcome (e.g. "They advise you if you want to go"). The second quote is also a reflection of how arduous and unfair the participant perceived the system, with a sense of pride that she has been able to persist and stay the course, in the face of obstacles.

### ***2.2. Struggle with concealing emotions***

The struggle to be believed, particularly in their regular questioning by the authorities, meant that the participants needed to continually vigilant, monitoring what they revealed to others. The participants appeared to become unsure of the appropriate times to reveal one's thoughts and feelings, which led to a sense of isolation. There was a perception of needing to stay strong and carry one's burden alone, rather than communicating and sharing their struggle. This dynamic is epitomized by the following two quotes:

I carried my pain. That's why I say, I will smile while I'm bleeding inside...No one helped me. I carried my pain. No one carried them for me. [LOD 4.2]

...at the same time, when she [his daughter] comes smiling at you, you have to be smiling, just to please her. It's torturing. It's mentally torturing. It's mentally torturing. And that's how I have to live. [LOD 2.2]

Both of these quotes reveal an intense sense of isolation, and the acute psychological suffering of not living in an authentic way, in the sense of being unable to share feelings, even with loved ones.

### ***2.3. Struggle as a journey***

The notion of a psychological struggle akin to a journey - running parallel to their physical journey to the UK - recurred in participants' narratives. The following three quotes offer insights



into the meaning-making that each participant derived from the psychological trajectories that they had so far travelled (or failed to travel):

I remembered all the reasons why, all the times I should have been dead. There were eight or nine times I should have been dead in the past. Why did God keep me [alive]? I've been raped, I've been tortured, I've been humiliated, I've been stripped off. I used to have a good, wonderful life. I had everything anyone would dream of in the world. Everything was stripped off me within two hours. But yet my life is still intact. How did I come this far? [EC 1.1]

For me, when I look at my quilts, I look at them as a part of my journey in the asylum process. Because I actually remember sometimes where I got the fabric, around what time when I got that piece of fabric. Because like this one is quite a colorful one. It reminds me of the journey that I've walked in the asylum system. [FM 1.1]

To me it seems that I haven't moved on from that place. Still I'm thinking about that place, and everything happens over there [in her home country], you know, engages my mind. [LOD 1.2].

In the first quote, the participant appears astonished by her metaphorical journey and the difficulties - including extreme psychological and physical trauma - she has overcome ("How did I come this far?", "Why did God keep me [alive]?"). Similarly, the second participant appears to have developed a coherent sense of the journey she has undertaken, with evident patterns of meaning (as symbolized by the quilt). In contrast, the third participant appears to feel no sense of progression ("haven't moved on from that place"). This participant is still preoccupied with her home country, which has hindered her efforts to become acculturated and immersed within her host country.

### **3. Memory**

The participants' efforts to understand and recover from trauma was complicated by their symptoms of post-traumatic stress, which included intrusive memories, nightmares, and flashbacks.

This chronic state of trauma appeared to negatively affect their faculty of memory. However, participants did acknowledge that their ability to remember other (more positive) incidents, situations and music from their home country was potentially beneficial, as a way of alleviating the trauma of their painful memories.

### ***3.1. Impact of trauma on memory processes***

The following two quotes illustrate how the participants attempted to make sense of the weakness of their memory recall abilities:

Like you ask me, like one month or two month, you tell me when did you come here to do this one I will have forgot because I know my head. It's too much for me... So I can't keep things. So if I want to, I will just write. ...because if I don't do that. You know some people they ask you 'ah you remember you say ...?' They will say you are lying. And me I'm not like that. I can't keep things. I'm like that because is too much for me, so if you want to ask me, I say 'ok let me look at my book. It's this one' [GW 1.1]

The past ones, sometimes I remember, because when I started the story, I could remember some things...Sometimes I forgot the dates or the days. I just say 'around this time' – around 2012, 2013. Or maybe this. But I cannot tell you exactly. This day or this month – it's very difficult for me. I forget things a lot, because my head is full of problems [LOD 3.2]

In the second quote, the participant has made a clear link between his poor memory and his ongoing stresses and concerns. In a similar fashion, the first excerpt describes how the participant's fragile memory potentially causes difficulties with the authorities, and how she defends her credibility ("they will say you are lying") by using a note book. The first quote highlights an issue of memory retention ("can't keep things"), whereas the second quote seems to illustrate difficulties in recall.

### ***3.2. Importance of memory for recovery***

Despite their fragile memories (due to regular experiences of post-traumatic stress), participants were keen to memorialize events and feelings that could help them to cope. The following two extracts illustrate the importance of connecting to physical artefacts (and their associated memories) in aiding recovery from such stress:

I feel drawn back home. It's like all the memories will come to you. You remember this song very well, and you'd remember a certain scenario where probably something happened when you were listening to that music, or what would be happening at that particular moment [FM 1.1].

Twelve years, because I bought [them] in [name of home country]. I came like 2005, I came to this country. So I bought them like a year before I came. And I can still, you know, when I take the shoes – because the time I went to buy these shoes my girlfriend then, back home, she took me there to buy [them]. So every time I pick up these shoes, my mind reflects on her [DC1.2].

Both quotes illustrate the poignant and ameliorative effects of memories of occasions and relationships "back home." In the first quote, it is interesting to note that the participant feels she is "drawn" back home, via the lyrics of a memorable song, relating to the time and place of significant moments. This "pull" back home was interpreted by the participant as being therapeutic, the second participant also describes positive memories (relating to his shoes) of his girlfriend, which have a similar nostalgic and uplifting tone to the first quote.

#### **4. Perceived helpful coping strategies**

When exploring the potential for post-traumatic growth and the realization of resilience among the interviewees, several patterns emerged. These included: a sense of gratitude; attempting to connect to God and religious or spiritual beliefs; being of service to others, particularly those in a similar situation to themselves; an attitude of acceptance; and awareness of personal change and growth.

##### ***4.1. Gratitude***

Gratitude appeared to be pivotal for many of the participants to aid in their recovery from trauma. Their sense of gratitude often centered on acts of kindness they had received, and on the value of being alive in contrast to previous situations of life-threatening danger or hopelessness.

These grateful feelings and thoughts are epitomized by the following two extracts:

And those are the people that matter to me and that's why I wanted to bring my residential permit card. That one matters to me too because it always reminds me of the people who have been there for me. Because when I came to [name of city] I had a lot of experience and changes. There we have a lot of people who are supportive so any time I see my residential permit card it reminds me of those people [JA 1.1].

[On the] Home Office side, it's always horrible...But with the charity, these people, they are doing their best. They are helping. Yes, I really appreciate that. [LOD 3.2]

These two quotes illustrate how much the participants in general valued the help and support from charities set up to assist asylum-seekers and refugees, which was contrasted by their treatment from the Home Office. The following extracts contain expressions of gratitude in relation to the wider context of life itself:

I feel grateful that I'm still alive. Yeah. I'm still alive and I'm still moving...Because I've heard of asylum-seekers who committed suicide...Left a note that they shouldn't blame anybody. He's just tired of everything. Committed suicide, yeah. So I feel grateful I'm still alive. Yeah. And I feel grateful that there are still good people out there – yeah – who can come to your aid when you need them. [JA 1.2]

I feel grateful because I find that maybe I can also have a life also...I just find that I'm here so somehow I'm thinking that maybe I can also have a life just like this, even though my family's nowhere to be found, but if I can have a

life here. Because I am far no one will get to me to come and kill me. I am far. I am here. [JA 2.2]

The first quote above shows a sense of gratitude deriving from a comparison with other asylum-seekers who did not survive the asylum process, whereas the second quote sees her present situation in the light of threats to her life in her home country.

#### **4.2. *Connecting to God/Faith***

For most of the participants, their religious faith was an important part of their lives which they believed had helped sustain their sense of hope during difficult times. The need to connect to God via prayer appeared to be vital to some interviewees. For example, in the following extract, the interviewee reports a spiritually-based personal transformation that she has attributed to her connection to God. This transformation is seen as a kind of 'lens' through which she has a coherent view of the world:

I look at the world spiritually [more] now than ever. I feel so glued, or maybe because I am more rooted in His words, and I've been grounded in His grace that puts me through. Maybe that's why I look at the world ... everything about me's spiritual [EC 1.2]

Here the term "glued" is significant in relation to the later subordinate theme of recognizing identity shifts and personal growth, where the same participant describes herself as "unbreakable." The notion of being "stuck together" is interpreted as evidence of the power of her spiritual connection.

The following extract from a different participant describes his need to show commitment to God and pray, even if there may be times when prayer (and life itself) appear meaningless.

Like you hate your life. You will hate everything. Even sometimes you can tell yourself, 'I don't want to pray.' Because God knows me, and God knows what I am doing is right...That's why, when you are in a difficult time, pray

more. Don't say, 'I'm not going to pray until I've got difficult [situations], and I pray'. Keep praying. If you are in a difficult time, pray more. And the more, the more – that means you believe. So I pray a lot. [LOD 3.2]

Here, in addition to reflecting on the vital nature of prayer, the participant is also seeing it as a source of support, and describes how thinking of an omniscient God ("God knows me", "God knows the problem") provides a sense of comfort, and perhaps alleviates a sense of isolation that is sometimes experienced.

#### ***4.3. Helping others/giving service to others***

A common coping strategy for many of the interviewees was being of service to others. Giving back to the refugee and asylum-seeking community was seen as pivotal. The following excerpt is typical of the trend among the interviewees to be altruistic and of service:

I'm not a parasite person. You know, I wanted to do something. I know that I can...Even here, I'm working as a volunteer in the surgery that I'm going [that I attend]. It's for the refugees. I'm working as a volunteer, as an interpreter. I'm working as a volunteer for the health events. I manage some health events for them to come, for the diabetes people, for the people who have problems. [LOD 1.2]

What is noteworthy here is the evident sense of pride the participant feels at being able to give back to her community, through interpreting and in helping those with chronic health problems. Helping others who are less fortunate than herself seems to give the participant a sense of agency ("I know that I can") and also authority ("I manage").

#### ***4.4. Acceptance***

Another coping strategy that participants perceived as healthy and helpful for their recovery from the trauma was a philosophy of acceptance, particularly towards situations that were not controllable. The following quotes offer some insights into this dynamic and how effective the process of acceptance was perceived to be:

It's all right. I personally don't have any problems with anyone, even though I see some of the ladies fighting. I always say to myself, 'I'm just living with this person temporarily. I'm not going to be living with this person for a long time'. Some people come quickly and their cases are done with quickly, and they move on...Although I might not like what some of the people will be doing, but I just keep telling myself it's going to end soon, and life goes on.

[FM 1.2]

I didn't think I had anything left, but not until I was able to accept what happened, I came to terms with it and I was able to process through what I went through, the experiences. So, I've accepted it now and, yes, the flashbacks still come, the traumatic memory is still there, it never stops lingering, but I'm fine, if you know what I mean. [EC 1.2]

The first extract illustrates an awareness of the transitory nature of difficult situations ("I'm just living with this person temporarily", "it's going to end soon"). An attitude to acceptance appeared to give the interviewee a sense of perspective that enables her to tolerate challenges and see them as trivial. The second extract seems to show a more integral psychological shift. The participant appears to recognize the importance of processing her experiences, so as to come to terms with the permanence of her residual trauma ("the traumatic memory is still there"), and she seems to be doing this via an attitude of acceptance.

#### ***4.5. Recognizing identity shifts/personal growth***

As a result of the challenges and changes they had been through, some participants had seen dramatic shifts in their self-concept, feeling as if they were more resilient and confident, as the following quotes reveal:

So I say I'm a better person today. I understand life better now. Spiritually. Physically. Even emotionally to some extent. And, of course, I'm a stronger person now. I'm quite unbreakable now because I say 'if that didn't break

me, I've nothing more to break me. Maybe God himself will have to come down and break me.' [EC 1.2].

Yeah, I think it has changed me. Because now I can easily pick where something is not going all right. And I feel, because where I am, I am able to speak. I'm able to open my mouth and say something about it. So that's the change I feel, it's in me now. [FM 1.2]

In these two extracts, we see perceptions by the two interviewees of post-traumatic growth. The first extract appears to show PTG as multi-faceted ("Spiritually. Physically. Even emotionally"), whereas the second extract seems to depict a more limited conception of PTG, in terms of decisiveness and confidence ("pick where something is not right", "I'm able to open my mouth"), with some lucidity of thought and the power to advocate and effect change. Both quotes offer evidence of the potential for PTG among some of the participants within this sample of asylum-seekers and refugees.

### **Discussion**

The first three superordinate themes of this study (loss, struggle and memory) illustrate the high level of trauma experienced by the participants. This led to severe psychological problems, including high levels of depression, anxiety, stress and suicidal ideation. This accords with previous research showing very high level of psychiatric disorders amongst refugees and asylum seekers (Burnett & Peel, 2001; Fazel et al., 2005; Porter & Haslam, 2005; Steel, Chey, Silove, Marnane, Bryant & van Ommeren, 2009). One of the main contributions which the present study makes to previous research is to reveal the multi-faceted nature of the psychological issues faced by the participants, with an emphasis on phenomenology rather than diagnosis. For example, we found that there were several different aspects of loss experienced by the participants, including the loss of predictability and security, the loss of interpersonal connections, the loss of identity and dignity, and so on. Similarly, we found that there were various types of struggle experienced by the participants, including the struggle of being disbelieved, and of concealing thoughts and feelings.



The themes of struggle and loss showed that the original trauma of the experiences which had led the participants to flee their home countries was overlaid with a second layer of trauma deriving from their experiences as refugees and asylum seekers. This second layer of trauma was largely related to their dealings with immigration authorities, the insecurity of their position, and feelings of illegitimacy, a lack of dignity, autonomy and social status. Rather than protecting them from hardship and providing a refuge, the process was paradoxically a source of further hardship and trauma.

One interesting finding of the study - in relation to the superordinate theme of memory - was that memory appeared to be both a source of trauma and healing for the participants. While participants were aware that the memory of traumatic experiences brought them stress and depression, they were also aware that positive memories from their previous lives could be helpful, connecting them to more positive times, and reminding them of the possibility of a more positive future. In particular, this aspect emerged from the first series of interviews with artefacts, where the artefacts provided a tangible physical connection to a more positive past.

As noted in the introduction, previous studies have shown a significant degree of resilience and post-traumatic growth in refugees and asylum-seekers, associated with - and facilitated by - religion/spirituality, counselling/psychotherapy, social acknowledgement and support, and the utilization of legal and support services (Alessi, 2016; Hussain & Bhushan, 2013; Kroo & Nagy, 2011). Other research into PTG following bereavement has indicated the importance of social support (Aguirre, 2008). In this study, participants generally perceived a lack of social support, with feelings of alienation, stigmatization and perceived hostility from authorities, with a lack of access to legal and support services. Perhaps this explains why the level of post-traumatic growth reported overall by the participants does not appear to be as significant as amongst other samples (Ai et al., 2007; Alessi, 2016; Berger & Weiss, 2006; Kroo & Nagy, 2011; Maercker et al., 2009).

Nevertheless, there was certainly some evidence of resilience and PTG growth amongst the sample. The fourth superordinate theme highlighted a number of positive aspects of their

participants' attitudes and practices, which helped them to cope with their difficulties and also promoted resilience and growth. These included gratitude, religiosity, being of service to others and acceptance. Religion emerged as an important factor in promoting coping and resilience. In general, the participants reported a high level of religiosity, and it was clear that their beliefs and practices provided a great deal of psychological support and sustenance. Some observers in affluent secular countries (for example, Dawkins, 2016) find the persistence of religious beliefs in the world - despite the prevalence of scientific knowledge which undermines many elements of religious belief - difficult to understand. However, since a large proportion of the world's population lives in challenging circumstances, experiencing poverty, insecurity and oppression, it is likely that religious belief plays an important role in promoting resilience and coping (as exemplified by this study).

The importance of acceptance in personal growth - particularly in processing painful experiences - was another significant finding of the study. A study of the phenomenon of sudden and dramatic transformation in the context of intense psychological turmoil and stress suggested that an attitude of acceptance (or related attitudes of surrender or letting go) was an important catalytic factor in a shift into a new higher-functioning state of being (Taylor, 2012). Acceptance is the final stage of Kübler-Ross's (2005) five-stage process of dealing with trauma and loss, the preceding four stages being bigger, denial, bargaining, and depression. The findings of the study support such previous findings about the developmental and transformational benefits of an attitude to acceptance, in contrast to a mode of diversion and resistance.

Some of the traumatic experiences reported by the participants in this study (i.e. those that led to them fleeing their home countries) involved extreme and intense forms of suffering, including torture, attempted murder, and the murder of relatives. The fact that, in spite of this, there was some evidence of personal growth supports the finding from previous research that PTG is possible following the most extreme forms of trauma (Calhoun & Tedeschi, 2004; Lindstrom, Cann, Calhoun, Tedeschi, 2013; Sheikh & Marotta, 2005). It is also important to note that, in this study, most

participants were asylum seekers (eight, with three refugees and one whose status was unknown). Those who have been granted refugee status may experience less insecurity and anxiety than those still seeking asylum and so be more predisposed to develop resilience and personal growth. Calhoun & Tedeschi (2004) have noted that PTG is most likely to occur once traumatic symptoms have diminished to some degree. The protracted nature of the asylum-seeking process can therefore be viewed as obstructive to diminishing of symptoms that might facilitate PTG.

### **Potential Limitations and Strengths**

Although all participants had resided in the UK for a number of years and spoke English with some fluency, it is possible that the fact that English was their second language reduced some of the detail and accuracy of their reports. Although the researchers felt they succeeded in developing a rapport with the participants (which was largely the purpose of the first artefact-based interviews), it is possible that their general lack of trust also limited the information they were willing to share. Another limitation may be that this study did not make a distinction between asylum-seekers and refugees.

The use of artefacts, along with the deployment of a follow-up interview for each interviewee, allowed for deeper explorations of participants' experiences to take place. We viewed this as a particular strength of this study as some studies (e.g., Smith, Joseph, & Nair, 2011) deploying the IPA method have tended to use one-off interviews with participants, which may limit the breadth and depth of experiences that can be accrued and analyzed.

### **Conclusion**

As well as illustrating the severe psychological difficulties experienced by this sample of refugees/asylum seekers, the study highlighted the factors which both facilitated and limited resilience and PTG. One of the major limiting factors was the perceived hostility and lack of support of official bodies throughout the asylum-seeking process, which was a major source of ongoing stress, frustration and anxiety for the participants. From the perspective of the participants of this study, the UK asylum system was not seen as providing them with any measure of

protection, but actually providing an environment of re-traumatization. In the participants' eyes, there appeared to have been a conscious effort to deny them support, with the aim of making the asylum process as problematic as possible.

Although the sample size of this study (as with all IPA studies) was small, it may provide some guidance of the potential development of evidence-based interventions for targeting and alleviating the traumas experienced by asylum-seekers and refugees, with an aim of helping them to recover and integrate more fully into society. These follow on from the factors that were identified as promoting coping, resilience and PTG. For example, it may be beneficial to enable asylum-seekers and refugees to engage in activities related to their faith, and to harness their strong altruistic impulses by allowing them to contribute to society, rather than being excluded and stigmatized. As previous studies (Alessi, 2016; Hussain & Bhushan, 2013; Kroo & Nagy, 2011) have shown, social support is essential for the development of resilience and PTG in refugees. In this study, the work of refugee support agencies was viewed by the participants as vital to their psychological health. Continued funding for such groups is therefore essential.

Overall, this study has provided a multi-faceted and intricate examination of the nature of the trauma experienced by the sample, together with a similarly detailed examination of the factors that could promote resilience and PTG among asylum-seekers and refugees. Such an intricate and wide-ranging phenomenological analysis is valuable at a time when asylum seekers and refugees are often dehumanized in political and media discourse, partly simply to allow their own voices to be heard.

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Table 1

*Themes Representing the Ontology of Trauma and Recovery among Asylum-Seekers and Refugees*

Superordinate Theme	Subordinate Theme
1. Loss	1.1. Loss of predictability, stability and security 1.2. Loss of interpersonal connections 1.3. Loss of old identity and a sense of belonging 1.4. Loss of dignity
2. Struggle	2.1. Struggle with legitimacy and not being believed 2.2. Struggle with concealing emotions 2.3. Struggle as a journey
3. Memory	3.1. Impact of trauma on memory processes 3.2. Importance of memory for recovery
4. Perceived helpful coping strategies	4.1. Gratitude 4.2. Connecting to God/faith 4.3. Helping others/giving service to others 4.4. Acceptance 4.5. Recognizing identity shifts/personal growth