RECOVERY FROM PREMIGRATION TRAUMA AMONG RECENT IMMIGRANTS FROM AFRICA: WHAT HELPED? WHAT DID NOT HELP? WHAT WOULD HELP?

by

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Abstract

The principal aim of this research study was to examine what immigrants and refugees from Africa experienced as helpful, unhelpful or what would have helped in their recovery from pre-migration trauma.

The sample included thirteen self-referred participants residing in the Lower mainland, British Columbia, Canada. Participation in this study was based on the following four criteria. First, the participants were immigrants, refugees and international students from Su-Saharan Africa who arrived in Canada between 1991 and 2003. Second, the participants had experienced trauma in Africa, which they volunteered to share. Third, they confirmed not to be undergoing therapy or psychiatric treatment at the time of the interview. Fourth, participants were to be adults between 20 and 50 years of age.

The Critical Incident interviews were utilized to screen the participants, collect and analyze data. Incidents were further organized by placing them on a timeline methodology. The timeline categorizes the low and high points of events that happen in a lifetime according to three main periods, namely; beginning, middle and end of the process of recovery from premigration trauma. Three hundred and twenty eight incidents were formed from 13 interviews including, 140 incidents helpful (42.68%) with the participation rate of 70.77%, 119 unhelpful (36.28%) with the participation rate of 64.10% and 69 would be helpful incidents (21.04), participation rate of 53.85%. Most of the incidents reported by the participants were based on refugee experiences.

The findings suggest a mental health intervention that recognizes the social support, beliefs and security. Future research should aspects of culture in the appraisal and healing of trauma as well as tenets of programs based on the context of those served not

expert opinion. Experiences of health caretaker, support personnel international students who migrated under the auspices of the host Government's sponsorships need to be examined in order to develop a theory that is grounded on the lived experience.

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CHAPTER I

INTRODUCTION

This thesis examined the experiences of recent immigrants and refugees from Africa who experienced premigration related trauma. The study provided the research participants with a conducive environment to voice their traumatic experiences and elaborate on what helped, did not help and would help them to recover from these experiences.

According to the Statistics Canada Census Report (2001) about 5, 448, 480 immigrants arrived in Canada between 1961 and 2001. The number of African immigrants increased 23.24% over five years from 229, 300 in 1996 to 282, 600 in 2001. About 24, 700 African immigrants reside in the Lower Mainland of British Columbia. To integrate these individuals, specialized social and welfare services were set up through community initiatives, including Vancouver Association for the Survivors of Trauma (VAST), Immigration Services Society, MOSAIC, as well as hospitals. While acknowledging the effective contribution of these services, the debate continues about the gap in mental health provision and many see a need for methodologically sound studies based on the lived experiences of this population, so as to understand the context of migration distress and strengthen the existing network of mental health and support services.

Several programs that are created through community initiatives have proved to be helpful. However, some programs have been developed more from the expert views of the agencies and less on the lived experiences of the clients. In most cases, studies of the multicultural context either omit the experiences of the African clients or over

represent the homogeneity of all collective cultures, assuming that there is a uniform worldview about illness and treatment, which requires uniform models of assessment and recovery or healing. Bloehnlein (2002) alludes to the debate about importing treatment approaches for massive traumas, wars or natural disasters, "that do not take into account the historical, political or healing traditions of specific cultural communities" (p.702). In agreement, Kleinman (1988) states:

> From the cross - cultural perspective, the fundamental question in psychiatry - how to distinguish between normal from the abnormal; how disorder is perceived, experienced and expressed; why treatments succeed or fail; indeed the purposes and scope of psychiatry itself – all are caught up in reciprocal relationship between the social world of the person and his body/self (psychobiology) (p. 3).

Kleinman's assertion about people's unique perceptions, experiences and expressions of illness is valid for the understanding of illness and treatment, because in Africa psychology is based on collective religious practices and less on natural science. The beliefs in misfortune and spirits still form a basis for discovery and treatment of misfortunes for the majority of the people of Africa, both in urban and rural settings. Hence, traditional healing combines a number of pragmatic approaches such as, "dream interpretation, pharmacotherapy, possession dance, exorcism and shock therapy" (Akinade, 1999, p. 372). In addition, according to Akinsulure-Smith & Smith (1997) in times of emotional distress individuals from Africa naturally seek guidance from members of the extended family such as elders, rather than from mental health service professionals. This research also noted cultural, religious, geographic, and economic differences within Sub-Saharan African countries and a long history of social transformations bringing a growing move towards contemporary culture characterized by preference of medical based models of diagnosis and treatment of illnesses.

This study investigated the premise that while trauma is a universal human condition, the unique context of the African appraisal of trauma and beliefs about healing and recovery needs to be considered. Local services geared towards helping African immigrants can only be effective with clearer understanding of premigration trauma. The current research examined factors that facilitated or hindered the recovery of immigrants and refugees from elements which constrained their aspirations and tied them down to haunting past images of premigration trauma. More specifically, the study focused on what helped, what did not help and what would help in the survivor's day-to-day recovery from trauma.

To contextualize the research study, this researcher presupposed that in order to understand the psychological effects of post migration stressors and to develop relevant mental health programs, there is a need first of all to trace the background causes of migration, including the experiences during migration. It is also essential to review immigrants' culturally constructed appraisal and beliefs about illness and treatment protocols. Due to differences in geography, culture and politics within the African continent, the current research narrowed the experiences by focusing on Sub-Saharan Africa. In the midst of these differences, common threads have been identified by several multicultural studies, which revealed noticeable commonalties between cultures, based on the fundamental emotions such as joy, fear, anger, sadness, disgust, shame and guilt (Akande, Baguma & Furnham, 1999; Friedman & Stamm, 2000; Mcfarlane, Van der Kolk & Weisaet, 1996; Smith, 2003). In the context of collective cultures there are common religious beliefs such as the connection between the mind, body and spirits, specific roles played by individual family members and extended family systems as well

as the larger social networks, which are well recognized in the diagnosis and healing of trauma. Migration cuts the supply line of these resources rendering the trauma survivors vulnerable to even minor psychological attacks.

Although both voluntary and involuntary immigrants or refugees are known to suffer from traumatic premigration experiences (Fenta et al. (2001); the research focused on the refugees since they do not choose to migrate and end up with more mental health problems. Many refugees have experienced loss of family, torture, abuse and fear in the refugee camps as well as the entire migration process. Immigrants can often foresee the possibility of returning to their countries while refugees' return is marred by fears of rearrested and torture.

Migration Trends and History

The UN's most recent population projections put the world's population, now at 6.3 billion, at 8.9 billion by 2050. Furthermore, the United Nations High Commission for Refugees (UNHCR) announced that there were 10.3 million displaced people around the world at the beginning of 2003 (UNHCR official document, 2003). However, this number decreased from 19, 783, 100 refugees around the world in 1999, (Mental Health Publication, 2000, p.2). From the 1999 figure about 4, 173, 500 refugees were in Africa alone (Migration News, 2003). Although the majority of the refugees were from the Middle East, six million, some African countries had highest numbers. For instance, Sudan leads the list with an estimated 4 million displaced persons followed by Angola and Colombia (South America) which are estimated to have had 1.5 million internally displaced persons each.

To better understand the precipitants of African migration one needs first of all to trace why productive people leave their countries of origin. Mensah (2002) characterizes the push factors for refugees as including, "armed conflicts, geographical struggles, environmental hazards, and straitened economic circumstances" (p. 65). He further states that there are no simple answers to why people migrate. Most Africans move to Canada based on the belief that they will obtain a high standard of living and political freedom. The study conducted by Fenta et al. (2001) an epidemiological survey research of Ethiopian adult immigrants living in the Greater Toronto in 1999 to 2000, showed that their primary motives for migration to Canada were (a) "political reasons" (64.5%) for males and (37.6%) for females, followed by (b) "for a better life" (29%) males and (57.1%) among females. Overall, the above two reasons were the choices for 97% of the total sample. The study consisted of 203 (59.4%) men and 139 (40, 6%) women, mostly young adults between 30 to 49 years of age (76.6%). By implication, more men are pushed out of their countries by fear of their lives and need for political freedom; while largely economic pressures motivate women. However, further research is required to corroborate such data analysis with samples from other parts of Africa.

Blavo (1999) states that much of Africa's resources have been poured into conflict and the continent is lagging behind in development" (p. 11). There is evidence that when resources are diverted to control prolonged civil wars, people are left without food and social services; particularly to manage the threat of HIV-AIDS, causing people to consider moving to safer countries.

Guluma, Macaulay, Monteira, and Peddle (1999) assert "the ravages of war, continued from the influence of colonial powers, degradation of slavery and enforced

uprooting have all affected social interactions and traditions" (p. 129). A more recent explanation of migration by Massey et al. (1997), in Mensah (2003) "attributes international migration to the displacement of peasant labour by the penetration of the capitalist market into peripheral regions of the world" (p. 63). The social effects of globalization mean that there is an increased rural-urban migration, free movement of goods and information regionally or worldwide leading to the growth of middle class in poorer countries. All these factors seem to contribute to creating internal frictions, which lead to migration of people to other countries in search of better quality of life.

These factors adversely contribute to the transformation of social, political, economic and cultural networks that have always protected the people from exposure to trauma; including changes in the understanding of culture specific illness and treatment. It should be noted that change is inevitable and can be beneficial if generated from dynamic social needs and aspirations of service beneficiaries, with willpower to control external motivations.

Study Motivation

Rising from the deep blue waters of the rivers and desert terrain of Botswana; under a bright African sunshine savoured by the aroma from the fauna and flora of the tropical climate, I packed my brown suitcase and left for Canada. On arrival at the University of British Columbia, in Vancouver I remember one bright morning standing by the window of my apartment and looking towards the far shore, across the mountains and whispering softly but loud enough to be heard by someone within a short distance saying: "What a beauty". As I began to settle down, I was engulfed by seemingly

difficult academic questions, which required practical solutions and among these was the notion of trauma.

As I continued to reflect on these questions several memories of trauma that is suffered by the people in the continent of Africa as a result of political terror, collapse of national economies and multiple losses from HIV/AIDS and other epidemics ran through my consciousness. For instance in Botswana, it is estimated that 1 out of 3 persons have an HIV infection and life expectancy is expected to plunge to 14 years of age by the year 2050 (UNAIDS, 2002). Through the opportunities created by my program of study in Counselling Psychology, I began to remember the traumatic ways under which I lost a family member, friends, relatives, countrymen and women. My first reaction was, "Is this the Botswana that we are all proud of?"

Realizing the increasing population of African refugees and immigrants in Canada and around the world, I was immediately inspired to contribute my acquired knowledge on trauma and counselling to create modalities for strengthening the mental health and support service structures. Further research on trauma diagnosis and healing could strengthen the research base in Botswana and other countries in Africa.

I entered the current study with apprehension about what I was going to discover about the participants and how that would affect personal mental health. However, my desire to learn from trauma survivors exceeded my own uncertainty. I started the first phase of the research with excitement; then an overwhelming loss of energy followed by a process of healing over sufferings related to family, country and humanity. Through the data collection process, I kept a diary of events that reflected on my experiences from time to time. The hospitality accorded to me by the participants largely resembled a

natural African community and livelihood. Evidently, most of the participants were interested in knowing me before they could disclose secrets about their lives. This unique form of rapport building and African ethical standards involved introducing me to other members of their communities surrounded by humorous discussions about who I am, life stories about experiences in Africa; sometimes not even inquiring about the proposed research. In these meetings there was food and drinks on the table. I could not swallow my guilt mixed with pride over the expenses that were incurred for my honor in the name of hospitality as well as my uneasiness over focusing on the wristwatch instead of the moment. As I began to hear brave accounts of atrocities that happened to the survivors and attaching faces to the stories, I realized that my whole physiological faculties were immersed in these sufferings. I 'paused' on realization that I was also beginning to appraise my personal stressors and life pressures as traumatic! Through debriefing with my research supervisor, I began to try to detach from this compassion related stress.

In this memoir, I have acknowledged the common threads that underpin African culture and peoples of African Diaspora; specifically, the role played by community networks in times of joy and suffering. I began to struggle with theoretical positionality; especially in using literature written in other contexts to answer an African problem. However, the more I continued to read about this topic the more this literature began to fall into place and provoked further thought. I have noted that in the African culture, a story is a personal artifact and shared sensitively with family, friends and people whom you have common relationships. A memory does not only resemble cognitive capability of the psyche but a cyclic environment in which a life story is stored, analyzed and shared

without copyright. Through this sharing, an injury to one member is an injury to all members of the community as a way of protection against perceived threat. Healing or treatment of illnesses revolves around the knowledge recognized by these cyclic relationships. This cultural platform cushions people from unknown sufferings; once the culture disintegrates, known and unknown attacks can cause abominations to a person – individually or collectively. In the end I can only reflect on these experiences and whisper to myself; "*What a great honour that I was once part of UBC!*"

Justification for Research on Trauma

Canada continues to accept immigrants from different parts of the world in keeping with its humanitarian tradition and international commitments as well as in fulfillment of its need for human resources. According to Statistics Canada (2001), the total number of immigrants who arrived in Canada between 1961 and 2001 is 5, 448, 480. Although migration from Africa has existed for centuries, the current population of immigrants from countries in Africa, excluding children born in Canada is 282, 600 (Statistics Canada Census Report, 2001; Agibolosoo and Mensah, 1998). This is significant growth, considering the 1996 population, where the number of people born in Africa was only 229,300 (statistics Canada Census Report, 1996). It should be noted that this categorization does not include other Blacks in Canada; such as Afro-Caribbeans, African Americans and so on. Several metropolitan areas in Canada, such as the Lower Mainland of British Columbia, have experienced noticeable increases. For instance, according to Statistics Canada Census Report (2001), there are now about 24, 700 immigrants from countries in Africa in the Lower Mainland, compared with 21, 805 people in 1996.

These immigrants often migrate in two forms: "voluntary immigrants", popularly known as immigrants and "involuntary immigrants", known as refugees (Ogbu, 1991). Refugees often share a traumatic past, including exposure to war-related violence, natural disasters, torture, economic problems, and ethnic and political conflicts. Although immigrants chose to migrate, this decision is largely preceded by stressful events such as collapse of national economies, multiple losses and the threat of infection from HIV/AIDS and other diseases.

This research is based on the premise that people around the world are exposed to traumatic situations in their lifetime. What differs is how they appraise the trauma and their beliefs about treatment, recovery and culturally constructed mechanisms of resiliency (Bagilishya, 2000; Boehnlein, 2002; Peddle, Monteiro, Guluma & Macaulay. In Nader, Dubrow & Stamm, 1999; Rousseau, Mekki-Berrada & Moreau, 2001; Vontress, 1991). Studies conducted in Africa reveal evidence of trauma among community samples. Englund (1998) conducted a study on Mozambican refugees in Malawi reported a high level of distress following war atrocities and some specific approaches to traditional treatment, such as mourning rituals and social support. The intensity of trauma in Africa was further emphasized in a study of 201 participants in South Africa (Carey, Stein, Zungu-Dirwayi & Seedat, 2003). In this study cormobidity between somatic reactions and depression with Post Traumatic Stress Disorder on current diagnosis was found in 19.9% of the sample of women and 16.67% of men. However, a lifetime diagnosis of PTSD was made for 45.4% of women and 42.3% of men. A study conducted by Fox and Tang (2001) on Senegalese refugees who resided in a refugee camp in Gambia noted lower rates of traumatic experiences. Among 39 women and 41

men who participated in the study, 11.8% were exposed to trauma through personal experience; witnessing and hearing about it. While the average number of only those events personally experienced was 5.11%. In general, men (mean = 6.02, SD = 1.9) had experienced more traumas than women (Mean = 4.15, SD = 1.8).

Post migration studies conducted such as the one by Noh, Hyman & Fenta (2001), have shown that prevalence of major mental disorders including depression; anxiety, Post Traumatic Stress Disorder (PTSD) and somatization are often misdiagnosed. This assertion was confirmed by their studies among Ethiopian immigrants in Toronto, which found (6.9%) or higher prevalence of PTSD among men than among women (4.3%).

Although there are variations in the circumstances under which the survivors experienced trauma, it is evident that traumatic situations do exist in Africa. What is not conclusive is whether those affected would appraise their sufferings as traumatic or just a normal response to an abnormal situation. However, there is a growing body of literature that migration, trauma, and torture can lead to multiple cognitive and psychological problems, which leads to symptomatology for Posttraumatic stress disorder (PTSD). According to Smith (2003), PTSD symptoms may co-exist with other mental health and medical disorders, and are often misdiagnosed as such. Major depression, pervasive anxiety, panic attacks, phobias, personality disorders, dissociation, and substance abuse are some of the psychological disorders that may stem from the trauma experience, or may be superimposed on the post-traumatic stress (Zohar, Sasson, Amital, Iancu, & Zinger, 1998).

During instability or as a result of debilitating effects of trauma, survivor's schema is modified and they begin to question the validity of their cultural support

structures (Boehnlein, 2002), their religion (Kaminer, Ogden, Seedat, Stein, Van Kradensburg, 2000), while newly arriving immigrants demonstrate more resilient and healthier attitudes and behaviors, as they assimilate into the American and Canadian way of life and try to cope with post migration stressors, they adopt such unhealthy behavior as smoking, alcohol and drug abuse, and high-risk sexual behaviors (Fenta et.al., 2001), leaving the sufferers vulnerable and predisposed to several mental health illnesses, such as depression and posttraumatic stress disorder.

The challenge in the study of trauma among African population is both underdiagnosis and overdiagnosis, as the tendency is to be overly sensitive to the possibility that anyone who witnessed violence may have been traumatized (Nieves-Grafals, 1995). Also there is the tendency to perceive immigrants from countries in Africa as a homogeneous fragment group, notwithstanding the distinct ethnic and geographical differences, or to some extend washing down the commonalties between them and other citizens around the world. Common threads have been identified by several multicultural studies, which revealed noticeable commonalties between cultures, based on the fundamental emotions such as joy, fear, anger, sadness, disgust, shame and guilt. The obvious benefit of research on this sample population, including (a) assisting policy makers, immigrants' service providers, and mental health professionals to better understand the context of migration distress and (b) creating modalities for mental health and support services that are relevant to those served. In support, Boehlein (2002) states "cultural psychiatry should not lose sight of the uniqueness of each individual who has suffered severe trauma and the goals of its contribution to patient care, training and research" (p. 702). The question often becomes stigmatizing and judgemental "What is

wrong with Africa?" as opposed to clinically assessing "What sort of resilience and coping mechanisms must people utilize to help those who survive such harsh life conditions?"(Smith, 2003). Alternatively, the form of coping mechanisms that people used in their countries can continue and be "recognized" as legitimate.

On one hand, the need for targeted research and treatment is very strong given the intensity of trauma in Africa, an event which could lead to modification of individual and group resilience. Many challenges and benefits lay ahead for mental health services available to African immigrants as Africa is fertile for research on trauma and lessons learnt could be easily generalized into other sectors of the Canadian population with similar antecedents. Yet the number of recent immigrants from Africa has increased dramatically and if premigration trauma is left unchecked, it has the potential for debilitating effects on the individual's ability to adapt to their new "home" and put pressure on health service structures.

There is need for effective mental health treatment based on the sensitivity and appraisal of traumatic illness and healing practices from the context of African immigrants. There is also a need for targeted research on the experiences of refugees and immigrants from Africa. At this point there are few, if any, methodologically sound studies on the experiences of the African population. Carey, Stein, Zungu-Dirwayi and Seedat (2003), reported that "only 6% of studies are from the developing world with no single study from Africa" (p. 230), not to mention that the tendency is to create social and psychological treatment programs for the stakeholders without involving them in the planning and delivery structures.

In summary, conducting research on countries in Africa is further justified by the presented rates of prevalence and incidence of trauma in the continent. The psychological treatment, which originates from a medical model is not only prescriptive but undermines the connection between the body, mind and spirit as well as other unique contexts of the beneficiaries of services rendered. It seems proper that an effective way of offering support to immigrants is to trace their background and establish kinds of resilience and coping skills they utilized when they began suffering or when the environment was familiar. Developing new strategies could act as a deterrent to future postmigration traumas such as unemployment, cultural transition and separation from family. However, premigration health care protocols should be adaptable and responsive to the available skills and training without compromising the health of trauma survivors.

Purpose of the Study

The purpose of this study was to examine what immigrants and refugees from Africa had experienced as helpful and unhelpful incidents or what they thought would be helpful in their recovery from pre-migration trauma. The researcher opined that in order to help the survivors to recover from premigration trauma it was essential to explore how the survivors had helped themselves to recover from the traumatizing event when it happened. What is needed therefore, is a comprehensive understanding of the tested and practical solutions survivors have utilized in the past to free themselves from the sufferings. Using the Critical Incident Technique (Flanagan, 1954), it was anticipated that participants would be able to answer the research question in their "own voices" by narrating incidents they perceived to be of utmost importance in helping or not helping them in their recovery from premigration trauma.

Assumptions Underlying the Study

The continent of Africa has been under political terror, social upheavals and economic challenges for centuries. Many citizens of African countries have been affected by these situations and are now traveling around the world in search of freedom and a comfortable life. Noticeably, the stressors on individuals during the transition of migration from their countries of origin are often omitted. This could be another stressful process, considering the dangers of escaping from the perpetrators, crossing dangerous landscapes, and uncertainty about the future.

Some may assume that once immigrants and refugees arrive in the host country they experience a sense of relief, freedom, peace and a better life. However, a premise of this study is that there is a likelihood of certain adjustment stressors that new comers go through such as language, unemployment, social isolation and role reversal. Coupled with premigration trauma, these stressors could trigger past memories, causing a delay in one's recovery.

Thus, on the basis of the incidence and prevalence of trauma of immigrants and refugees, it was essential for this research study to retain or nullify certain assumptions about the experiences of the survivors of premigration trauma, as stated:

1) The quality of family systems and social networks help survivors to recover from trauma and generate meaning and purpose in their lives.
2) Survivors' positive appraisal of trauma and beliefs about treatment facilitates the process of recovery from trauma.

3) Immigrants or refugees who have experienced premigration trauma would be more affected by lack of understanding of the socio-cultural context of African migration by the mental health service providers.

4) Although the people of Africa have gone through a long period of social transformation, a culture – focused approach to healing of migration trauma would be more effective.

Research Question

In an attempt to understand the experiences of trauma survivors from Africa, the current research study analyzed their narratives, looking at the critical incidents of refugees, immigrants as well as international students. Therefore, the guiding research question for this study was: "What helped, what did not help, and what would help recent immigrants and refugees from Africa to recover from premigration trauma?" Interview questions covered participants' appraisal of illness, helpful and unhelpful incidents, and future skills in their recovery process. The following questions were asked; supported by clarification questions as the situation prompts: (a) What major sufferings have you experienced before migration, (b) What helped you to recover from these experiences (positive incidents), (c) What did not help in your recovery process (the negative incidents). d) What would have helped you recover from your pre-migration sufferings?

Theoretically, survivors of trauma, especially refugees have lost their voices through torture, imprisonment and subsequent traumatization. Thus, this researcher thought that the closing question would empower and accord participants the opportunity to decide the pace, time and direction of their recovery process.

Overview of the Thesis

The principal focus of this thesis is was to examine what immigrants and refugees who survived premigration trauma thought helped, did not help and would help them to recover from traumatic experiences. The thesis is divided into six chapters. Chapter 2 reviews literature on trauma research as well as culturally constructed modalities of trauma identification and healing. This chapter denotes that the effects of trauma stretches beyond the individual and affects ones family and community or nation.

Chapter 3 outlines the phases of a critical incident methodology (Flanagan, 1954), including methods of data collection, analysis, categorization of themes and procedures for ensuring that data is trustworthy. The current research acknowledges the usefulness of the Critical incident technique in obtaining and analysing the narratives of those affected by premigration trauma. Chapter 3 continues with the illustration of the characteristics of timeline methodology. Timeline methodology was used to strengthen the critical incident methodology. Basic participants' demographic data is also introduced; participants then place their incidents in a timeline with a chronological sequence. The latter provides a strong base for identifying relationships between participant's reported incidents and to establish the tenants of the proposed theory of recovery from migration related suffering. It also notes flexibility of both horizontal and vertical occurrence of migration events. This process acknowledges that migration is not a one off event but a combination of events that occur without a predetermined pattern.

Chapter 4 presents the results of the study based on the CIT and Timeline methodology. Due to the sensitivity of the current study only one participant timeline

will be illustrated and discussed in thesis chapter. Permission use his timeline has been sought and offered without coercion (See appendix a).

Chapter 5 concludes the thesis with the discussion, which summarizes the results of the study. This section introduces the limitations of the study based on the cultural diversity and methodological implications. Contribution of the research to the existing body of knowledge as well paving way for future research which focused on the development of a theory and programs relevant to immigrants mental health.

CHAPTER II

LITERATURE REVIEW

Chapter 2 reviews literature on trauma research including culturally constructed modalities of trauma identification and healing; including factors that help, do not help and would help the trauma survivors to recover from premigration trauma. The concept of trauma is defined on the basis of its cultural conceptualization and appraisal. This view denotes that the effects of trauma stretch beyond the individual and affects ones family, community and nation. The relationship between trauma and research samples is investigated; how premigration trauma affects immigrants, refugees and international students respectively. The chapter continues by making an attempt to help the reader to understand the phases of migration and its traumatizing effects as presented (Silove & Cunningham, 1993). Migration can extend from abrupt and terrifying uprootment of refugees from their familiar environment to gradual suffering and apprehension about the future among the immigrants.

Chapter 2 continues by presenting research reviews on factors that are help (resiliency and social support, culture sensitive healing), does not help (Separation from family and social isolation) in the recovery from premigration trauma. This factors have in no way influenced the research results as they were merely based on common comments made by immigrants and refugees which were not part of the study as well as literature on migration studies.

This chapter continues by presenting the theoretical background of the two methodologies used in the current study; namely Critical Incident Technique (Flanagan, 1954; Borgen & Amundson, 1984; Woolsey, 1986) and Timeline Methodology (Chell,

1998; Schlossberg, Waters & Goodman, 1995; Baxter, 1999). It presents stages followed in Critical incident technique for data collection, analysis and presentation of research results. The principal consideration for handling data in this methodology is usability and validity of data. Timeline methodology was used to enhance participants' memory recall and helping them to see their life stories illustrated as a continuum. This methodology categorizes the low and high points of events that happen in the process of migration according to three main periods, namely; beginning, middle and end. 1) The beginning entails survivor's experiences of a direct attack or difficult situation suffered by the family or community. 2) Middle refers to the time when a survivor felt traumatized and tried various methods of survival and 3) the end comprised of the period when the survivor decided to flee or migrate from their countries of origin until arrival in the country of resettlement or host country. However, the researcher is aware possibility of endless effects of premigration trauma as post migration incidents could reverse the strides that survivors undertook in their healing process. Also, this researcher's personal experience would be used in this chapter to thread the empirical research as an indication that therapy and research on African survivors could be effective if done with the input of those with lived experience.

Concept of Trauma

"Trauma is trauma, no matter what caused it" (Levine, 1997).

The effects of traumatic experiences was documented by doctors, historians and poets as far back as the days of the ancient Greeks around 490 B.C (Matsakis, 1996) and later expressed by an Athenian soldier who became blind after witnessing the death of his colleague (Veith, 1965). Herman (1992) alludes the original study of trauma to a French

neurologist, Jean-Martin Charcott, who discovered hysteria in sexual abuse victims, whereas Veith (1965) asserts that a more intensive discovery of a psychological phenomenon was initiated by Sigmund Freud and his associate Breuer around 1890s. It gained more attention from both cultural and natural science based research after the Second World War (Breire, 2002; Foa et al., 1992; Herman, 1992; Kleinman, 1995; Levine, 1997; Matsakis, 1996; Okpaku, 1998; Van der Kolk, 1984; Yehuda, 2002).

Despite historical and recent sufferings in the African continent such as multiple losses from HIV/AIDS and ethnic strife, state-sponsored political terror, unemployment of breadwinners, it is unclear whether the concept "trauma" exists or the form under which it is used. However, in Botswana, certain words are used to refer to it such as "Selelo sa khuranyo ya meno" (suffering), or Go tlhoka lesego (misfortune). In support, Bagilishiya (2000) narrates the trauma and anger that engulfed him when he met with a young soldier who participated in the killing of his son during the Rwandan ethnic massacre of 1994:

> Soldier: I should not be telling this, but people are quite upset that you are investigating the death of your son's whereabouts.
>
> Bagilishya: What's all this? What are you saying?
>
> Soldier: Your son is a hero...he successfully completed his mission and no one need to worry about him any longer...You must leave...You must believe me (p. 338).

Bagilishya further describes his psychological state after the conversation:

> Words cannot describe how I felt to have before me someone who had witnessed the murder of my son. After this revelation, flood of terrifying scenario filled my head. I felt as though I was the lead actor in a horror film in which I helplessly watched as thousands of babies, children, persons of all ages, were put to death without mercy in a genocide that they had neither provoked nor encouraged....

> The paralyzing revelation of the death of my son transformed my inner world into an ocean of tears and sadness, buffeted by a storm of anger that laid the foundation for thoughts of bloody vengeance...The silence was so intense that my mother, who had been discretely hanging back, decided to approach us slowly, bringing her hands to her breasts...After a few moments, my mother turned to the young officer and said, 'don't forget that you are now a man, and that the tears of a man flow within' (p.339).

The proverb cited above translates that the person should not express signs of pain as this could lead to rage and vengeance.

There is lack of evidence whether African sufferers appraise their situation as traumatic. It is still uncertain whether the complexity in the definition emanates from language omission or cultural differences in the appraisal of "illness". This situation negates viewing trauma as a concept but rather be understood within context of the first hand experiences of those affected, including both harm to the self, or witnessing harm against the family, friends, and community members. Levine (1997) states, "People don't need a definition of trauma, we need an experiential sense of how it feels" (p.24). A Sudanese teenager in Bolea, Stow, Grant, George & Olja (2003) narrated:

> According to my definition of trauma ...having no parents is a depressing thing in my younger days...I think it is 15 years now without my mom and dad and friends, without relatives around. So it's very, very, very hard to say. Another teenager stated, "Trauma is missing anything that is of value about self (p.222).

The Bolea et al. study examined the trauma of Sudanese refugee children in the United States. It was comprised of children younger than 18 in voluntary foster care homes and 2 parents from Sudanese community. The researchers tape - recorded eight qualitative interviews and coded them for emerging themes.

It seems there is no definite definition of trauma, as different researchers are influenced by their own theoretical orientations and practice. Helping professions tend to

describe trauma in terms of the event that caused it instead of defining it in its own terms. Perhaps any definition of trauma should note the context of the individuals served and also how individual pain is experienced in a social context. But, what is trauma?

To understand the precipitants of migration trauma, it is essential to scrutinize the relational nature of the African society and how trauma manifests differently within individuals and groups.

Individual Trauma

Individual trauma can be viewed as witnessing or having a direct attack on the individual, which could lead to an overwhelming experience. Traumatic events are described as feelings that are intense, inescapable, uncontrollable and unexpected (Foa et al., 1992) or as a collapse of defensive and mental structures (Yehuda, 2002). Rachel Yehuda (Conference proceedings, July 26, 2004) defined trauma as "a situation where the person has inability to share the memories of a traumatic event. Then PTSD represents a failure to recover from a universal set of emotional reactions typically manifested by intrusive memories and nightmares i.e., I can't put the event away." Herman (1992) states "trauma generally involves threats to life or bodily integrity or close encounter with violence and death" (p. 33).

The essential feature of Posttraumatic Stress Disorder is the development of characteristic symptoms following exposure to extreme traumatic stress involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person (DSM IV, 1994).

In this section, trauma is perceived as a personal experience when experienced directly by the individual, such as torture, detention and threats with death. Mekki-Berrada, Moreau & Rousseau (2001) prompts further discussions about the DSM IV criteria for limiting trauma to the nuclear family indicating that this excludes the frequency and severity of attacks on the extended family. Several authors argue that reducing the effects of trauma to the individual one may lose sight of its political and social dimensions (Erickson, 1994; Giesen, 2001; Kagee, 2003). This argument is important based on the notion that in Africa the moral person is "a being entangled in relationships" (Englund, 1998; Trodeau, 2001; Vontress, 1991). The suffering of a member of the community or society is shared by a large majority of the community to which they belong. For instance, it is a common practice in many African societies that during the mourning period a bereaved family is given support with materials and labour as well as words of wisdom to deal with their grief.

Collective Trauma

Collective trauma is characterized by an attack to the basic social fabric damaging the bonds that have always tied the people together and impairing the prevailing sense of community. Levine (1997) refers to a definition that should;

> encompass serious threat to one's life or physical integrity; serious threat or harm to one's children, spouse or other close relatives or friends; sudden destruction of one's home or community; seeing another person who is or has recently been injured or killed in an accident or violence" (p.24).

Giesen (2001) states that ethnic strife and discrimination, civil wars, epidemic diseases, collapse of national economies and forced migrations are "experienced as shocking events that not only cause great individual suffering, but may also result in the breakdown of social order, that is, in the collapse of the most basic, 'taken for granted'

social expectations". The author continues to say that under the impact of shocking events, feelings of hopelessness, apathy, fear, and disorientation spread in the community. Erikson (1994) states that "trauma" can create a new community due to the realization that the community is becoming ineffective in the provision of support and that an important part of the self has disappeared. "I" continue to exist though damaged, yet I may be even permanently changed. "You" continue to exist, though distant and hard to relate to. But "we" no longer exist as a connected pair or linked cells in a larger communal body..."(Erickson, 1994, p. 233). In a situation where the flow of information is a collective response, the effects of trauma can extend from the individual sufferers to other members of the community who did not directly experience the traumatic event. And this is not some form of a psychogenic or mass hysteria but a calculated societal response to a known or unfamiliar attack. Among the Mbukushu people in Botswana, Namibia and Angola psychological issues are treated by either faith healers or traditional healers, and for them to perform healing rituals, members of the community with special talents help with singing, drums and other special tasks. Other members of the community attend these occasions; not in solidarity but to offer support to those affected or simply to execute a cultural obligation during times of distress. According to Yehuda (2002), societies assign value tags to exposure to traumatic events and behaviour during exposure "(e.g., merit, virtue, and honor versus shame, cowardice or dishonor)" (p.165). These social tags may provide coherent meaning to the event (Yehuda, 2002), thereby protecting the individual from uncontrollable emotions and hurt.

Thus, Mekki-Berrada et al. (2001) define trauma as "a set of extraordinary, stressful events directly associated with the context of war or armed conflict in a refugee

homeland" (p.43). Furthermore, Mekki-Berrada's definition still runs short of the purpose of the present study as it excludes non-political terror as well as the mind and body connection, as "people from traditional cultures experience somatic distress following extremely stressful events (Friedmann & Stamm, 2000, p). It is also essential to consider that some collective cultures such as in Africa hold certain appraisals of trauma and beliefs about treatment. Friedman & Stamm (2000) state that it is believed that illness can occur as a result of misfortune or spirits rather than microorganisms.

Individual and Collective Trauma

Not all trauma survivors express their sufferings on the level of the collective memory or on the individual level. Actually, given the homogeneity of a group, some memories can remain enclosed in the individual mind and body or spirit (Giesen, 2001; Levine, 1997; Kleinman 1995; Erikson, 1995). Giensen states that in contrast to individual trauma, social traumas are largely disconnected from individual experience and memory, but exist after some time only on the level of public communication and culture. Sometimes these traumas are not visibly expressed in public for fear of being misunderstood in expressing a behaviour that is not in concert with a perceived current cultural understanding. The form of trauma that is displaced from the individual and group memory could be more traumatic because it can be easily treated as historical antecedents and only experienced at the level of collective unconscious.

Therefore, emphasis on the study of trauma in collective cultures lies in part on a thin line between the position of the individual and the community. Individuals can act autonomously in their own right but there are certain societal norms and mores that set the parameters in ensuring that the individual is sensitive to the peace and needs of the

larger community. Taboos are one of the mediums of communication sometimes used to transmit laws of inhibition to the people.

Refugees and Trauma

The decision to migrate or flee can be a long and risky process as refugees "experience a progressive disruption of ...social facilities and sense of threat to their lives and property and breakdown of law and order... trace lost families while attempting to cope with grief, uncertainty and ongoing fear (Silove & Cunningham, 1993), resulting in depression, anxiety, post traumatic stress disorder (PTSD) and somatization (Fenta et al., 2001).

After migration to a host country, asylum seekers are expected to meet the refugee status determination criteria. This could be another lengthy process, characterized by uncertainties about granting of asylum and reunion with family left in the country of origin. As an illustration, Mensah (2002) states, "the refugee experiences a number and variety of emotions including depression, uncertainty, guilt over leaving loved ones behind" (p. 65). Rousseau et al. (2001) research study investigated the effects of the extended separation from family among Latin American and African refugees in Montreal and revealed consistency in the effects of personal and family trauma. Rousseau's research study also identified insecurity of family back home, more specifically financial and health, among the most common concerns for African refugees.

Immigrants and Trauma

Immigrants are people who have been officially accorded residence in a country after they were born in a country other than the one of current residence. Immigrants are admitted to Canada on economic, social and humanitarian grounds. According to

Citizenship and Immigration Canada, (September, 2000), recent immigrants are immigrants who landed during the period 1981-1990. Immigrants who landed during 1991 to 1996 are called very recent or most recent immigrants. Under both categories African immigrants in Canada currently number 282, 600. Therefore, this research focused on immigrants who arrived between 1991 and 2001 as this narrowed the range of experiences and helped the participants to effectively connect with their premigration experiences.

Most immigrants are often pushed out of their countries by unpleasant local conditions. African immigrants for instance, face harsh economic, political and social conditions before they struggle to raise sufficient funds for the family to move to the host country. On arrival parents deal with the reality of unemployment, education for their children, new cultural norms, lack of social support common to collective cultures, and uncertainties about future life goals.

In spite of the discrepancy in the definition or appraisal of trauma, the reality of traumatic experiences among the refugee and immigrant population needs research on how these effects may be reduced or limited. Breire (2002) states "traumatic injury to the individual in the early life interferes with the acquisition of self-capacities later on. Similarly, premigration trauma suffered by immigrants could tamper with affect regulation, and once having migrated the individual could be at risk for being more easily overwhelmed by emotional distress associated with the memories of trauma, thereby motivating the use of dissociation and other methods of avoidance.

International Students and Trauma

An obvious reason is that international students migrate to Canada in pursuit of further studies. However, historically parents perceived children as surplus labour owing to labour oriented lifestyles and social expectations. Transition from agricultural to cash oriented economies and poverty had exerted extra pressure on children as breadwinners to provide for their families and sometimes support the extended family and disadvantaged individuals in the community. In these changing times pressure on children takes different forms: universities in developing countries often compete for minimal government resources with other pressing national agendas such as HIV/AIDS and other diseases, wars, poverty and as such operate under shortage of human and material resources as well as specialized programs.

These local issues may undoubtedly create a strong motivation and heightened expectations for productive youth and adults to depart from countries of origin in search of employable skills "suitable" for the domestic job market. In most cases migration can produce positive results such as acquisition of advanced and needed skills and establishment of international professional networks. Perhaps as a consequence of the pre-sojourn motivation, students succumb to extreme psychological stress and traumatic conditions emanating from efforts to secure a suitable scholarship. Pre-sojourners and their families then put up with traumatizing scholarship conditions, involving intensive health screening, security screening, academic screening, family separation and anxiety related to traveling to a new country and culture. These procedures create

apprehension and desperation about the outcome of a scholarship application. Similar to other groups of immigrants international students are known to experience traumatic situations emanating from multiple losses, collapse of national economies and wars, as some students come as refugees with the support of the Canadian Government and other humanitarian organizations.

Relevant research is lacking, however, from the lived experiences of this researcher, pre-sojourn motivations and subsequent processes can pose many challenges. The more the host country is widely differentiated from the student's home country, greater the chances of impact-a situation befitting many African students. If left unchecked, a combination of pre-sojourn experiences, academic pressures and transition stress at a host university may lead to unexpected psychiatric disorders such as anxiety, depression and panic disorders.

Phases of Migration

In the current study, migration is viewed as a process of varying contexts and levels that depend on the situation of those affected. It can extend from abrupt and terrifying uprootment of refugees from their familiar environment to gradual suffering and apprehension about the future among immigrants.

Silove and Cunningham (1993) six phases of refugee trauma and migration were considered as a basic framework in the current study for studying migration, though liable to variations depending on the backgrounds of those affected:

Phase 1: Survivors experience political terror, violence, and social upheaval in their home country, which results in the progressive disruption of health, educational, and other social facilities. Militants and their families experience a sense of threat to their lives and property and breakdown of law and order.

Phase 2: Refugees and their families experience attacks, torture, imprisonment and the disappearance of individuals and family members.

Phase 3: Ex-detainees, fearing further reprisals against themselves or their families become fugitives or internal exiles in their own countries. Families then struggle to trace lost families while attempting to cope with grief, uncertainty, and ongoing fear.

Phase 4: Involves family members who flee the country in hazardous circumstances...people who risked being attacked by pirates or militants, or dying from drowning, dehydration or starvation.

Phase 5: The refuge gains entry to a country of first asylum. For many individuals and families, this involves living in refugee camps, or border camps where the individual suffers many deprivations, isolation, and uncertainties about the future. Individuals may have little or no knowledge of the whereabouts or safety of family members and often are subjected to crowded, unsanitary, and unstimulating circumstances in a milieu that is often hostile to the refugee's presence.

Phase 6: Follows when refugees receive permission to enter a host country for resettlement, where they often experience problems concerning residency status, racial prejudice, and socioeconomic, educational, occupational and linguistic obstacles.... for all these reasons, it is important to recognize that, even in "safe" host countries, refugees are often in a state of "continual" stress because of unresolved political and family calamities in the home country which are superimposed on the difficulties they have in adapting to their new and often alien environments (p. 752).

For the purpose of the current study the above phases were consolidated into two main stages of transition, namely; premigration which is represented by stages 1 and 2; involving direct trauma to the survivor, survivor's family and community or culture. Migration trauma is typically illustrated by stages 3 and 4 referring to survivors becoming refugees first in their own countries, then in refugee camps. This stage is characterized by increased fear for individual's life and that of his/her family as well as starvation, crossing dangerous terrain and avoiding being recaptured. Future research will deal with stage 5 and 6, which involve post migration psychological stress. Although

arrival in a host country provides some relief and protection from perpetrators, adjustment to a new environment can bring multiple psychological distresses emanating from problems with employment, language, role reversal, education and mainly social isolation. According to Smith 2003, the multiple losses, social dislocation, feelings of fear, inadequacy, and disempowerment combine with cultural and linguistic barriers to form a difficult psychological reality for immigrants and people living in exile as refugees.

Summary of Trauma

Lack of a theoretical definition of trauma as outlined in this section is challenging, given the potential for misdiagnosis or mistreatment of traumatized people. However, the gap in definition could also produce desirable results if the definition is left with the sufferers themselves, to define sufferings in their own terms and personal experiences. The logic behind the definition based on the experiences of the sufferer is supported by Levine (1997), who calls for "an experiential sense of how it feels." (p.24). However, the understanding of trauma should be located on a continuum ranging from individual context to immediate family, extended family, friends, to the larger community. It should be broadened from social relations and physiological reactions to the whole milieu of mind, body and spirit formations as most people in collective cultures express feelings through somatic reactions rather than physical, emotion and cognitive connections.

Finally, for the purpose of the current research study, trauma has dual meanings. Firstly, it refers to 'direct personal suffering and witnessing or hearing about suffering experienced by the family, community or culture, rendering the cultural resiliency and recovery systems vulnerable and ineffective to deal with known and new attacks'.

Secondly, It can be viewed as 'the creation of the new meaning of self, following the destruction of the 'I' and 'You' except 'We'. For immigrants and refugees this definition encompasses the social and political dimensions associated with migration related trauma. It recognizes the debilitating factors that push immigrants and refugees out of their countries leaving personal property and family and relatives behind. Suffering extends to dangerous escape and guilt of separating with the community as well as embarking on a long and uncertain journey across a couple of countries. Arrival in new environment and culture poses many challenging effects for the individual and relations left at home country.

Research on the Recovery Process

Recovery is seen as a non-linear process, characterized by both progressive and regressive movements, which the survivor may abort at any point (Zimmerman & Dickerson, 1994). Effective recovery allows for the traumatic event to be incorporated into one's personal narratives, affirming rather than destroying existing beliefs and assumptions (Kaminer et al., 2000). Several authors identified a number of determinants of resiliency and recovery from traumatic reactions. When trauma strikes the person's resiliency is shattered and they are rendered helpless as life appears meaningless or purposeless. Thus, in the process of recovery the individual either personally or with assistance recharges the weakened schema of resiliency to bounce back to "normality".

Factors that Promote Recovery

Resiliency

Resiliency refers to a person's "capacity to bounce back", to withstand hardship and to "repair" (Wolin & Wolin, 1994). Blackburn (1993) describes resiliency as the

ability to recover from or adjust easily to misfortune or change. It is the capacity of the strained body and mind to withstand shock and recover without permanent deformation.

In the context of the current research, African survivors of trauma would benefit from a sensitive approach that recognizes substantial roles played by 1) family 2) religion/spirituality and 3) social networks. However, due to diversity of African culture generalizations should be avoided depending on rural or urban living, level of success, education, spiritual beliefs and exposure to western education. Peddle (1999) explains that African ethnic culture is currently influenced by religion and trade from Western, Eastern and Islamic cultures. However, it is evident that many people in Africa still subscribe to their ethnic and national cultures especially during the times of distress or disputes, and during ceremonies.

Family Support

The cornerstone of the existence of the people of Africa is the relationship within social circles. An injury to one family member is an injury to the entire family. An individual family member plays a central position in the family, sometimes as a breadwinner, heir of the family asserts, having leadership expectations after the death of the head of the family or being the custodian of family customs. Family and kinship elements bring meaning to an African community as activities and burdens are shared with the larger community. Family support aids recovery from trauma, particularly because the presence of family during trauma can transform adversity into a source of strength and meaning (Mekki-Berrada et al., 2001) and a "shoulder to cry on".

As a consequence of these family relationships, family trauma is more unsettling than personal trauma. Mekki-Berrada et al. (2001) relates family trauma to the

sacredness of a family to an African community, which considers an attack on the family extremely serious. Actually, in Botswana as well as many other African cultures a person's lifeline progresses through four distinct stages; namely a) birth, b) puberty and c) marriage and d) death. Notably, other African traditions and religions believe in the resurrection or existence in the spirit formation; illustrating the visible and spirit worlds. The arrival of a new baby is welcomed with celebrations, gifts and ceremonial rituals. Although eroding and only common in rural areas, many cultures across Africa perform initiation rituals or "the rite of passage". During the puberty period at ages 14 to 16, young men and women are taken to a secluded place for an initiation program. The young women's curriculum entails skills related to marriage; motherhood and home crafts as well as basic domestic chores intended to help them to look after their families. Certain human qualities such as compassion, patience and self-respect are also developed in the initiates. Boys are taught how to perform family and marital responsibilities. The skills of leadership, courage and self-respect sustain the family on their daily lives, including during difficult times. On return, those initiated are now regarded as men and women and they are met with a joyous celebration at a public gathering.

Death not only marks the end of life but also the end of a journey traveled with courage or pride despite misfortunes and life difficulties. Englund (1998) notes that the death of a young child or teenager is more traumatic compared to that of an old person. The latter is celebrated with the performance of funeral rituals, which could last several days in Southern Africa and up to three months in West African countries such as Nigeria. The bereaved family is comforted with prayers and sometimes humour (Englund, 1998) and they are rested so that they can deal with their grief. Children are

not allowed to attend funerals as a way of protecting them from harmful emotions. Certain funeral rituals are performed after the funeral to avenge the troubled spirits, which could trouble the living through dreams and spirit possession. Englund notes "spells of disorderly behaviour, inconsistent and unusual speech and the symptoms of somatic diseases are common signs of spirit possession". In collaboration with other community networks the extended family consults with the bereaved family. In times wars concerns about indecent burial or non-burial of a family member can continue to perpetuate trauma among the surviving members.

These rituals are organized and performed within family circles and community networks, which accords the family institution a unique status and purpose in the lives of African people and could also be recognized as an important angle in healing traumatic illness.

Community Support and Religion/Spirituality

Community networks are complex, diverse and organized according to unique interrelated structures characterized by specific roles and responsibilities. These structures are comprised of elders, chiefs, and leaders of respective wards, traditional and spiritual healers. The composition of the traditional family is changing and now encompasses government and non-governmental institutions that, in many instances, operate with sensitivity to the local culture and customs. Overall functions of these networks are to foster societal cohesion, peace, protection from misfortunes or enemies and support services which involves the running of traditional ceremonies, celebrations and support during adversaries. Certain laws of inhibitions are used to deter members of the community from undermining traditions and customs that identify a particular group.

However, one can act independently as long as their behavior does not put the lives of others and the society in jeopardy.

Based at the heart of community structures and treatment of diseases is religion or spirituality. Majority of the African people pray to God or Ancestors. According to Peddle (1999), one can find religious beliefs from Islam, to "born again Christians" as well as traditional African religions. According to Blyden (Cited in Peddle, 1999), traditional African religion honours the Supreme Being "God or Ancestors". Beliefs and practices are closely tied to the land and kin, both those living and dead. There is a connection between the spirit world and visible world, hence, in some cases music; dreams and omens are used to transmit messages between the spirit world and the visible world (Peddle, 1999). In some cases churches, traditional healers and medical doctors are consulted in the diagnosis and treatment of the mental illness.

A more recent illustration of religion in transforming adversaries to protective measures is the Truth and Reconciliation Commission (TRC) in the post Apartheid South Africa, where Arch Bishop Tutu identified "forgiveness" as the eventual product of TRC. Forgiveness is seen as personal expression of compassion, brotherhood and healing.

Trauma recovery can take the form of witnessing, testimony and reparation as occurred in South Africa during the "Truth and Reconciliation Commission" to process the psychosocial trauma caused by the apartheid political perpetrators (Bishop Tutu, as cited in Friedman, 2000). It is important to note that sometimes trauma cannot be healed in the absence of the perpetrator. This is in line with the traditional African custom of using traditional healers and spiritual or faith healers to discern and prophesy the cause of misfortune and how the spirit leads to the healing process. Hence, social testimonies are

essential before healing can occur (Andermann, 2002). Bagilishya (2000) agrees that in Rwanda forgiveness as well as laws of inhibitions helped to quell the escalation of the Rwanda ethnic conflicts.

Thus therapists working with traumatized clients should note the dynamics and diversity of African religions and spirituality. Hence personal healing should be considered as the connection between body, mind and spirit formations and the distinct roles played by different community networks should also be taken into consideration.

Cultural Healing

Firstly, mental health professionals need to redefine their conception of illness and trauma, relocating the appraisal and treatment of trauma in the context of the individual's culture and history. For instance, Englund (1998) states that sometimes the interests of the refugees and therapists are in conflict as a therapist, from a discursive orientation, wants the refugees to talk about their experiences, while refugees strongly wish to be silent about the pains of the past and concentrate on the present and future livelihood and education.

Secondly, political trauma is a dehumanizing phenomenon and lack of proper burial of those killed in custody is largely immoral. As a result, after migration clients could still be haunted by images of what they perceive to be troubled spirits and desire to retain closure. In a situation where elders are not available to observe or perform funeral rituals under migration and war conditions, therapy may leave clients with feelings of vulnerability to vengeful spirits, characterized by dreams and seeing the face of a dead relative, or spirit possessions (or somatic disorders). Depending on the traditional orientation of the traumatized person, delayed spirit exorcism can lead to death or afflict

others (Englund, 1998). Usually, exorcism is done within a culturally constructed framework, which mainly involves traditional or religious procedures of body, mind and spirit cleansing. Hence lack of understanding of socio cultural networks and history of illness by the therapist may harm the emerging relationship and contribute to the delayed treatment or non-treatment.

Factors that Hinder Recovery

Separation from Family

Separation from family happens as early as immigrants begin the process of migration. This may bring uncertainty about the whereabouts of family members, some may lack funds to travel with the entire family, or there may be a hasty departure where the immigrant leaves everyone behind. Mekki-Berrada et al. (2001) have noted that the delay in getting approval for asylum and visas for family members back in the country of origin has led to divorce, as costs of communication became unbearable.

Social Isolation

Refugees have no direct route to a country that could offer them safety; they sometimes cross two countries or live in refugee camps before arrival at the country of resettlement. This transition is lengthened by the asylum application process, which is usually complicated by lack of official documents left behind by the applicants when fleeing from home countries. Blavo (1999) state, "Eligibility tests can be influenced by nationality and the absence of identity documents; by social background – religion, culture, occupation, - military or political" (p.22). Although the host countries sacrifice their hard earned resources and safety to cater for the refugees, ineffective resettlement

processes expose applicants to unrelenting struggle for food, education, employment and cultural adjustment – as both groups try to understand each other.

Similarly, immigrants start the migration process with high levels of stress or ambitions, hoping to have a better life in the host country. On arrival they face challenges ranging from economic difficulties to cultural adjustment; issues that may have prompted them to depart from home countries.

Summary

Premigration trauma has been researched over the years by scientific and social researchers. On one hand, scientific research proved to be effective in treatment of illnesses though ran short of acknowledging that a human being is not only a product of physiology but cosmic world. On the other hand, social research is proving to be sensitive and relevant to social and environmental relations and how they affect well-being. However, there is need for a generic research that recognizes cultural scientific approaches based on the context of the sufferer and social dynamics; their psychological reactions to trauma, useful religious beliefs and practice in coping with trauma.

This researcher thought that an effective way of ensuring relevance of healing approaches would be to accord the sufferers a voice to express what they thought helped or did not help or would help them in their recovery process from premigration trauma. Therefore, the next section will provide a theoretical overview of two methodological approaches found relevant in achieving the aims of this research study.

Critical Incident Technique

The Critical incident technique, a qualitative methodology developed by Flanagan (1954), has long been used in the service industry to evaluate consumer satisfaction.

However, more recently this methodology has been applied to the study of refugee and immigrant experiences and the quality of service provision and research (Mclachlan & McAuliffe, 1993; Kanyangale & Maclachlan, 1995).

Flanagan and members of the Aviation Psychology team developed the critical incident technique during the World War II to find cost effective ways of training flight crews and to understand specific behaviors that led to the success or failure of a mission. The more traditional methods were found to be complex and time consuming (Kemppainen, 2000). Incidents are defined as any "significant contribution" either positively or negatively, to the general outcome of the activity (Flanagan, 1954). The term critical refers to the fact that the behavior that is described is important to the overall outcome of the phenomenon under investigation. In this study, a set of clear but intensive interviewing questions was used to collect incidents from the context of respondents' experiences and meanings.

Since the war, a number of researchers have since demonstrated that it is an effective approach for a variety of purposes, especially in business, industry and other helping professions. The technique was mainly chosen for this study because it has been proven to be adaptable to cultural aspects of trauma on refugees and this was evident in the studies concerning African respondents (Mclachlan & McAuliffe, 1993; Kanyangale & Maclachlan, 1995), conducted on refugee counsellors in Malawi. It has also proven to be effective in the multicultural context (Hurdel, 2002) who understudied critical incidents in native Hawaiian peacemaking.

CIT methodology involves the usage of a consistent and flexible interview guide where verbatim reports from respondents are recorded. For the technique to be effective

and useful three important pieces of information need to be included: a) a description of a situation that led to the incident, b) the actions or behaviors of the focal person in the incident and c) the results or outcomes of the behavioral actions (Anderson & Wilson 1990, p. 90). Flanagan (1954) describes an "incident" as "...any observable human activity that is sufficiently complete in itself to permit inferences and predictions made about the person performing the act" (p. 327). An incident is viewed as "critical" if it makes a significant contribution' either positively or negatively to the event involved. Specific probing questions are asked to solicit responses from the participants, such as; What led up to the incident? Why did the incident occur? Who was involved? What were you thinking or/feeling? How did you attempt to deal with it? And, if the incident occurs again how would you attempt to deal with it? (Kanyangale & MacLachlan, 1995).

Critical incident technique has several advantages, such as usefulness in the early stages of research because it generates both exploratory and theory or model building (Woolsey, 1986). According to McLachlan and Auliffe (1993), another advantage of critical incidents is that they offer the opportunity for shaping behavior by reinforcing problem solving behaviors. The authors further state that experiences in therapeutic settings offer a means of establishing the content of programs.

This study follows the five steps of a critical incident study (Flanagan, 1954; Woolsey, 1986; Kanyangale & McLachlan, 1995): 1. Determining the aim of the activity; 2. Setting the plans, Specifications and Criteria; 3. Collecting the Data; 4. Analyzing the Data and 5. Reporting the Findings.

Analysis of Critical Incidents Data

The main guiding principles for data analysis are usability of data and competence of the research judges. Flanagan (1954) wrote, "The purpose of the data analysis is to

summarize and describe data in an efficient manner so it can be effectively used for any practical purposes" (p.343 – 344). According to Flanagan (1954: 343 - 344) data analysis involves the following steps:

1. ***Selecting the frame of reference***

The importance of and relevance of categories plays an important part in the formulation and classification of incidents. Flanagan (1954) state, "The preferred categories will be those believed to be most valuable in using the statement of requirements" (pp. 344).

2. ***Forming the categories***

This procedure comprises of 5 steps:

Step 1. Sort a small sample of incidents into piles related to the selected frame of reference.

Step 2. Briefly define these tentative categories and classify additional incidents into them.

Step 3. Redefine and develop new categories. This process continues until all incidents have been classified.

Step 4. Large categories are subdivided and incidents that describe similar behaviour are placed in the same group.

Step 5. Define all categories as major headings are reexamined in terms of actual incidents classified under each.

3. ***General behaviour***

Establishing the appropriate level of specificity and generality used in reporting the data analysis and findings is the first challenge. Commonly these methods include using

data coding schemes, counting the number of occurrences of a particular response and describing any patterns, themes and clusters that could have emerged in the interview. The following conditions are necessary when selecting category headings and specifications for generality (Flanagan, 1954, pp. 345).

1. ***Headings and Requirements*** must be clear cut, logically organized and discernable with an easily remembered structure.
2. ***Titles*** require meanings in themselves without detailed definition, explanation, or differentiation.
3. ***Headings*** for major areas and requirements should all be homogeneous, parallel in content and structure; and neutral.
4. ***Headings*** must all be of the same type and importance.
5. ***Headings*** should facilitate findings being easily applied and maximally useful.
6. ***Listing of the Headings*** need to be comprehensive; covering all incidents that have significant frequencies. Finally, it is important to report limitations as well as the value of the results.

Validation Procedures

In order to reduce systemic error and biases, categories undergo several Critical Incident Techniques (CIT) steps to ensure that the data and study is both useful and trustworthy. Seven steps to test the validity and reliability of the categories presented below will be explained in detail in the methodology chapter:

*1. **Professional cross - checking***

Liaison or checking with a professional familiar with CIT to ensure that research procedure satisfies the requirements of the methodology.

2. ***Participant's Cross - checking***

   According research participants the opportunity to check that the accounts of their narratives have been accurately captured and not misrepresented.

3. ***Category Comprehensiveness***

   To determine whether category system was comprehensive and complete. Anderson and Nilsson (1964) recommended withholding 10% of the total incidents until major categories were identified. Categorization stops when new categories or themes are no longer emerging.

4. ***Inter-rater Reliability***

   Researcher compares category with another person(s) to confirm the level of degree of agreement in their categorization. The researcher submits a randomized list of incidents and categories to an independent rater (s). Anderson and Nilsson (1964) suggests that categorization is acceptable if independent raters could correctly classify 75% – 85% of incidents under the given categories.

5. ***Expert Assessment***

   This procedure refers to using experts also known as 'judges' in the field of study to check whether or not they can relate with the categories or if they find them wanting (McCormick, 1994; Alfonso, 1997 as cited in Butterfield, 2001). This validation stage continues to be used (Barbey, 2000 & Morley, 2003). If there is expert agreement between the researcher and experts, credibility of categories is assumed achieved.

6. ***Literature Validity***

Literature validity as asserted by Maxwell (1992) confirms whether there is available literature agreement about the descriptive and interpretive terms used. The main purpose of reference to the previous studies is to ensure that there is soundness of the category system as well theoretical agreement between the current study and previous studies. However, this is not conclusive as practical and creative ideas are acceptable to the body of knowledge.

7. ***Participation Rate***

Participation rate refers to the number of participants who identified a particular incident divided by the total number of participants (Borgen & Amundson, 1984). Participation rate refers to the percentage of participants reporting an incident and it is derived from the frequency; which shows the number of hits or participants reporting an incident. Calculating participation rate reveals the strengths or popularity between categories; thus, categories are reported in the order of participation rate. For instance, categories with higher participation rates are reported first followed by the next high percentage.

Interpreting and Reporting Data

Flanagan (1954) maintains that the main errors in research do not necessarily emanate from "data collection and analysis but in the failure to interpret them properly (pp. 345). Similar to other section s of the Critical incident technique, researcher's impartial judgement is important to ensure the credibility of data other than the researcher.

Reporting of data should consider certain factors:

1. Agreement in the main and sub aims of the study
2. True representation of groups observed or clear description should be provided
3. Aim as a statement relating to all groups observed not functional description of activities carried out in the study
4. Clear description of the limitations of the study to avoid faulty inferences and generalizations

In summary, credible reporting should resemble a) facts regarding behaviour interpretations rather than general impressions based on the collection of interpretations, ratings and opinions; b) Limit reporting to behaviours which make a significant contribution to the activity as deemed by competent observers.

Critical Incidents Timelines

Once the critical incidents were isolated from the participants' stories, each incident reported by the participant were placed on the timeline framework suggested (Chell, 1998; Schlossberg, Waters, & Goodman, 1995; Baxter, 1999). Timeline had many methodological advantages in this study. It enhanced memory recall as it provided a structure to aid participants to remember past traumatic incidents. It also assisted the participants to see their life stories unfolding as a continuum, which eased anxieties related to information processing and interview session.

The timeline categorizes the low and high points of events that happen in a lifetime according to three main periods, namely; beginning, middle and end. 1) The beginning entails survivor's experiences of a direct attack or difficult situation suffered by the family or community. 2) Middle refers to the time when a survivor felt traumatized and tried various methods of survival and 3) the end comprised of the period when the survivor decided to flee or migrate from their countries of origin until arrival in the

country of resettlement or host country. This could be a long journey and it can either be traveled directly or through a third country and guaranteeing closure to these pains remains fluid.

CHAPTER III

METHODOLOGY

The chapter begins by describing the characteristics of research participants and various steps involved in data collection, analysis and reporting of data required by the Critical incident technique, as well as processes used in the categorization of themes and procedures for ensuring the trustworthiness of data. It concludes with seven steps used to test the reliability and validity of critical incidents and a summary of methodological issues that arose in the study. Additionally, timeline methodology was used to strengthen the critical incident methodology. CIT proved useful in obtaining and analysing the narratives of those affected by premigration trauma. The use of a timeline provided a strong base for identifying relationships between participant reported incidents to establish the tenants of the proposed theory of recovery from migration related suffering.

The application of the critical incident technique to the problem of premigration trauma had several methodological requirements. Firstly, an appropriate sample of refugees and immigrants befitting the criteria for premigration trauma was defined. Secondly, the sample comprised African immigrants and refugees as well as international students. It should be noted that the primary criteria for inclusion in this study was traumatic experiences prior to migration. Thirdly, the sensitivity of the topic under study and small number of participants called for modification of critical incident methodology by encompassing an empathically oriented approach.

Participants

Characteristics of the Participants

Incidents were collected from eight male and five female participants. However, the initial sample included seven refugees; four immigrants and four international students were interviewed; (see appendix B). Two participants, both international students, were excluded from the study after the screening interview. One of them decided to drop because she was uncomfortable with the time line methodology. She found it too linear and as such could not remember the incidents. The other did not provide useful incidents about premigration trauma. The interview revealed that his suffering occurred when he was already in Canada and he seemed to be experiencing active memory dissociation. The researcher thought it was essential to include more refugees in the sampling process because of they are most affected by traumatic experiences. Usually they are uprooted from their countries by life catastrophes or sometimes expelled by their own governments.

Redundancy or exhaustiveness of the critical incidents was achieved after interviewing five refugees. The exhaustiveness of categories was evidenced by the similarity of reported helpful and unhelpful incidents. It became clear that same issues kept on arising, however, two additional interviews were conducted to eliminate chances of systemic error. Then, immigrants and international students were added to the sample with the thought that new categories would emerge.

Participation in this study was based on the following four criteria. First, the participants were immigrants, refugees and international students from Su-Saharan Africa who arrived in Canada between 1991 and 2003. Second, the participants had experienced

trauma in Africa, which they volunteered to share. Although international students migrate voluntarily or in search of advanced academic programs, they were included in this study only if they experienced trauma prior to migration. Third, they confirmed not to be undergoing therapy or psychiatric treatment at the time of the interview. Fourth, participants were to be adults between 20 and 50 years of age. In summary of the above, criteria one and two ensured relevance of the participants to the current study, whereas criteria three and four tested the readiness and safety of the participants.

The main identification procedure for participants was through a poster, followed by telephone conversation if participants needed more information (see appendix C). Some participants were recruited through the researcher's professional networks as well as through African communities in the Lower mainland, British Columbia. Agencies that assisted in this research included those that provided mental health services to African immigrants: One participant was from Immigration Services Society (ISS) and two from the Center for the Integration of African Immigrants (CIAI). Three were recruited through the Zambian community in Vancouver. Eight participants were either self-referred or referred by others who participated or read the research advertisement. It should be noted that Sub-Saharan Africa is a subcontinent composed of people from different world nationalities and ethnic groupings. Some of these groups lived in places, which had long-term political unrest and it was necessary to respond to this diversity by soliciting participants from different socio-cultural backgrounds. Attempts to identify participants through a psychological clinic that helps mostly 'white South Africans' in North Vancouver were unsuccessful as there was no response to the research poster and invitation letter.

The age range of participants at the time of a traumatic event was between 11 and 39, with the mean age of 24.0. The number of participants ranged from 1 – 2 participants per country and only Zambia had two participants (see appendix B). The current employment status of the participants included students, Postal Officer, General Practitioner, Epidemiologist, Security officer, College Tutor, Unemployed and Self-employed. Nature of suffering with number participants indicated in brackets, comprised of detention n = 2, ethnic conflict n = 2, economic problems n = 3 multiple loss n = 2, grief n = 1, war n = 2 and military coup n = 1. The length of suffering/trauma ranged from 1 to 7 years with the mean length of suffering being 4.38 years. In addition, it was deemed essential that the study should indicate the extent and level of suffering and this was achieved by adding the number of migrations to the demographic data table. This is consistent with Silove and Cunningham's (1993) argument that migration is a process with multiple contexts and levels of suffering. In the current study, the average number of migrations is 2.69 with the range of 1-5 migrations including migration to the country of resettlement.

Procedure

The process of the interview encompassed three components: an orientation and screening (Piloting) interview, Critical Incident (data collection) interview as well as participants' cross checking interview. The former was a slow paced activity intended for rapport building, introduction of aims and purpose of the study, creating confidence in the research questions as well as the explanation of researcher's motivation on the study. This was used to pave the way for the critical incident interview, mainly intended for data

collection. A detailed description of these procedures is provided in the following sections.

Orientation Interview

The orientation interview followed a couple of steps: First, the researcher introduced himself and highlighted personal motivation for the study. Second, participants were introduced to the components of the study, such as the informed consent form (see appendix D); which included information about the participants' rights, benefits, confidentiality and how the study would be conducted. Participants also understood that they could terminate their participation in the research without any consequence. Then participants were asked to sign the form if they agreed to participate in the study. Third, participants voluntarily completed the demographic data form also called the Participant Information Form; (see appendix E). It seemed appropriate that the demographic data form should be carefully crafted to capture essential information related to the study. It had to be consistent with objectives, interview questions, and criteria for recruitment of participants. Fourth, there was a full description of how the critical incidents timelines would be used. Fifth, samples of interview questions were pilot tested with three participants to evaluate the effectiveness of the interview procedure and suitability of the participants to the purpose of the research study. The main interview questions were: 1) What major sufferings have you experienced before migration (event or attack), 2) What helped you recover from these experiences (positive incidents), 3) What hindered your recovery (the negative incidents), 4) What would have helped you in recovering from your pre-migration sufferings?

Follow-up questions were asked as prompted by the situation or participants' responses. To alleviate possible difficulty with terminology used in the study, the researcher provided an overview of the key concepts such as "Premigration", "Trauma", "Suffering", "Appraisal" and "Recovery". Trauma and suffering were later reviewed, as some participants preferred to say, "I was suffering" instead of "I was traumatized". Later "suffering" was used as a descriptive word, "to suffer from" and trauma was used to indicate the extent of suffering or illness.

The orientation interview provided the researcher with ample information about participants' readiness level and suitability for the study. As a consequence the researcher was able to determine the relevance of the research questions to the current research study. It was evident that most of the participants had difficulty in grasping the additional question on the 'meaning' of their experiences with trauma. It was unclear whether the difficulty in comprehension of questions resulted from the linguistics or complexity of the questions. On one hand, this researcher can make a subjective claim that African languages do not encourage self-reflection as well as uses of "I' statements, as both are not perceived as signs of strength. These could ultimately affect self-reflection and responses to questions that requires description of emotions. On the other hand, the researcher asked clarification questions where participants seemed unclear on their comments, acknowledging the importance of clarity and specificity of incidents (Flanagan, 1954). Data collected from one of the three participants who participated in the piloting and screening interview was carried on to the second interview.

Critical Incident Interviews

Interviews were based on an open ended qualitative approach about participants' experiences of trauma conducted by this researcher. The researcher used personal cultural and clinical experience to ensure availability of an environment characterized by warmth, acceptance, and absence of judgements or exclusion and exercised understanding of their situation; given the sensitivity of migration related trauma. All interviews were audiotaped and each participant was awarded a code number. A confidential code was used to deter a possibility of identification of the participants. The audiotaping ensured that the information provided by the participants was fully captured and given due attention; factors that would show respect to participants' sufferings. Another benefit of audiotaping was that it enabled the collection of information for transcription, which was later used in the analysis stage and other related parts of the thesis.

First Interview

The first critical incident interview lasted for approximately one to one and half hours and was divided into three segments: The first part focussed primarily on establishing rapport with the participants and clarifying the purpose of the interview. This was also the time to debrief the participants on the orientation interview and help participants deal with their comfort and readiness level, especially given that the interviews were audio taped. Despite these possible fears most of the participants were comfortable with taping and shared the depth of their experiences voluntarily. A few who had been finding the interview process suspicious became comfortable after rapport was created and with the understanding that the study was conducted for academic

purposes. Audiotaping was supplemented by note taking, done with the permission of the participants. There was a need to ensure an environment characterized by warmth, acceptance, and absence of judgement or exclusion. This approach was a necessary platform for traumatized immigrants and refugees; largely because they had been harshly interrogated by police before migration and may equate interviewing to police interrogation. The researcher focussed more on the pre-interview process; sometimes participating in informal conversations, characterized by humour and deafening laughter. Participants were assured that the interviews would move at their pace and comfort.

The second part involved the introduction and instructions about the critical incident timelines; (see appendix F). Participants then drew timelines of their experiences or sufferings as they could remember them. Each ascension of the line indicated positive outcome (helpful incident) and descent marked unhappy outcome (unhelpful incident). A horizontal line drawing indicated that the situation was unchanged for the period shown by the chronological order of the time line.

Thereafter, participants referred to their time lines to answer interview questions; which lasted for about 30 minutes, or until the participants could not remember additional details of trauma they suffered. After seven refugees seemed to have reached saturation of incidents as evidenced by the repetition of issues, the sample expanded to include immigrants. The same interview procedure used for refugees was repeated with immigrants sample. Helpful incidents related to family, religion and community networks were popular in both groups. Common unhelpful incidents included economic problems, multiple loss and separation from family.

Finally, international students were added to the study. Similar to the immigrants' sample, the international students did not yield many different incidents. Actually, the latter's responses were closer to those provided by immigrants than refugees. Further research is essential to confirm the degree of difference between international students who are refugees and the general refugee population.

Second Interview

Second critical incident interview was organized on the basis of availability and the timeline preferred by participants. Careful consideration was made for participants who requested other modes of reviewing and discussing their incidents. Person to person meetings were held with 8 (61.54%) participants. The remaining participants 5 (38.46%) requested to receive their scripts through e-mail, followed by telephone conversation with this researcher. The second interview session informed the participants about the progress of the study and categorization of the incidents reported in the first interview. It was beneficial to both the participants and the research study to open the session by asking the participants to share any new information since the last session.

The usual practice for the Critical incident technique is to provide the participants with transcripts of their interviews so that they can ensure that their narratives are accurately captured (Flanagan 1954 & Woosley 1986). This researcher chose to extract the phrases and themes that were clear and relevant to the current research study and placed them into a table under appropriate categories. Then, depending on the participants' preferences, tables containing summarized incidents were either e-mailed or hand delivered to the participants prior to the second interview. However, reference to transcripts was made when necessary or if participants needed further clarification. The

benefit of this kind of approach was time saving; while the loss might have been potential for suspicion if there is no transparency for interviewees to refer to their transcripts or voice recordings at the second interview. Participants were also invited to propose modifications, share personal concerns or question parts of the incidents they found inappropriate. All participants accepted the incidents, except one participant who added one further incident.

The second interview paved way for the data analysis process and tables of incidents and transcripts used were carried forward for further analysis.

Extraction of Critical Incidents (Data Analysis)

> *The purpose of the data analysis is to summarize and describe data in an efficient manner so it can be effectively used for any practical purposes.... The preferred categories will be those believed to be most valuable in using the statement of requirements (Flanagan, 1954: pp.343 – 44).*

Relevance and usability of data predetermined how data was analysed. Transcripts as well as summaries of transcripts were sorted out accordingly to ensure they met the requirements of the study.

Extraction of Incidents

The incidents used in the second interview were further reviewed and supported with reference to the audiotapes and transcripts where essential. Flexibility was allowed to reclassify the incidents to see emerging common themes, an exercise Flanagan (1954) advices that it requires, "insight, experience and judgement" (p. 344). 340 incidents that seemed relevant to the current study were identified using the initial coding system. However, following Woosley (1986) model of classifying incidents; 20 unrelated or loosely coupled incidents were excluded. An additional 15 incidents were discarded on further checking, as they appeared too repetitive of other existing incidents. Incidents

were coded only if one main event was clearly identified and singled out and the outcome appeared clearly related to the study (Woosley (1986). However, given that migration is a process characterized by overwhelming experiences, which has the potential to affect memory recall during the interviews as well as potential language communication difficulties, 13 paraphrased and unclear incidents were included tentatively awaiting clarification with the participants.

In the end, 292 incidents emerged from the classification and were retained in the formation of categories.

Forming Categories

Formation of categories followed a model suggested by Woosley (1986); firstly, similar themes were grouped together according to main categories. In the current study the main categories were: (a) what helped? (b) what did not help, and, (c) what would help.

Previous research used paper based colour coding schemes to identify similar themes and creating categories. This researcher transcribed all the audiotape interviews with a word application program. Then used computer highlight keys to identify similar themes, patterns and phrases. Ambiguous incidents were marked as "unclear", subject to clarification with participants in the second interview. The researcher used judgement to generate concepts that reflected the identified themes, which led to the creation of main categories. Basic categories were then created to narrow down the main categories (see appendix G). Secondly, categories were redefined and additional incidents were classified into them. Thirdly, any main category that appeared to be too broad was subdivided into subcategories. Categorization continued until all incidents were sorted

and placed in suitable categories. Fourthly, categories were re-examined in terms of the incidents placed within them.

There was continued revision and modification until the data appeared to have reasonable 'face validity'. This led to the next stage involving validation of categories; where all categories were re-examined for consistency, discrepancy between the objectives and data as well as usability of data.

Validation of Categories

In order to reduce systemic error, categories underwent seven procedures to test the validity and reliability of the categories. First, this researcher liased with the 'Research Supervisor', who has ample experience in the methodology, throughout the period of the study to ensure that the research study adhered to the requirements of the Critical incident technique. Also, the researcher and supervisor double-checked to determine whether descriptive accounts by participants appeared accurate and well represented by the category under which they are classified.

At the initial stage of extraction of incidents and forming of categories, a Masters of Arts student in Counselling Psychology at the University of British Columbia, with experience in qualitative research and who had worked on several projects led by faculty members, independently extracted incidents according to the rating scheme provided. This provided the initial direction and trust in the emerging themes and classification of incidents.

Second, for participant cross - checking, the researcher arranged the second interview to offer the participants the opportunity to check that the accounts of their narratives have been accurately captured and not misrepresented. As already indicated,

the researcher chose to extract the phrases and themes that appeared relevant to the current research study and placed them into a table under appropriate categories. Tables containing summarized incidents were either e-mailed or hand delivered to the participants prior to the second interview, with an option to refer original transcripts from time to time as requested by the participants. The second interview with the participants was conducted to revisit the categories in order to confirm accuracy on the three parts: (a) the source of suffering (b) action taken to deal with the situation, and (c) the outcome. Also, the second interview was useful in ensuring validity because participants confirmed compatibility of the categories with their contents; confirming the soundness of the category titles and extent to which they captured their experiences in their own "voices"; ensuring that the researcher had not distorted the accounts of the participants.

Third, for category comprehensiveness or to determine whether category system was comprehensive and complete, 10% (30) of the total incidents were withheld until major categories were identified (Anderson & Nilsson, 1964). Categorization stopped when new categories or themes were no longer emerging.

Fourth, for inter-rater reliability, the researcher submitted a randomized list of incidents and categories to an independent rater (s). A PhD graduate from the Department of Educational Studies, University of British Columbia, with experience in qualitative studies was used as an independent rater. The independent rater was presented with a randomized list of incidents and categories and was asked to place them under the main categories (What helped; What did not help; What would help) and further on basic categories (Resilience; Detention; Social Isolation.). As suggested by Anderson & Nilsson (1964), standards for the degree of agreement was confirmed after

the independent rater correctly classified more than 90% of incidents under the given categories.

Fifth, categories were further tested for consistency by independent judges, selected on the basis of two factors: 1. They had lived or had professional experience related to migration trauma. 2. They had no prior access to the study and its components. Three specialists in immigration and refugee services were selected from the Lower Mainland; including MOSAIC, Canter for the Integration of African Immigrants (CIAI) and a Psychology undergraduate student at the University of British Columbia. They were all provided with randomized categories and incidents and asked to place them under the appropriate categories similar the ones discussed under inter-rater reliability. New categories were discussed with the experts to confirm if the data was consistent with their experience. The level of agreement between the three experts and this researcher further confirmed the degree credibility of categories, which led to the incorporation of categories into the existing classification.

Sixth, for literature validity, relevant studies and articles based on migration trauma were reviewed and incorporated with the current study. The main contribution of previous literature to the current research was to ensure soundness of the category system as well theoretical agreement between them. The important information that was elicited from the literature validity process was added to the literature review and results sections as deemed appropriate by the researcher. More than half of the basic categories were supported by literature hence reliability was maintained. However, an allowance was made to fill the literature gap with new ideas generated by the current research study, of which new categories would form basis for future research on migration related trauma.

Seventh, participation rate was calculated to further establish the soundness of categories. This was calculated by dividing the number of participants who reported an incident by the total number of participants. It revealed the level of commonality of the incidents and the extent to which participants found the incidents helpful, not helping or could help in the future.

Timeline Methodology

Timeline methodology (Chell 1998) was used to strengthen the critical incident methodology. Basic participants' demographic data were introduced; participants then place their incidents in a timeline with a chronological sequence. The latter provided a strong base for identifying relationships between participant's reported incidents and establishment of tenants of the proposed theory of recovery from migration related suffering. It also notes flexibility of both horizontal and vertical occurrence of migration events. Thus, narrative timelines are an attempt to chronologically situate critical incidents in the broader context of participant's recovery process (Chell, 1998).

Although one of the participants alerted the researcher that this methodology appears linear, this researcher noted that it acknowledges that migration is not a one off event but a combination of events that occur without a predetermined pattern. Thus, events were plotted on the timeline from the client's perspective, as they occurred not the researcher.

Summary of Methodological Issues

The CIT and timeline methodology proved appropriate in assisting the research participants to present what helped, what did not and what would help them to recover from premigration trauma. A suitable environment need to created to facilitate the flow of sensitive information. Thus, the primary methodological consideration for this study

was the participants' suitability, comfort, readiness and open approach to expected outcome befitting the context of the research participants and fragility of migration trauma. Based on this sensitivity, this researcher found it appropriate to modify the Critical incident technique by creating a normal environment closer to the one lived by participants before migration. Critical incident interviews are normally structured around the occurrence of a particular event reported by the participants and checks how the sufferer helped or did not help themselves to recover from their experiences. In this research study CIT was supplemented with a combination of narrative and empathic oriented approaches. This innovation was intended to fit the style used in cultural communication and healing.

Flexibility with noticeable direction illustrated above was essential in ensuring that participants presented personal traumas with minimal urgency and reduced interruptions. The African culture has ample similarities and differences regarding the usage of words and situations or space as characterized by 'Ubuntu Theology of Desmond Tutu' (cited in Battle, 1997). The researcher's judgement was very instrumental in asking clarification questions in a timely manner; especially when the participant paused or switched to a new area not directly connected to the one mentioned. It was interesting to note that in the process, the content as well as helpful or unhelpful incidents emerged naturally. The researcher also used opening and closing questions to add reliability to critical incident data. Often critical incidents and interview process would determine the order of questions to be asked in the interview. However, it seemed important to have common opening and closing questions to ensure that the critical content is captured.

To supplement the specificity usually captured by the CIT, this researcher decided to use the Timeline methodology. It provided a structure to enhance participant's memory recall as it could have been depleted during the long periods of suffering or simply changes of brain chemicals following traumatic attacks. It also assisted the participants to visualize a picture of their life stories unfolding as a continuum, which eased anxieties related to information processing and interview session. Visualization of a life story can be viewed as an important catalyst for comprehension of concepts in individuals who are not native speakers of the language used for the interview.

The secondary purpose of both methodologies used in the current study was to ascertain whether data collection; analysis and reporting would prove to be practical and usable. In this case, despite the fact that refugees, immigrants and international students were interviewed sequentially, the data analysis process treated all three-sample groups as a one unit, particularly because the common denominator was the experience of trauma. Specific differences between three groups were not found. Targeted research is needed to further investigate possible differences among the experiences of these groups.

The usage of experts in the field of the research study to check the reliability of categories is increasingly becoming a common practice (Barbey 2000; Flanagan, 1954; McCormick, 1994; Morley, 2003). However, lack of a clear cut criteria for identification of potential experts needs further review as so far this process is based on the professional experience of such experts. This researcher argues that without a lived experience, professional expertise alone cannot provide sufficient conditions to ensure the credibility and validity of research data. In the current study, the researcher used a psychology graduate who experienced premigration trauma as one of the experts. Lived

experience provides non-clinical perspective and it merges well with content and emotions generated by the study. Another necessary condition is to include a sample of caretaker personnel such as host families and settlement officers, to acquire feedback from non-mental health professionals who could have observed and lived with the survivor for longer period of time if compared with a relatively shorter period of the research study; sometimes one or two interviews. This has the ability to alleviate the effects of biases and un-collaborated data often common with qualitative research. However, the latter criterion was later excluded from the current research due to a limited number of caretakers directly working immigrants and refugees from the African continent as well time implications to complete the research study.

Finally, this chapter has illustrated the theoretical backgrounds of the CIT and Timeline methodology in soliciting information from the participants about what helped, did not help and would help them to recover from premigration trauma. The next chapter presents the results of the study and an overview of a new theory generated by these methodologies.

CHAPTER IV

RESULTS

The current chapter reports the results of the research study based on CIT. An exemplary transcript summary of a participated was presented to illustrate the usage of the timeline methodology. The current chapter reports the results of the research study, which involved a total of 13 participants. Three hundred and twenty eight incidents were formed from 13 interviews including, 140 incidents helpful (42.68%) with the participation rate of 70.77%, 119 unhelpful (36.28%) with the participation rate of 64.10% and 69 would be helpful incidents (21.04), participation rate of 53.85%. Most of the incidents reported by the participants were based on refugee experience. The final categories are presented below:

Description of Basic Categories

Three hundred and twenty eight incidents were arranged into related themes or clusters and organized according to What helped? What did not help? and What would help? These incidents were further clustered into 18 basic categories. General and broad categories were subdivided to form 33 sub categories to provide a common cluster of incidents that helped, did not help and would help respectively. Basic categories are bolded and marked with alphabetical capitals such A, B, C...Subcategories are unbolded and marked with numbers 1, 2. 3 ...It should be noted that what would help did not require subcategories, however, it was assessed for broadness and ambiguity and found both relevant and specific for readers' interpretation.

Table 1.1 Basic and sub categories related to the three research questions

WHAT HELPED	WHAT DID NOT HELP	WHAT WOULD HELP
Basic and sub categories	**Basic and sub categories**	**Basic and sub categories**
A. Security	**A. Power and Control**	**A**. Security
1. Safety and Peace	1. Health	**B**. Appreciation of new home
2. Employment	2. Another War	**C**. Home Country
3. Education	3. Resettlement	**D**. Community Support
Scholarship	**B. Isolation**	**E**. Religion/Spirituality
B. Community Support	1. Separation from Family	**F**. Normalcy and Integration
1. Religion	2. Social Isolation	**G**. Immigration/Refugee Services
2. Other community mbrs	3. Detention Experiences	
3. Humanitarian Orgs	**C. Security**	
4. Traditional Healing	1. Safety and peace	
5. Friends	2. Employment	
C. Resilience	3. Education	
1. Power and control	4. Scholarship	
2. Time Perspective	**D. Intimidation**	
3. Appraisal	1. Detainee	
4. Humour	2. Detainee's Family	
D. Willpower	**E. Loss and Burial**	
1. Confrontation	1. Death	
2. Submission	2. Personal Effects	
E. Family Support	**F. Community Support**	
1. Immediate	1. Humanitarian Org.	
2. Extended	2. Other Community Mbrs	

What Helped Recovery

Migration can be a lengthy process and provoke intensive suffering. In the interviews, trauma survivors illustrated this by volunteering to voice factors that helped them to recover from suffering while in their home countries, during migration and after arrival in Canada.

Table 1.2. Helpful (What Helped) categories represented by percentage proportion of participants

Categories	Incidents	Participants Represented *n=13*	Percentage Participants Represented
A. Security	**33**	**12**	**92.31%**
1. Safety and Peace	11	4	30.77%
2. Employment	10	3	23.08%
3. Education	8	4	30.77%
4. Scholarship	4	2	15.38%
B. Comm Support	**39**	**11**	**84.62%**
1. Religion/Spirituality	13	4	30.77%
2. Humanitarian Orgs	9	2	15.38%
3. Other Comm Mbrs	7	2	15.38%
4. Traditional healing	6	2	15.38%
5. Friends	4	1	7.69%
C. Resilience	**27**	**9**	**69.23%**
1. Power and control	10	4	30.77%
2. Time Perspective	6	3	23.08%
3. Appraisal	6	1	7.69%
4. Humour	6	1	7.69%
D. Willpower	**18**	**7**	**53.85%**
1. Confrontation	7	4	30.77%
2. Submission	11	3	23.08%
E. Family Support	**23**	**7**	**53.84%**
1. Immediate	16	6	46.15%
2. Extended	7	1	7.69%
Totals	**140**		
Mean Average			**70.77%**

Security

The main reason many immigrants and refugees left their countries of origin was because of deteriorating security; which leads physical, psychological and socio-political sufferings. The sufferers then migrate in search of secure places around the world. Twelve survivors (92.31%) reported 33 helpful incidents related to peace and safety, which encompasses access to employment, education and scholarship.

The research participants explained that the decision to go into exile was prompted by horrendous torture, detention and police investigation in their countries of origin. However, fleeing to another African country did not offer the anticipated security as political and economic hardships continued. This led the refugee and family to embark on another move to a country that was far away from home.

Exemplary narratives from the survivors are quoted below and it should be noted that the age shown in parenthesis represents the survivors age at the time of a traumatic attack:

> Some [Refugees from home country] decided to form branches of political parties in the refugee camp. I didn't want to join them so they turned against me, saying that I was just a spy. You know, "why can't you join the struggle against oppression". "I don't want to join anybody's struggle because I have to struggle for my own life at least for now". The UNHCR [United Nations High Commission for Refugees] said that I should come out of the situation. It was like an emergency and they took us straight to Canadian Embassy. So, it was like an urgent matter or so, we had visas and we came here. "I ran away from a problem in [Home country], I came to Zambia and now I find so many problems again and I have to run again [laughing]". The worry was they thought we might end up being killed... So we came here [Canada] – it was up-lifting you know (Refugee, 32 years).

> Well you know I am at a cool you know now, that I have 10 years in Canada I have solved all my problems and have my happiness within I mean 1 year is a long time. In that 10 years especially in the last 4 years, I had the opportunity to go back home, a couple of times and I just came back 6 months ago. As I said before, I never made a choice to leave my country but now I have the opportunity to go back. It's my choice to go back (Refugee, 18 years).

Community Support

Survivors reported 140 critical incidents (39 helpful) under community support. This comprises feeling of connection with the community networks such as; friends,

religious/spiritual bodies, traditional healers, humanitarian agencies and any other community members. Participation rate of 11 participants (84.61%) for community support revealed the principal importance of community in the healing of trauma and shared responsibility or solidarity during times of suffering. Survivors reported receiving and experiencing support from the communities in which they lived. This comprised of experiencing connection with the community networks such as; friends, religious/spiritual bodies, traditional healers, humanitarian agencies as well as any other community member

> I remember when my brother fell into the fire; I didn't have money to take her to the hospital, or to buy medicine or to buy food. And when I took her to the hospital, she stayed for 2 months and it cost a lot of money and the doctor asked when I was going to pay the money... The pastor and his wife were my friends so I went and asked for money to buy food for the brother who was sick (Refugee, 11 years).

Survivors indicated instances when they received support from people they knew little about or not at all. They expressed delight when strangers came to their rescue:

> Eh, in the refugee's camp one thing that helped me before the process began is one family; they took me and I went to live at their house in town. So there I began to feel like yea like now I am living but before,
> when I was in refugees camp I was thinking why I didn't die. What am I doing in this world? (Refugee, 12 years).
> And again with other politician's wives of course the talking, gossiping a lot about the past and how I will refuse to be going back to the past and then current. It was a very excellent way of healing ourselves...Looking back at what happened I see it [Gossiping] as an informal way of counselling (Refugee, 26 years).

> Hmm, another thing that helped was, because we were like one people, we were like family. So it was when other people sleep, others stay to see where the enemy will come from. And when the others woke up, others sleep again (Refugee, 12 years).

The extended family and other close relations realized their social obligation by extending their support to minimize the effects of suffering on the individual and his/her family. This obligation was performed through material gifts and in kind:

> ...So that was, I think very, very encouraging which helped us to pull through yea. And also you know, the people would just come to your home and say now

we want to get your children ... because they understand that at that particular time ehh you are a little bit stressed. They will just go on and say well we want to have or to get these children for one week or two weeks. They will come and stay with us and they will get them. That was a gesture you know, just to show you that even if they can't do more they are with you in spirit. They just get the children and go away with them; without even telling us when they will be back and that is ok (International Student, 39 years).

In 1981 our area was facing this war situation in Ethiopia and the government was aggressively recruiting you know, young guys to join the army. And the problem was none of us believed in the war, so that was a very scary moment. I mean that was really bad war you know, once you join the army, you get training for about six months and you pretty much sent to the war front.

So... time was running out and anytime, any day they could come and get you to you know, to join the army. So you know at that time almost 15 years planning to move to Sudan and finally in 1984 you know, we managed me and 4 other friends you know, we had little bit of time and you know to run away from the war and we left for Sudan....We took the bus from home to another province going back to the boarder of We took the bus from home to another province going back to the boarder of Sudan and then once we got there, we had a 9 day trip on foot. That was the hardest thing you know, we could endure, it was actually bad you know, we had to travel at night because day times were very hard. You know the government might see you, so we were traveling at night. Well, if we were captured then, they would transfer us back to the Ethiopia Officials that would mean more torture and even force us to join the army. The other way we could end up in ...jail and the care system there was very bad. I mean sometimes they don't even get your name ehh, you may not even have a file and you could stay in jail forever without anybody noticing. So you will be captured and at the same time they could give you back to the [Home country] officials...But ultimately we made it to Sudan and went to the United Nations where we were issued with some refugee passports. And then the other problem was the language and the culture. And the living allowance at that time 20 to 30 US$ and that was it. We had to find our own way of feeding ourselves, clothing ourselves, and that sort of thing (Refugee, 18 years).

What touched me the most was when I got to Lesotho, was that every body was so appreciating. So friendly you know; so like I had no fear. Everybody that I met ....for me I was very happy to be there. It was a totally different experience!(Refugee, 18 years).

Resilience

Trauma survivors expressed how internal characteristics were part of their recovery process. Nine (69.23%) cited 27 helpful incidents involving internal and

external strength to deal with their sufferings. This also includes having power and control, positive appraisal of suffering, time perspective and humour. One of the trauma survivors commented, "suffering is a preparation for a better life" and one has to be initiated and strengthened for future challenges:

> So it was a really tiring journey we traveled for 9 days sleeping during the daytime and as we made it to the Sudan, but we were young and strong. We had little food that we shared with the farmers who were accompanying us (Refugee, 18 years).

> Mentally you know there was something to worry about. I mean the war situation didn't get better, more people were dying because of that and there were some drought that we faced. You hear about it from a distance and you wonder like how your relatives are doing and your friends that sort of thing. But then with time ...you know with time, you know time kind of takes away the pain a little bit (Refugee, 18 years).

> We used to laugh you know [Humour]...and if you go into the refugee camp, you will find people who have really suffered and they are not crying, they are laughing. So who am I to start crying when I am with some [people] who did not have legs, because [Opposition military wing] had chopped off their legs...Yea, I shouldn't; it's like I have not suffered enough, because these are people who don't have one leg for instance, because [Opposition military wing] just chopped off legs of so many people. And they are there, they have crutches and they are laughing, eating and they are going on with their lives. So I say, ugh at least I am intact [pause]. I can't feel the pain that they inflicted on me any more, you know except the pain of feelings and thoughts (Refugee, 32 years).

> What I am trying to do is to focus on the future to say no matter how much it might hurt, no matter you know how much I did not like what happened I cannot reverse the situation. It's done so lets move forward. That's my real focus now to look ahead and move forward you know. I am not saying you forget, you know I have my mind and I even tell my wife at times I wanna be alone (International student, 27 years).

Willpower

Seven (53.85%) research participants presented 18 helpful incidents, composed of adopting a will power position which involved being assertive in coping with difficulties; sometimes taking risks in finding closure to suffering. This category also involved confrontation or submission in defiance to the demands of the authority figures and suffering:

So we had to think hard on how we gonna get out and at time, even if we were just 18 we had to see things that way. One mistake where information leaks out even amongst our own group, if the information leaks that we are planning to leave the country then that would be a problem. So we had to do everything without talking much and we got in the house at nighttime. So we must come one at a time because if the government officials see a group of young guys 6 or 7 they probable anticipate problem (Refugee, 18 years).

So, we tried to change ourselves because we spoke Swahili [the Congolese language] and we tried to do like we are Congolese. But like that if you see a Congolese and Burundian or a Rwandan you can see that this one is a Congolese or this one is not. These things like to change ourselves helped us (Refugee, 12 years).

It does, it does affect your self-esteem but again you just have to be positive in your thinking ehhh for example, I felt well I am not going to sit down here and sink down for ever. I will find myself a means to earn income. Fortunately we were living in a house that had big space at the back. So we build a small structure there and we started doing poultry and then also we turned our servants quarters. Instead of hiring somebody to work for us, we turned that into another wing and we kept poultry. So we had this poultry circulating, almost every two weeks we had something to sell. And in fact, what was more interesting was that we earned more income from that project than we would earn from our employment.

So that did alter the situation and then we said okay what about in the long term. We decided, well may be I should go to school. So I decided to go to school and I did my university degree, my wife too in a particular field. She did her diploma in fashion and design and things started happening after that...And I worked on those roles with somebody who happened to have trained here in Canada for both his Masters and PhD at Simon Fraser University and I worked with him...I said well, I am going to gamble to do the teaching assistantship and whenever I can, save money if I have no teaching assistantship, I will live on the savings until I find some stability (International Student, 39 years).

Family Support

Survivors indicated that the presence of family was provided crucial support in times of life challenges. Family members were source of support in situations ranging from detention, unemployment to grief. The presence of family alleviated the effects of pain, even if they are not saying or doing anything. One survivor said "the presence of family is better than counselling because they know who you are talking about and they

can relate with your pain on personal basis". During the interviews, 7 (46.15%) participants reported 23 incidents, involving immediate and extended family support. One would have expected a higher participation rate given the central role played by family systems among many African nations. However, it is noted when political disaster strikes the family is separated and the culture disintegrates (Mekki-Berrada etl al. & Rouseau 2001; Peddle et al., 1999):

> ...So the problem was escalating and he had three accidents in a row within a space of two weeks...we managed to have a family conference and decided that this is the problem that we are confronting. So went into the process of rehabilitation, where everything required the family participation. So we attended sessions after work and we would talk to alcohol anonymous through confessions. You know myself and my other brother stopped drinking and thought that we can do other things other than drinking (International student, 27 years).

> ... my mother in law came and lived with me to look after the children because I was sickly. I think because of the overwhelming situation so, that was helpful and also I was a teacher. She would help like going to the garden and also talking even the support that she is there took me through all the emotional and physical torture that I was going through. I did know that some adult is there someone who cares that in all that and besides the son of hers was in prison. We will sit for about 6 hours drive. And when you go it was almost like going there every week taking the money and some other stuff that will help him in prison, so my mother in law would stay at home with two little ones (Refugee, 26 years).

> I knew that even when I was away, they were thinking of me. I could get letters explaining "your kids want you here", you know. So, that kept us together and my family [parents] used to write letters you know, encouraging me not to give up, things like that (Refugee, 32 years).

> My brother in law ...oh in many ways they would for example, maybe give us uhhm a ride to pick up uh the chicken feed or sometimes especially when we were starting up we would let uhm half all the capital to put into. They would give us money on the understanding that we would pay them without any interest (International student, 39 years).

What Did Not Help Recovery

Table 1.3. Unhelpful (What did not Help) categories represented by percentage proportion of participants

Categories	Incidents	Participants Represented *n=13*	Percentage Proportion
A. Power and Control	**40**	**13**	**100.00%**
1. Health	18	6	46.15%
2. Another War	15	5	38.46%
3. Resettlement	6	3	23.08%
B. Isolation	**31**	**13**	**100.00%**
1. Separation from Family	6	6	100.00%
2. Social Isolation	8	4	30.77%
3. Detention Experiences	9	3	23.08%
C. Security	**20**	**12**	**92.31%**
1. Safety and peace	8	4	30.77%
2. Employment	3	3	23.08%
3. Education	6	3	23.08%
4. Scholarship	3	3	23.08%
D. Loss and Burial	**12**	**6**	**46.15%**
1. Personal effects	6	4	30.77%
2. Death	6	2	23.08%
E. Intimidation	**12**	**4**	**30.77%**
1. Detainee	6	2	15.38%
2. Detainee's Family	6	2	15.38%
F. Community Support	**4**	**2**	**15.38%**
1. Humanitarian Org.	2	1	7.69%
2. Other Community Mbrs	2	1	7.69%
Totals	**119**		
Mean Average			64.10%

Power and Control

All participants, 13 (100%) reported incidents related to loss of the ability and sense of self-control to deal with the aftermath of traumatic attacks as a result another war in the country of resettlement and complicated resettlement process. Forty (40) unhelpful incidents were reported across situations related to loss of power and control. These involved, health problems, another war in the country of first asylum, and life stressors on arrival in the country of resettlement. Refugees reported incidents related to the collapse of health services, security and subsequent mental health illnesses typical to traumatic attacks. Some of these problems such as fear, guilt and low self esteem followed the trauma survivors from their home countries and sometimes continued on arrival in the country of resettlement or host country:

> Well, when I was back in Africa I was a member of parliament ... and in 1985; when the coup happened, I was put in prison for 18 months. And that was a very painful situation that happened to me. I was emotionally affected, I was psychologically affected I lost self-esteem. I was a whole member of parliament here in prison, no charges laid. And when I got out finally in 1987, I was again threatened to be rearrested. So when I heard there was a possibility of being arrested again, I decided to leave and I went to Congo. Now when I got to Congo I was arrested again. (Refugee, 29 years)

> We stayed until 1996 when the war started in Congo too. In this war Rwandan Military with the Ugandan military and the Burundian Military were fighting together against Congo Army... when the war began we were not safe because these Burundian, Rwandan and Ugandan army, which came in Congo, were the same that we left in Rwanda. We left Burundi because of them and they followed us again when we were in Congo... In Congo people wanted us to go because of the war. People didn't like Tanzania because Tanzania was not safe. Refugees didn't have choice. We stayed and just prayed saying God where will we go what we can do. Ehh, after that the war continued, continued and continued. Then the army from Burundi, Rwanda and Uganda came into the town where we were. (Refugee, 12 years)

> Of course, it was very tough; it was very traumatising. I lost the trust in almost everybody. I didn't trust anybody to see that the people whom I knew that were behind this manoeuvres, so it was very traumatising and I developed even acute stomach ulcers [voice trembling], I lost weight, I was just there everybody trying to leave me except parents, my own parents (Refugee, 26 years).

> ...it is so painful and to some extent you withdraw. If they are parties in the department, the department sometimes ask everybody to go and do some activity.

> Because you know that when you show up there, some people will have their families and it hurts to know that you cannot be with your family. So you would rather be alone. (Immigrant, 39)

Isolation

Thirteen (100%) participants cited 31 unhelpful incidents concerning isolation. Isolation included separation from family, social isolation, and detention experiences. Both refugees and immigrants reported similar incidents under isolation despite different migration circumstances. Exiled refugees expressed fear for the security of their family members back home; immigrants as well reported suffering related to guilt and apprehension about separating with family due to limited finances, immigration requirements in host countries and lack of preparation before fleeing or migrating. Survivors reported making risky decisions so that they could reunite with their family members:

> I will tell you again that to stay here in Canada ...in comparison with Zambia was not so enjoyable without my family. I could not enjoy the food... I was for example secured for a meal. I knew that I could have a meal anytime if I want. I knew that I could see a doctor anytime I want to...it hurts me each time I try to enjoy a meal because I was conscious of, in fact, I was wondering at that particular moment what my family was having. And it reached a point where I could not go in a restaurant and buy something to eat because my conscience was killing me...But because I had my family there I made my proposal in such a way that I would go back to them and do research there and it was a happy moment and I think it was a very enjoyable time for me. I would have regretted if I had decided my fieldwork somewhere other than where my family was. And because of that the moment you reach there, I was able to strategize and we planned that we would come back together after I have done my research and we did so. (Immigrant, 39 years)

> Yea, you know, so these problems were like it is a new culture. It can be totally new. We are used to mixing before coming to Canada you know and here you expected to work on your own thing but it's difficult. It's very tough, just tough but at least it doesn't threaten your life. (Refugee, 32)

> ...some of these people who were given to the crocodiles were not involved in politics. It was just like, if you steal something and steal for the third time and got arrested; they send you to the crocodiles. They will say, you are a criminal and we don't need criminals here so. Yea, it was very scaring. It didn't look like a small thing because all the prosecution did not abide with that. So you are singled out. You are called a bad person, you disagreed with the president, who allowed you to do that? (Refugee, 32 years).

Security

Twelve participants (92.31%) reported a total of 20 incidents regarding security. This category involved lack of safety and peace, employment, education, scholarships. Survivors reported feeling insecure right from the beginning of life disruption and during migration until arrival at their host country. There was continuous threat to life and apprehension about the future as well as difficulties with employment due to immigration or labour laws in countries travelled through or arrived at for final settlement. Mostly international students and immigrants reported difficulties with access to employment and education in their home countries. This was compounded by lack of scholarships or funding to migrate elsewhere feasible:

> There we prayed, we prayed and the army came and took some people and killed them. And we stayed praying, praying, praying to ask God that, "If it is your will that we die here take our hearts [Soul] or God help us. Yea, but the soldiers did not let us to pass. They were saying that they are checking in our bags, our things to see what we had but the motive was not to check; it was to see who they can take and kill. Finally they opened the boarder, when they said that, "okay go!" we took our bags and we began to run until we were already on the side of Burundi. And our family met us. Our parents had left for a long time, so they came to take us home and we relaxed ...we began to feel relaxed (Refugee, 12 years).

> Yea, it was difficult. I didn't know where to go. Anywhere I went they will tell you, "you refugees, you are enjoying life. We [Citizens of first country of asylum] can't have this and you have this". So they forget that we have these things because we are not allowed to work. So if we are not allowed to work then we should be helped. They will say no you are allowed to work because but we don't give our jobs to refugees. It was a situation where you could not win anyway. They just gave a bottle of cooking oil anyway! (Refugee, 32 years)

> Mhm, yea. and I remember when we had already left the town and we were in the village, so one military that was at the boarder said that all my family can go but me I cannot go because I am not their child – not the daughter of my father and my mother! [Voice raising] So, it was really big discussion (Refugee, 12 years).

> I should say it [Political insecurity] contributed negatively to my fear and anxiety. Not knowing whether the government would kidnap him because we were running from as we were just at the border. The world is sending some spies to come and find out where we are. (Refugee, 26 years)

> Well that's the main thing because you see, in Sudan we were living in fear. Because although we were registered with the United Nations and we had some kind of legal rights to be there you know anything could have happened. Sometimes the tall tree fell and we are to clear it and they thought we were a threat to the economy. And any kind of hardship they thought it was all because of the refugees (Refugee, 18 years).

> So it was a little bit distressful, but compounding that there was a fact that my wife at that particular point had also lost her employment maybe a few months earlier than me but because we... But a made a bold decision because I was offered teaching assistantship. I said well, I am going to gamble to do the teaching assistantship whenever I can, save money if I have no teaching assistantship, I will live on the savings until I find some stability (International Student, 39 years).

> Well, Canada is good country to be, if you don't have money becomes a problem - not everything is good. Though most of the things are good because it's a safe country and you could have something to eat but me I didn't like, feel real safe but I'm so happy to be here but I still have problems. I have to live on my own; I have to find food for my self but I ... (Refugee, 11 years).

Loss and Burial

Six (46.15%) participants reported 12 unhelpful incidents under loss and burial category. This category regards to survivors loosing personal effects and witnessing or experiencing loss of a family and community member. Survivors reported loosing their parents when they were engaged in further studies abroad and could not return to accord them proper burial or help in caring for them before dying. Survivors were also, haunted by seeing too many dead people lying on the streets without proper burial. When refugees were fleeing they travelled long distances, crossing rivers full of with crocodiles, parents burying their children and friends who drowned or died from diseases such as malaria and fatigue as well as cholera:

> Well, it was my first time when I said why are there so many people dying and I didn't understand what was going on there. And even now I still don't understand why people came and started killing others Refugee, 11 years).

> I saw people dying in the streets, I saw people kill each other people. What can I say...People killing each other, yes! people killing each other, it was the end of the world of course! It was the first time to see someone take the machete [Home made axe] and kill his friend. They were together for a long time but when the war began no friend, no family, nothing like this one was my best friend or he was my nice neighbour...Mhmh, so you ask yourself, what happened, what is this and you don't have the answer (Refugee, 12 years).

> My mom passed away actually when I was away from home in the [Host country of study] for my studies and it happened eh second week after I left home.... So yea for me it was one of the most painful events to happen in my life and unfortunately for me because I had just arrived in the [Host country of study]; I couldn't even go back home for her funeral so that was sad until about a year later when I was able to go home. until about a year later when I was able to go home (Immigrant, 26 years).

> For us life was not good, we can't say that we had nice life because we left our houses, all our things (Refugee, 12 years).

Intimidation

Four (30.77) participants presented 12 incidents related to intimidation of detainees and their families. Government agents operated by mode of arrest and intimidation of political opponents. If opponents were found missing their families became targets even without evidence of political involvement:

> Yea, when they were looking for my husband. He was no longer around they put instead my brother in prison and this was even more trauma. I was almost running nuts 'koko' if you know what it means. Almost getting naked to the point that [pause], I reached that point of wanting to just take off my clothes and walk on the streets naked, because this was betrayal after betrayal. (Refugee, 26 years)

> We ate one meal a day and in darkness. The toilet was just flushing every two minutes even if we were not using it. Which means you can't sleep; it was very noisy, 'umpurr' [Sound of toilet flushing system]. And the lights were kept on for twenty-four hours. And ehhh, that was very difficult. Around 6.00pm were not allowed to talk, we were just sitting there pretending to be sleeping. And ehh, early in the morning they would come and kick you up with their boots, "Hey, wake up, wake up!" After that we stay up until 3 pm when we had our meal –

> That was the only meal we had anyway. So sometimes we would hide part of the food they gave us so that you could eat it in the morning when we don't have anything to eat. Oh it was very difficult (Refugee, 32 years).

> First the police went to my wife and said that if you are hiding him, we are going to arrest you and she said no he went to where he comes from to his village. ... when they were trying to force me to go to work after jail term. That was a good job, bu t it made me more angry because it was like they continue forcing me to be doing something that...Yea and I said no give me a month at least. I need to rest and see my family I can't just go back. Oh no you have to go back so. They wrote a letter to the newspapers that I should go back to work right away. When I refused they interdicted me because you are not coming we are going to interdict you on half pay. And I said no problem but they never paid me. So when I got a letter saying that, I went back to [Home country] in the night and got my family out (Refugee, 32 years).

Community Support

Under normal circumstances community support becomes the primary structure to rally behind the sufferers. This seems not to be the case with some of the refugee sample. Two (15.38%) survivors presented 4 incidents under insufficient community support. This category comprises of lack of support by community members and humanitarian agencies. Survivors were sad that there were times when they found the staff of United Nations agencies and other humanitarian agencies unhelpful and in fact, increased their sufferings:

> No. Actually there was nothing because even the chiefs you know, they wouldn't want to talk to you. Instead, they would rather say, "How can you say bad things about the president. Can't you see that he is our best man here ehh, the education you have is because of him, all these guys you see here is because of him, you have chickens because of him. So how can you say something bad like that" (Refugee, 32 years).

> It was very awkward and very surprising on my part to see that the friends whom I drove with, who were always there in my house to come and eat with me driving around, when there were rallies these are the women who went with me and body guarded me, Seeing them discarding me like that all of a sudden; it was so dehumanizing (Refugee, 26 years).

What Would Help Recovery

Table 4 presents categories of statements that reflect what participants believed would have assisted them in their migration process. These were categories that survivors

may or may not have received but would be helpful to them in the future to cope with premigration trauma. They range from feeling safe in the host country to efficient support by immigrants and refugee agencies. Sub categories indicate the number of incidents reported and percentage rates. Unlike the previous two main categories, what would help excludes sub categories; primarily because the main category proved self-explanatory.

Table 1.4. Future Coping (What would Help) categories represented by percentage proportion of participants

Categories	Incidents	Participants Represented n=13	Percentage Proportion
A. Security	**11**	**11**	**84.62%**
B. Appreciation of new home	**10**	**10**	**76.92%**
C. Home Country	**10**	**9**	**69.23%**
D. Religion/Spirituality	**9**	**7**	**53.85%**
E. Community Support	**12**	**7**	**53.85%**
F. Normalcy and Integration	**12**	**4**	**30.77%**
G. Immigration/Refugee Services	**5**	**1**	**7.69%**
Totals	**69**		
Mean Average			**53.85%**

Security

Eleven (84.62%) trauma survivors cited 11 incidents involving security. This category referred to experiencing peace and safety, access to employment as well as opportunities for self-employment and education. They indicated that education and employment would ease feelings of apprehension about the future:

> I am in level 3 ESL at school and I find it quite hard as most of the people in my class have gone to school before. My goal is to get an education so I can be a

> nurse or work in immigration so I can help other people have a better life in Canada (Refugee, 12 years).
>
> I have never stopped ever since. I keep making myself versatile. I have finished my master of science and I am going for a PhD in August, I am teaching right now... The more I diversify the more I can compete with this environment. I have taken up professional memberships with several organizations. I am member of the International Association of Hydrology in Sciences, which is the kind of work I was doing in [Home country] (International Student, 39 years).
>
> I have a dream: My mothers said walk, walk, and just keep walking. I feel safe here...It's amazing to be in a country which is free. You can do anything (Refugee, 12 years).

Appreciation of new home

Ten (76.92%) survivors indicated 10 incidents for appreciation of their new home. This category referred to recognizing the benefits of being in a new country and establishing how one could be a productive resident/citizen. It comprises of incidents related to peace and safety, choice of residence and community service. Survivors commented that they would continue to recover now that they have a choice. They can choose to be responsible about their future as well their sufferings now that the circumstances in their lives have improved. They could choose to remain in Canada or return to home country when the time is suitable:

> In that 10 years especially in the last 4 years, I had the opportunity to go back home, a couple of times and I just came back 6 months ago. As I said before, I never made a choice to leave my country but now I have the opportunity to go back. It's my choice to go back (Refugee, 18 years).
>
> The thing that I have to do is to serve God and to talk to people about what God can do. So I can help one person that thinks about drugs to see that the drug is not the solution but the drug brings more problems in your life...Yea, mhm, and I can share my experience with them to tell them that the difficulty you have, I had a bigger one but I never took drugs. I stayed praying, I stayed for fighting life and...
>
> I had a choice I wouldn't choose to be in Canada, but with the realization that I am in a position of strength and I am able to assist, not only my members of my

> immediate family but myself and my immediate family by being in Canada (International student, 27 years).

Relationship with home country

Nine (69.23%) survivors reported 10 incidents under relationship with home country. This category encompassed a renewed connection with the participant's home country. It included incidents such as acceptance by citizens of their home country and a visit or eventual safe return to home country:

> ....when I start like having little dreams I think of going back to that place if ever I would be able, may be to just make a small contribution. I was thinking the other day, of trying to raise money for their local school there. Yea, just to if I could get some photographs of some people here [Role models],[...] so that next time I travel there go and perhaps build even one block so kids can go into a class.
>
> So this was the choice I never had before so now I am so much happy and I am more at peace and you now a little bit of money at the time. So that it prepares me and give a choice when time is right 5 years from now, one day I wanna settle in [Home country]. And I will settle in [Home country] and if I go back and have a life there it would be my choice to come to Canada. So although, I faced so many problems in my life, at this point I am in better position. I have 2 countries to chose from you know (Refugee, 18 years).

Religion/Spirituality

Survivors presented incidents related to faith, inner peace, and traditional healing. Seven (53.85%) survivors reported 9 incidents about spirituality or religion. Survivors expressed that their sufferings had increased their faith and created a new person of them. However, some reported disappointments and anger with members of their places of worship for neglecting them when they were suffering. They also tried traditional healing but could not confirm if it was effective. However, those who benefited from their spirituality felt a greater need to continue to hold onto it:

> Even now if I was to go back to Africa I would go to Congo than Uganda because of the spiritual roots that I gained. It's in Congo that I met Jesus or Jesus met me (Refugee, 26 years).

> ...and enjoy your blessings. I still feel like ehm, I am very blessed in a lot of ways...and hold on to them (Immigrant, 26 years).
>
> The thing that I have to do is to serve God and to talk to people about what God (Refugee, 12 years).

Community Support

Seven (53.85%) survivors reported 12 incidents related to the survivors to continue to receive and experience support from members of a community the survivor lives in. Survivors suggested the importance of helping the community with their experiences and services.

> So when I started as a doctor I said, if I go to [Home country] there are lot of difficulties that are happening right now; I would go and place myself in a very vulnerable position and then I might be able to place myself in a position where I can render some help, but If I stay here and do this, I am placing myself in a position where I can actually help. The question of finances I don't have much, but if I could save money and with the exchange rate (International Student, 27 years).
>
> You should also have friends especially friends who had the same problems. You need a new door you know and friends provided that and they made my situation lighter (Refugee, 32 years).
>
> So celebrate life, surround yourself with very good friends and enjoy your life (Immigrant, 26 years).

Normalcy and Integration of Suffering

This category meant normalizing and integrating the past in the current life in order to view suffering in a positive context. This category includes factors such as community service and forgiving the self and others. Normalcy and integration of suffering was reported by 4 (30.77%) and it generated 12 incidents:

> And this is what I tell all other people that I see suffering and they are tied into this suffering for a long time. I want to give them my personal experience and tell them that it's doable. You go down you shift a wrong bottle it's natural but you have to find means to bounce back (International Student).

> I think it has really made me a better person and also made me realize just how thin the line is between life and death and made me realize that you know life or death is a part of life and all of us are just here for a short time. You never know when you are going to go and it really made me realize that and also not to be afraid of death, I think that's what made me stronger (Immigrant, 26 years).

Immigration and Refugee Services

This category included provision of relevant and sensitive services by the immigrants and refugee agencies. It included knowing immediate needs of new comers such as suitable foster homes, cultural adjustment and accreditation of foreign qualifications. One (7.69%) person commented on the immigration services category:

> Some of the challenges that we had being new to Canada are: The language...having a mentor who can speak your language...I think it is important to have support in learning these new challenges. It is helpful to have support groups where you can share how things are going and also some of the difficulties you might be experiencing ...Also, refugee and immigrant youth face difficulties adjusting to the Canadian school system. I would like to see special programs for refugee and immigrant youth to help them integrate into the new Canadian school system (Refugee, 11 years).

Validation Procedures

Seven procedures used to test the validity and reliability of critical incident categories are presented below:

1. ***CIT Professional Validation***

Throughout the current research study, the researcher consulted with the supervisor who has ample experience in using the CIT in research studies and in student supervision (Borgen & Amundson, 1984; Butterfield, 2001). The supervisor provided guidance in the usage of the CIT and any modifications to the methodology were carefully analysed to fit the requirements of the methodology and participants' perspectives. The researcher and supervisor also cooperated on the extraction of

categories and both found that the initial process of categorization and descriptive accounts by participants appeared accurate and well represented.

A Masters of Arts student in Counselling Psychology at the University of British Columbia, with experience in qualitative research and who has worked in several projects led by faculty members, independently extracted incidents from ten transcripts according to the rating scheme provided. The rating scheme was a computer based colour coded scheme with headings that were relevant to the interview questions; namely, helpful incidents, unhelpful incidents, incidents that would help in the future. The student and the researcher then compared and discussed their categorization and there was agreement on 80% of the total incidents. 10% of the incidents appeared unclear and were either referred for future research or completely excluded from the current study. "Social Isolation" was later changed to "isolation" so that it could encompass all incidents related isolation such separation with family, detention of a family member and cultural transition.

2. ***Participant Cross-checking***

The researcher arranged the second interview with the participants to offer them the opportunity to check that the accounts of their narratives have been accurately captured and not misrepresented. It was an opportunity for participants to confirm the soundness of the category titles and the extent to which they captured their experiences in their own contexts. It also helped to ensure that the researcher had not distorted the accounts of the participants. It should be noted that the participants were not given the final complete final category system – but were given the initial category system that consisted of three components; being what helped, what did not help and what would

help in the recovery from premigration trauma. The researcher provided participants with a table containing the relevant extracts from their transcripts one week before the interview. Seven participants were available for the second interview and the remaining six asked to check their transcripts through the e-mail followed by a telephone conversation with the researcher. In the second interview participants checked their material for accuracy and presence of any comments they felt uncomfortable with. Two participants asked for changes in their narratives; one for a comment she made, which she felt might disclose her identity and the wording was changed. Another participant requested for an addition to the script. After some discussion the participant noted that the addition would not add value to her narrative and experiences.

3. Category Comprehensiveness

This procedure determines whether the category system was comprehensive and sound. Anderson and Nilsson (1964) recommended withholding 10% of the incidents until all categories have been formed. Unclear and overlapping categories were not discarded but were added to the withheld categories. Immigration/refugee services under what would help, was initially excluded because of low participation rate, however, a decision was later made to include it based on the number of incidents it generated (5 incidents). All thirty of the withheld incidents were successfully placed within the category system, so it was considered that the system was comprehensive in reflecting the incidents related by participants.

4. Inter-rater Reliability

The extracted categories had to undergo reliability confirmation by other raters who were not part of the study. This procedure clarified concerns about biases and

inconsistency of the data categorization. The researcher submitted a randomized list containing 30% of incidents and categories to an independent rater; a PhD graduate from the Department of Educational Studies, University of British Columbia, with experience in qualitative studies. The independent rater was asked to independently sort the incidents into main categories as well as the list of basic categories. According to Anderson & Nilsson (1964) standards for the degree of agreement by independent raters determine the reliability of data. Careful comparison of the researcher's categories with the independent rater revealed that 90% of incidents were correctly placed under given categories. However, the independent rater suggested changes to two category headings. One of the subcategories, 'Friends' was reclassified and placed under community support. The independent rater also suggested 'Motivation' as an appropriate category that would encompass relentless and sometimes risk taking behaviour by survivors to free themselves from migration suffering or attacks. However, the researcher commented that migration experiences in the context of the current study resembled a high degree of pain and motivation will not reveal this complexity hence 'Will Power' and 'Perseverance' were considered to suitable to capture this complexities. Finally, will power was adopted as it resembled survivors internal strength, confrontation and motivation to survive.

5. Expert Assessment

Another way to test the soundness of categories was to use expert assessment. Expert assessment confirms whether categories are usable and valid. Three independent judges were selected on the basis of two factors: 1. They had lived or had professional experience related to migration related trauma. 2. They had no prior access to the study and its components. Three specialists in immigration and refugees services were selected

from the Lower Mainland; including MOSAIC, Canter for the Integration of African Immigrants (CIAI) and a Psychology undergraduate student at the University of British Columbia. All the judges had lived experience with immigration and refugee trauma having migrated to Canada as refugees from Africa. They were all provided with 30% of randomized categories and incidents and asked to place them under the appropriate categories. They were briefed that they could modify or question any category that seems unclear to them. The level of agreement of 98% between the three experts and this researcher further confirmed the degree credibility and confidence of categories and the careful lengthy analysis undertaken to manage the data. One expert left out a category, 'Scholarship', because it overlapped with 'education'.

6. Literature Validity

Another procedure used to check the validity of category system was examining the relationship of the current research with similar research carried out in the past. McCormick (1994) state, "If a category of the event agreed with previous research, there would good reason to be more confident that it is sound" (p. 73). It should be noted that research on premigration trauma is lacking. Available studies on premigration trauma have excluded the experiences of African survivors. Carey, Stein, Zungu-Dirwayi and Seedat (2003), state "only 6% of studies [Trauma] are from the developing world with no single study from Africa" (p. 230). However, an attempt was made to scrutinize related literature on trauma and other forms of human suffering to support the category system for the current study. The overwhelming majority of the categories were supported by literature, which lends credibility to them. The new categories generated by the current research study can form the basis for future research on migration related trauma.

Helpful Categories

Resiliency

Resiliency refers to a person's "capacity to bounce back", to withstand hardship and to "repair" (Wolin & Wolin, 1994). Blackburn (1993) describes resiliency as the ability to recover from or adjust easily to misfortune or change. It is the capacity of the strained body and mind to withstand shock and recover without permanent deformation. Peddle (1999) notes that in Africa there are certain rituals, beliefs and rites of initiation that bring the society together and even protects them from different forms of suffering. He states that individuals who lose the protective cultural resources would be more vulnerable to trauma than one enshrined in the sharing of communal resources. Similarly, refugees and immigrants have used the resources of resiliency when the disaster struck them and they could still benefit from a healing approach that recognizes their past.

Family Support

The cornerstone of the existence of the people of Africa is the relationship within social circles. An injury to one family member is an injury to the entire family. An individual family member plays a central position in the family, sometimes as a breadwinner, heir of the family asserts, having leadership expectations after the death of the head of the family or being the custodian of family customs. Family and kinship elements bring meaning to an African community as activities and burdens are shared with the larger community.

The notion of family support aids recovery from trauma, particularly because the presence of family during trauma can transform adversity into a source of strength and meaning (Mekki-Berrada et al., 2001) and a "shoulder to cry on".

As a consequence of these family relationships, family trauma is more unsettling than personal trauma. Mekki-Berrada et al. (2001) relates family trauma to the sacredness of a family to an African community, which considers an attack on the family extremely serious. Actually, in Botswana as well as many other African cultures a person's lifeline progresses through four distinct stages; namely a) birth, b) puberty and c) marriage and d) death. Notably, other African traditions and religions believe in the resurrection or existence in the spirit formation; illustrating the visible and spirit worlds. The arrival of a new baby is welcomed with celebrations, gifts and ceremonial rituals. Although eroding and only common in rural areas, many cultures across Africa perform initiation rituals or "the rite of passage". During the puberty period at ages 14 to 16, young men and women are taken to a secluded place for an initiation program. The young women's curriculum entails skills related to marriage; motherhood and home crafts as well as basic domestic chores intended to help them to look after their families. Certain human qualities such as compassion, patience and self-respect are also developed in the initiates. Boys are taught how to perform family and marital responsibilities. The skills of leadership, courage and self-respect sustain the family on their daily lives, including during difficult times. On return, those initiated are now regarded as men and women and they are met with a joyous celebration at a public gathering.

Death not only marks the end of life but also the end of a journey traveled with courage or pride despite misfortunes and life difficulties. Englund (1998) notes that the

death of a young child or teenager is more traumatic compared to that of an old person. The latter is celebrated with the performance of funeral rituals, which could last several days in Southern Africa and up to three months in West African countries such as Nigeria. The bereaved family is comforted with prayers and sometimes humour (Englund, 1998) and they are rested so that they can deal with their grief. Children are not allowed to attend funerals as a way of protecting them from harmful emotions. Certain funeral rituals are performed after the funeral to avenge the troubled spirits, which could trouble the living through dreams and spirit possession. Englund notes "spells of disorderly behaviour, inconsistent and unusual speech and the symptoms of somatic diseases are common signs of spirit possession". In collaboration with other community networks the extended family consults with the bereaved family. In times wars concerns about indecent burial or non-burial of a family member can continue to perpetuate trauma among the surviving members.

These rituals are organized and performed within family circles and community networks, which accords the family institution a unique status and purpose in the lives of African people and could also be recognized as an important angle in healing traumatic illness.

Community Support and Religion/Spirituality

Community networks are complex, diverse and organized according to unique interrelated structures characterized by specific roles and responsibilities. These structures are comprised of elders, chiefs, and leaders of respective wards, traditional and spiritual healers. The composition of the traditional family is changing and now encompasses government and non-governmental institutions that, in many instances,

operate with sensitivity to the local culture and customs. Overall functions of these networks are to foster societal cohesion, peace, protection from misfortunes or enemies and support services which involves the running of traditional ceremonies, celebrations and support during adversaries. Certain laws of inhibitions are used to deter members of the community from undermining traditions and customs that identify a particular group. However, one can act independently as long as their behavior does not put the lives of others and the society in jeopardy.

Based at the heart of community structures and treatment of diseases is religion or spirituality. Majority of the African people pray to God or Ancestors. According to Peddle (1999), one can find religious beliefs from Islam, to "born again Christians" as well as traditional African religions. According to Blyden (Cited in Peddle, 1999), traditional African religion honours the Supreme Being "God or Ancestors". Beliefs and practices are closely tied to the land and kin, both those living and dead. There is a connection between the spirit world and visible world, hence, in some cases music; dreams and omens are used to transmit messages between the spirit world and the visible world (Peddle, 1999). In some cases churches, traditional healers and medical doctors are consulted in the diagnosis and treatment of the mental illness.

A more recent illustration of religion in transforming adversaries to protective measures is the Truth and Reconciliation Commission (TRC) in the post Apartheid South Africa, where Arch Bishop Tutu identified "forgiveness" as the eventual product of TRC. Forgiveness is seen as personal expression of compassion, brotherhood and healing (letting go).

Trauma recovery can take the form of witnessing, testimony and reparation as occurred in South Africa during the "Truth and Reconciliation Commission" to process the psychosocial trauma caused by the apartheid political perpetrators (Bishop Tutu in Friedman, 2000). It is important to note that sometimes trauma cannot be healed in the absence of the perpetrator. This is inline with the traditional African custom of using traditional healers and spiritual or faith healers to discern and prophesy the cause of misfortune and how the spirit leads to the healing process. Hence, social testimonies are essential before healing can occur (Andermann, 2002). Bagilishya (2000) agrees that in Rwanda forgiveness as well as laws of inhibitions helped to quell the escalation of the Rwanda ethnic conflicts.

Peddle (1999) explains that African ethnic culture is currently influenced by religion and trade from Western, Eastern and Islamic cultures. However, it is evident that many people in Africa still subscribe to their ethnic and national cultures especially during the times of distress or disputes, and during ceremonies.

Cultural Healing

Firstly, mental health professionals need to redefine their conception of illness and trauma, relocating the appraisal and treatment of trauma in the context of the individual's culture and history. For instance, Englund (1998) states that sometimes the interests of the refugees and therapists are in conflict as a therapist, from a discursive orientation, wants the refugees to talk about their experiences, while refugees strongly wish to be silent about the pains of the past and concentrate on the present and future livelihood and education.

Secondly, political trauma is a dehumanizing phenomenon and lack of proper burial of those killed in custody is largely immoral. As a result, after migration clients could still be haunted by images of what they perceive to be troubled spirits and desire to retain closure. In a situation where elders are not available to observe or perform funeral rituals under migration and war conditions, therapy may leave clients with feelings of vulnerability to vengeful spirits, characterized by dreams and seeing the face of a dead relative, or spirit possessions (somatic disorders). Depending on the traditional orientation of the traumatized person, delayed spirit exorcism can lead to death or afflict others (Englund, 1998). Usually, exorcism is done within a culturally constructed framework, which mainly involves traditional or religious procedures of body, mind and spirit cleansing. Hence lack of understanding of socio cultural networks and history of illness by the therapist may harm the emerging relationship and contribute to the delayed treatment or non-treatment.

Unhelpful Categories

Separation from Family

Separation from family happens as early as immigrants begin the process of migration. This may bring uncertainty about the whereabouts of family members, some may lack funds to travel with the entire family, or there may be a hasty departure where the immigrant leaves everyone behind. Mekki-Berrada et al. (2001) have noted that the delay in getting approval for asylum and visas for family members back in the country of origin has led to divorce, as costs of communication became unbearable.

Social Isolation

Refugees have no direct route to a country that could offer them safety; they sometimes cross two countries or live in refugee camps before arrival at the country of resettlement. This transition is lengthened by the asylum application process, which is usually complicated by lack of official documents left behind by the applicants when fleeing from home countries. Blavo (1999) state, "Eligibility tests can be influenced by nationality and the absence of identity documents; by social background – religion, culture, occupation, - military or political" (pp.22). Although the host countries sacrifice their hard earned resources and safety to cater for the refugees, ineffective resettlement processes expose applicants to unrelenting struggle for food, education, employment and cultural adjustment – as both groups try to understand each other. Blavo (1999) states:

A warm reception and hospitality by host communities are crucial issues. The size of the influx in hundreds of thousands within a short space of time – within a week exasperates the national community and creates a variety of hostile attitudes against them. Differences in ethnic, cultural and religious backgrounds may also influence reception (p. 29).

Similarly, immigrants start the migration process with high levels of stress or ambitions, hoping to have a better life in the host country. On arrival they face challenges ranging from economic difficulties to cultural adjustment; issues that may have prompted them to depart from home countries. These problems are experienced in both countries of asylum and resettlement countries.

Loss and Burial

Refugees usually leave their country hastily as the threats to their lives increases. In so doing, they abandon personal effects and sometimes without time to burry their loved

ones. According to Cunningham & Silove (1993), after a political turmoil, families migrate to trace their loved ones while attempting to cope with grief and uncertainty. He states that refugees on the way to a country of asylum they continue to dies from dehydration, malnutrition and drowning.

Security

Blavo (1999) states that urbanization; educational systems and new methods of agriculture have transformed the economy of African people. During migration they succumb to new means of livelihood, which requires learning, practice and experience. For trauma survivors the economic pressure could exacerbate their sufferings and render them insecure.

7. Participation Rate

Participation rate was calculated to further establish the soundness of categories. This was calculated by dividing the number of participants who reported an incident by the total number of participants. It revealed the level of commonality of the incidents and the extent to which participants found the incidents helpful, not helping or could help in the future.

Participation rate for the helpful ranged from 41.16% (family support) to 91.31% (security). Participation rate for unhelpful ranged from 15.38% (community support) to 100% (lack of power and control). What would help ranged from 7.69 (Immigration & refugee services) to 84.62 (need for security).

On average the participation rate for this study was very high and as Borgen & Amundson (1984) state, "participation rate of 25% could still be considered sufficient rate for validity of the categories.

Finally, more than 90% of the categories were supported by literature. Less that 10% were unsupported and will need further investigation. Among these, "willpower" can often be confused with resilience and power and control. In previous research studies, categories related to willpower were referred to as determination, personal strength or perseverance (Silove and Cunningham, 19993). However, this researcher finds willpower more descriptive of the desire to live and survive difficult circumstances that refugees and immigrants sometimes succumb to. Trauma survivors in this study reported that they were helped by the ability to separate the past from the future. Survivors indicated that they ignored their painful history and only focussed on the future with anticipated positivism. The concept of choice in premigration trauma was also not supported by literature. Two refugee participants in the current study commented they would deal with their suffering in helpful way because now they have a choice to choose either nationality or country of residence. It should be noted that refugees do not usually have the time or autonomy to decide their future as they flee their countries under insecure conditions.

In summary, the results of this research study have illustrated the traumatic circumstances that can accompany migration from Africa. While immigrants choose to migrate they are also confronted with certain economic and social roles that they were not ready for. The modification accommodated by CIT has created a suitable environment for obtaining and analyzing data from people who otherwise were uncomfortable discussing closed parts or hurting parts of their lives. The researcher had to employ some creativity to create rapport and collect required data. Further discussion on the current study will be presented in the next chapter.

Critical Incident Timeline

Incidents were further organized by placing them on a timeline methodology (Baxter 1999; Mishler 1991; Schlossberg, Waters & Goodman 1995). The timeline categorizes the low and high points of events that happen in a lifetime according to three main periods, namely; beginning, middle and end. 1) The beginning entails survivors experiences of a direct attack or difficult situation suffered by the individual, the family or community. 2) Middle refers to the time when a survivor, family and community felt traumatized and tried various channels of survival and 3) the end comprised of the period when the survivor, family and community decided to flee or migrate from their countries of origin. Timeline methodology was found instrumental in the recognition of a premigration trauma as a process than a one off event; most importantly the development of a new mental health theory on recovery from premigration trauma.

The participants were asked to place their incidents in a lifeline according the periods the events happened (See appendix F). The line was drawn in a descending and ascending order as determined by the emotions involved in the critical incidents that took place. Ascending would mean the client was somehow in control of the situation, which would lead to a follow up question about what incidents led to the improvement of life. Descending characterises negative impact on the participant's life, also leading to a follow up question about incidents that led to unhappy situation.

There was no predetermined procedure and participants would decide to talk during or on completion of their lifelines. They conversations were also flexible to move at any direction or pace according to the comfort of the participant. The time line was

helpful to assist the participants in identifying significant decisions that they made to free themselves from the sufferings they experienced. These decisions could have been carried out individually or collectively as well either consciously or subconsciously. It was not obvious for trauma survivors to discover that they made an effort towards their recovery process. However, when they viewed that their times lines they remembered their stories better and had the insight on what helped, what did not and what would help them in their recovery from premigration trauma.

Refugee no. 1 (REF 1001)'s transcript summary and a lifeline are presented below to illustrate the process of the lifeline methodology:

REF 1001

When Ref 1001 arrived in Canada as a refugee with his wife and children in 1991, he was 37 years old. When he came here, he already had heir law degree from [home country] before he fled to Zambia; however, now he is a college student. Ref 1001's problems started while he was working for the Ministry of Justice in [home country] in 1986 when he was imprisoned because someone started spreading rumours about him. "Somebody went to the police and reported that I was planning to overthrow the government." As a result, the police arrested him. According to Ref 1001, he stayed in prison for about a year before they finally released him, "They didn't charge me for anything." As a lawyer, he had been the one helping people to deal with legal issues. However, he was now in trouble. "I didn't even know the case I was going to be charged with or even the penalty I was facing. His concern was " People could be held indefinitely, for...the president had the power to detain you indefinitely." He pointed out that 'For that

one year, it was just like 'hell' because, there was no food; there was nobody to come and see me, which means you are not allowed to eat for even one week." Ref 1001 pointed out: "I was just lucky that I came out after one year" because in addition to lack of food, he and others were at constant risk. "If you are troublesome, they will take you and feed you to the crocodiles" in the nearby Shire River. Not only did he have to endure this threat, but prisoners were not allowed to go out. Basically, they just sat inside their cells. "We ate one meal a day in darkness. The toilet was just flushing every two minutes even if we were not using it. You can't sleep. It was very noisy, and sometimes the lights were kept on for 24-hours." Starting at 6 in the evening, they were not allowed to speak, and they "were just sitting there pretending to be sleeping. Early in the morning, [the guards] would come and kick you up with their boots." Because they were only fed once a day at 3 p.m., the prisoners would try to hide some food for a breakfast meal.

In addition, they were only allowed one family visit per week, and even obtaining permission for this was difficult. Once permission was granted, all visitors went in at once. As Ref 1001 stated: "So there was no privacy, and we just talked by shouting because [their family] would be standing three yards away." It was impossible to talk, so they were just relegated to asking how each other was doing. According to Ref 1001, the entire process was meant to humiliate them, and it did, especially for men like Ref 1001, for he had been a lawyer with a position, power, and respect. The psychological pain resulted in the loss of

respect. "You feel like you are a bad person worth little respect." Ref 1001 said: "That was even more painful" than all the beatings he received.

What helped Ref 1001 through his imprisonment was the support of his family. In addition to his wife, Ref 1001's 'brother, brother-in-law, and my uncles always came as well also some of my friends came to see me." He pointed out others too were supportive: "people at my home village were very, very involved. They went to a lot of these traditional doctors so that they can help release me." Even "My wife, my uncle, and my brother went to this witch doctor. They met this guy, and he gave them a lot of hope." Ref 1001 was not sure if it worked or not, but he was released. However, he mentioned that he also had faith in God.

On the actual day of his release, Ref 1001 "didn't believe that I was going to be released. In the morning, I [was] taken to police headquarters. I went there and sat there for about 3 hours. I didn't know what was happening, and in my feelings, it was like they are going to take me to the crocodiles. Finally, someone came and took me to a guy who was the Regional Police Chief.' He told Ref 1001 that they were going to release him, but he was warned: "Don't talk to anyone about how you were treated, about what happened to you, even about the issues you are not supposed to talk about because there are people who would understand what you are talking about, so the best thing is to shut up and keep quiet."

Finally, about 8 o'clock that night, Ref 1001was taken home. However, he was not happy because he could not share his experiences with his friends. What was even worse was "One of the conditions was that I had to go back to work by force." Ref 1001 had "told them that I need some time' after his ordeal to rest and

be with his family." However, "They were trying to force me to go to work after the jail term. That was a good job, but it made me more angry because it was like they continue forcing me to be doing something. "When he did not go back, "They wrote a letter to the newspapers that I should go back to work right away. When I refused, they interdicted me...they said because you are not coming, we are going to interdict you on half pay, and I said no problem, but they never paid me." What was even worse was that a "guy came and said can you give us the keys to your house, so I gave them the keys for my house and moved out. That was so humiliating because we went from a good [house] to a small shunty compound. We had so much property which couldn't fit in there with no electricity or toilet." This is when Ref 1001 decided that his only alternative was "I can't go back there, so we just ran away' because no one could help, not even the chiefs because they would not talk to him, or they would take the government's side.

Therefore, "I just sat. I think it was about a month, and then I ran away to Zambia." Fleeing [home country] affected Ref 1001: "When I ran away from [home country], I became sad again because I left my family in [home country] because I wanted to explore this territory alone." He could not go directly to Zambia, so Ref 1001 ended up going to his wife's parents' house "that is about 2 km from the border with Zambia." He and his in-laws "just walked up to Chipata,; then, I took a bus that went to Lusaka in Zambia. Chiapta is the next town before Lusaka, and my wife had a sister there.

I stayed there for 2 days; then, I went back home to [home country]." Ref 1001 traveled alone because of the roadblocks. At one, a man recognized him saying, "Oh, I know you. Where re you gong?" His response was "I am going to Lusaka." When in Lusaka, he began to think about his family, and how "they might be the victims, and I was making them the victims of my problems." In the interim, "the police went to my wife and said that if you are hiding, we are going to arrest you." However, his wife said that Ref 1001 had gone to his village and would return. When Ref 1001 received a letter from his wife about government's intimidation he left for home country immediately. " I went back to [home country] in the night and got my family out." The next day when the police went back to his house, "they found that the woman and the kids have disappeared, and they were very angry."

According to [Ref 1001] what helped hi through this was "I carried a Catholic hymn. That was just like my insurance. It is a book that I was reading, and I was singing all the way up to Lusaka, so it was like I was missing nothing. I had God with me, so I missed nothing."

In Zambia, they also had difficulties as refugees "were treated like we were rejects." They were not really welcomed even though "we had this Zambian Christian Society that was counselling us and giving us jobs and this and that," even [the] counsellors themselves didn't hide their negative feelings towards us." [Ref 1001] explained that the counsellors did not even hide their negative feelings, and they provided an odd type of counseling by saying things like: "you have just come here to steal." He maintained that, "The people who are supposed

to help you are also part of the rejection. Thy just want money." Therefore, it was difficult in Zambia. The Zambians believed "You refugees, you are enjoying life. We Zambians can't have this, and you have this." [Re 1001] said that the Zambians didn't take into account "We have this because we are not allowed to work.." What make people like [Ref 1001] feel worse it that they wanted to work, but the Zambians aid "we don't give our jobs to refugees." He also pointed out that "it was a situation where you could not win anyway." What made things even more humiliating for [Ref 1001] was that on a number of occasions when they were given clothing, "Imagine I am a man, but instead of giving me a pair of trousers, they would give me a dress." Despite the constant humiliation, he resolved this by "So what would we do? You take a dress, and you sell it. That was the only solution."

The ordeal caused him a great deal humiliation and psychological pain. He often wondered what good his education had been to him if he was suffering that much. However, what helped him though this was by comparing his own suffering to the pain of friends and other sin the refugee camp with missing legs or worse experiences. He noted: "If you go into the refugee camp, you will find people who have really suffered, and they are not crying. They are laughing, so who am I so start crying when some women did not have begs because UNITA had chopped off their legs." He thought: "It's like I have not suffered enough because these are people who don't have one let. They have crutches, and they are laughing, eating, and they are going on with their lives." Also, he and his family were still together. Another factor that helped him was "just the Christian faith also helped me. I

always felt that whatever was happening, there was no way I could have avoided it. It was lit it was maybe ordained that I should go through all these things, and one day I would be Ok. So things like that I just felt like there are just small temptations.'

Then, things changed on day. According to [Ref 1001], "One good thing that happened when I was in Zambia" was that in addition to his true friends, he "had friends who were not friends." "Some nationals [home country] decided to form part of political parties, [but] I didn't want to join them, so they turned against me saying that I was just a spy.' They wanted [Ref 1001] to join the struggle against the oppressions he and others had lived. However, they could not understand "I don't want to join anybody's struggle because I have to struggle for my on life, at least for now." However, what happened was that they turned against [Ref 1001]. "it was like an emergency!

The UNHCR said that I should come out of the situation. They took us straight to [the] Canadain Embassy, so it was like an urgent matter, so we had visas, and we came here [to Canada]. Otherwise, the officials were worried that "We might end up being killed." [Ref 1001] pointed out that coming to Canada "was up-lifting. I ran away from a problem in Malawi. I came to Zambia, nad now I find so many problems again, and I have to run again." This time I became a refugee in Canada. "It was actually a very big relief."

Despite the relief of coming to Canada, he and his family experienced some problems. Because "It is a new culture, here you [are] expected to work on your on things." I didn't know that I am trapped like a fish in the net, and you don't

know where to go anymore. It's very tough, but at least it doesn't threaten your life," so [Ref 1001] is thankful for the safety he and his family find here. However, he suffered because his children experienced difficulties in school because "they didn't speak good English. They had an accent. Actually, they didn't know English at all when we just arrived, so you see the kids coming home crying saying my teacher said this; my friends said that." He would try to comfort them and tell them that they were going to stay "forever.'

Despite some of their worries, Ref 1001] and his wife have decided to stay in Canada at least "Let's be here until they [our children] finish their education, first. That's when we can go home. But by the time they finish, we won't even think about it." In the meantime, [Ref 1001] is trying to recover from his own experiences of being a refugee. He has been back to [home country] twice now for a period of two months each time. Despite the memories, "I can go there and talk about whatever I want to talk about." "It relieved me." [Ref 1001] explained: "Now, I think I can relate to my culture in a way I never did before." Having a renew connection "is helping me to recover, and it is helping me to feel proud again. I am a human being because when I was a refugee, I was stateless. Then, I cam here and gained Canadian citizenship." He feels better because "I have gone back and felt that people appreciate whatever I did. People have also gone up to him and said, "You are the people who helped us to fight [the president]. If it weren't your case, we wouldn't have known about it. Your case has helped us because when you go out and tell people. Now, [the president] is gone, and now, we have democracy."

[Ref 1001] said that right now, he has no plans to return to [home country] to enter politics. His goal is to look at his experiences and "just to open up. Talk, chat with people, make it a joke, or just make it as something that helped you to come here [to Canada]." He concluded his thoughts by saying, "We may have problems here, but at least, we have a better life, so [those experiences were] a bad thing, but it has helped you to come here."

Summary of Critical Incidents Timeline

The usage of the critical incidents timeline had several contributing factors to a new theory on discerning, healing as well a long process of recovery from traumatic experiences. A new theory should consider that premigration events appear in a pattern which as no predictive pattern or direction but has the beginning, middle and end of the migration process. 1) The beginning entails survivors experiences of a direct attack or difficult situation suffered by the individual, the family or community. 2) Middle refers to the time when a survivor, family and community felt traumatized and tried various channels of survival and 3) the end comprised of the period when the survivor, family and community decided to flee or migrate from their countries of origin. For example, 1) the beginning was the time when REF 1001 was detained without charge. The detention experiences leads to generalized fear and uncertainties about the detainee and his family. 2) the middle is marked by the period the detainee is released from prison succumb to additional torment and intimidation by government agents. 3) the end is characterized by the time when Ref 1001 went through an insecure process of arranging for himself and family to flee their home country until arrival in a country of resettlement. It should be

noted that all these stages are travelled unceremoniously and heightened uncertainty about the future or survival.

This process implies that the new mental health theory should consider the historical development and context of the sufferer. They should observe how individual and group decisions and efforts towards recovery from trauma are also punctuated both negative and positive incidents.

CHAPTER V

DISCUSSION

This chapter discussed the results of the current study based on the experiences of premigration trauma among African immigrants and refugees. It highlighted emergent themes and issues pertaining to migration related trauma. These themes informed a new theory on premigration trauma based on what the survivors thought helped, did not help or would help them in their recovery from trauma. The implications of the current study were discussed. Firstly, the African theorizing consistent with the gap in trauma research and treatment approached were presented. Secondly, the chapter discussed the tenets of the development of a new theory on diagnosis and healing of trauma based on the cultural context of those served. Finally the chapter reviewed the limitations of the methodological processes and theoretical standpoints.

When trauma struck the cultural resources that protected the community in the past against known attacks is depleted rendering the community vulnerable both known and unknown abominations. Infact, survivors begin to question their culture and religion. The sense of self is also put in question, creating a new form personality in the person. This researcher argues in this study that psychological interventions are not universal owing to cultural differences of those served, but there can be no conclusive evidence about this claim until the experiences of those directly affected are effectively examined.

Results of the current research study reveal the difficulties faced by survivors in their recovery from premigration trauma. Migration can be a long process encompassing premigration, migration and post migration experiences. The experiences of wars, torture, detention, social prejudices, epidemic diseases experienced at premigation stage

haunts the survivors for a long time. The length of suffering in this research ranged from one to seven years; possibly more than that depending on the person and cultural awareness or appraisal of illness. Silove and Cunningham (1993) illustrated the length and continuous sufferings that follow the survivors until arrival in a country of resettlement, although post migration experiences could pose even greater challenges.

Security was the most common basic category under incidents that helped with a participation rate of 92.31%. In the context of refugees, security is a broad concept, ranging from residence in a place that is not life threatening to availability of education and employment. The principal reason for migration among many refugees and even immigrants was the search for security as the their home countries were hit by poor economies, political instability, epidemic diseases and acute social disintegration. When security was experienced whether partially or fully, the survivors experienced a change in their sufferings. Usually, for refugees and their families the security was experienced after fleeing their home countries and arriving at a country of first asylum and resettlement. The least helpful incident was family support, due to separation of families when they flee from perpetrators or finance for the family to travel together. However, in instances where the family was available, the process of support and healing was conducted at a family level. Under 'hat did not help', lack of power and control (100%, participation rate) and Isolation (100%, participation rate) were the most commonly experienced by the trauma survivors. The survivors had a tempered sense of control and personal power. One refugee, said, "The only reason why they [political opponents] put people in prison it is to humiliate them so that they loose self-esteem, they loose credibility they just become nothing" (Ref 29, years). In support another mentioned that,

"When I was in [refugee camp] I hated my sister and myself...I felt like nothing ...I was thinking why can't I just die" (Ref 12). Community support had (84.62% participation rate) under incidents that helped and also (15.38%) for incidents that did not help. One would be struck by the assumption that in collective communities the community structures unit plays a pivotal role in caring for those affected by disasters. However, trauma can be a powerful condition with ability to destabilize the social fabrics, culture and religion included, to the extent that cultural expectations become ambiguous. In support, but all the constituents the people whom you served you do not see them and that's terribly bad, it's bad. And that's one thing you know, you wonder why they can't even go and tell the government "why are you arresting this person", since he is innocent and we loved him. Nobody cares! (Ref, 29 years). Ref 1003 lamented, "I didn't think that it would be such a big deal until when the community, the people of course who were against the government started rioting. Even coming to my house trying to look for my husband so that they can kill him but good enough he was not around".

Incidents that would help" appeared closely consistent with "what helped" also implying what participants expected to have helped them in their recovery process. The highest participation rate was on security (84.62%) and the least being support by refugee and immigration services (7.69% or 1 person). The commonality of the category of security would imply that security stands important premigration, during migration and post migration. Insufficient life necessities and culture differences may hamper the process of recovery from trauma. Consequently, the refugee and immigrants agencies play a greater role is resettling new comers, but this collaboration seems to subside when the new comers settle down. One can make a subjective conclusion that the need for

such services decreases in importance owing to the newcomer's familiarity with the new country of residence and improved economic level. In contrast data from this study indicates contextual and cultural disparity between the refugees or immigrants and service providers. According to Ref 1001, "even counsellors themselves didn't hide their negative feelings towards us. They would say, "you have just come here to steal, you have just". There was no real counselling really. The people who are supposed to help you are also part of the rejection you know".

In comparison with refugees, the situation of immigrants on the surface seems to be more organized with minimal migration stress. Myrdal (1957) posits that each migration flow changes the social and economic context in which subsequent migration decisions are made. These decisions could either be favourable or unfavourable. This notion stresses the need for continued review of migration policies and services by host countries. Although these experiences cannot be elevated to the level of trauma they are nonetheless very stressful and have the potential for mental health conditions.

Implications of the Study

Research on Premigration Trauma

The current research reveals the difficulties faced by trauma survivors through out the migration process. However, in the midst of all these challenges, there were positive outcomes; especially for refugees who reported that migration resulted in safety and a choice of residence of nationality, which they lacked when disaster struck.

The results of this study informs the research on trauma about the consequences of premigration trauma; which otherwise relegated by researchers as part of history not important in "the here and now" or too complex and subjective to analyze. The current

study has reintroduced the understanding of African migration and the reasons behind; both historical and current milieu of the world's economic transformations. It provided evidence, that migration is a process and its effects extend beyond the individual and involves ones family, friends, community and culture (Levine 1997; Giesen 2001; Erickson 1994).

Several learning points would need to be followed by future research, including choice as an important feature in the recovery process; how the community and culture could be both helpful and unhelpful in helping the survivors gain recovery; how appraisal of illness determines the persons response to its effects.

Development of a Counselling Theory

First of all research on African experiences of trauma is lacking, however, as a learning point, it is essential to note that there is no universal model of treatment, and instead of using an expert model, mental health workers helping traumatized communities could relate mental health theory to the culture of those served (Blackburn, 1993). This approach suggested assessment of those beliefs and practices in relation to scientific knowledge and the motivation to change, also, therapists can relate their approaches to the clients' worldview not the therapist's orientation. Within this context, the aim of therapy is to help the client to regain sociality, which they cherished during the normal times. The understanding of family dynamics could provide therapists with relevant and sensitive treatments based on the context of their clients. For instance, post migration, failure to perform funeral rituals due to absence of elders to conduct ceremonies could contribute to traumatic symptomatology and distrust in therapy.

Attention to the use of 'I-statements and You-statement' should be paid attention as they can be used interchangeably. Self-reflection is least encouraged in the upbringing of children, however, that level of disclosure is usually performed at the family level or among trusted friends. Similarly, role-plays should be made close to practicability as much as possible. 'Truth and Reconciliation Commission' in South Africa was a perfect illustration that the culture prefers concrete methods of communication and if possible with the physical presence of the perpetrator.

The connection between the visible world and invisible world should be given access into current psychology; despite its complexity. Peddle (1999) state that at the heart of therapy in Africa is the religion. This is collaborated by Smith (2003) referring to their work at the Bellevue/New York University program for the survivors of torture, engaged the African group in a ceremony of "remembrance and thanksgiving" for families who have lost their members and friends due to death or displacement. This activity enabled the group members to exchange ritual and religious practices as well as renewed pledges to continue to support one another.

Finally this calls for an integrated model that recognizes roles played by the society, humanitarian organizations and the resilient person in the process of recovery from trauma. Future research should look into the development of programmes based on this integrated model.

Limitations of the Study

The current study has four methodological limitations and caution must be exercised in interpreting results. First, small samples are limiting even though they are cost effective and have a high data precision; future research should consider broader

categories of those affected by premigration trauma as well as implications for a multicultural context. Second, participants from sub-Saharan Africa are not a homogeneous group. Each country has distinct ethnic, cultural, economic and geographical variations. However, there are also noticeable common threads, which links all elements of the African Diaspora. Third, migration can be a long process, thus, interviewing immigrants who are already in a host country may pose subjectivity from memory recall and social transformations. Fourth, the sampling extension include international students who experienced premigration trauma challenges the conventional wisdom that all international students choose to migrate for better educational opportunities as well as the assumption that trauma is prevalent on all African nationalities irrespective of their origins. However, the theoretical disparities surrounding the inclusion of the international students in the current study is mitigated by trauma as a common denominator for inclusion.

Lastly, limited time for completion of these study resulted in important modifications, which could have added value to the current research study. The researcher left out caretaker interviews. The initial plan was to interview therapists, foster parents and community leaders as well as other professional service provider assisting African immigrants to gather their perspectives on the survivor's recovery process. Future research should consider the experiences of health caretaker and support personnel as well examining the experiences of international students who migrated under the support of host Government's sponsorships.

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APPENDIX A

Participant Code	Gender	Country of Origin	Educ Background	Job Status	Marital Status	Age at time of suffering
REF1001	M	Malawi	B Law	College Stud	M	32
REF1002	M	Ethiopia	BSc Statistics	Self Employ	M	18
REF1003	F	Burundi	ESL 11	Stud	S	11
REF1004	F	Uganda	M Social Work	Grad Stud	M	26
REF1005	F	Burundi	Grade 11	Stud	S	12
REF1006	M	Uganda	B Comm	Postal Officer	M	29
REF1007	M	Angola	Grade 11	Stud	S	12
IMM1001	F	Swaziland	MA Nursing Admin	Self Employ	M	26
IMM1002	F	Botswana	Cert Hotel Catering	Unemploy	M	24
IMM1003	M	Ghana	BA Phy Ed	Security	D	25
IMM1004	M	Zambia	BA Eco	Unemploy	M	25
ISS1001	M	Zambia	MSc Geo	College Tutor	M	39
ISS10002	M	Zimbabwe	MHSc Ortho	Stud	M	27

Imm Status on Arrival	**Year of Arrival in Canada**	**Nature of Suffering**	**Year of Suffering**	**Length of Suffering**	***# of migrations***
Refugee	1991	Detention	1986	4	2
Refugee	1993	War	1984	3	3
Refugee	2002	Ethnic Conflict	1994	7	3
Refugee	1992	Military Coup	1985	6	2
Refugee	2003	Ethnic Conflict	1994	6	5
Refugee	1992	Detention	1985	4	2
Refugee	2001	War	1997	4	5
Landed Imm	1995	Multiple Loss	1988	6	2
Landed Imm	2001	Multiple Loss	1994	4	1
Landed Imm	2001	Economic	1993	2	4
Work Permit	2001	Economic	1993	1	4
Intl Stud	1999	Economic	1994	5	1
Intl Stud	1999	Grief	1998	5	1
					2.69

Right to Withdraw:

I understand that my participation in this study is entirely voluntary and that I am entitled to share my experiences at my own pace and comfort. I may refuse to participate and withdraw from the study at any time without jeopardy.

I consent to participate in this study and acknowledge that audiotaping of the interview will take place and I have received a copy of this consent form for my own records.

_____
Participant's Signature

Selebaleng Mmapatsi
Co-Investigator

_____
Co-investigator's Signature

Dr William A. Borgen
Principal Investigator

_____
Principal Investigator's Signature

_____
Date (please print)

Thank you for your contribution.

Participant Information

The Information you provide in this form is very useful. Omit information you feel uncomfortable sharing.

Participant Code No. ..... (To be completed by the researcher)

Age:

Marital Status:

Country of Origin (Optional):

Countries Crossed During Migration:

Date of Arrival in Canada:

Reason for Migration:

Immigration Status:

Family Members in Canada:

Employment Status:

Educational Background:

Socio-Economic Status:

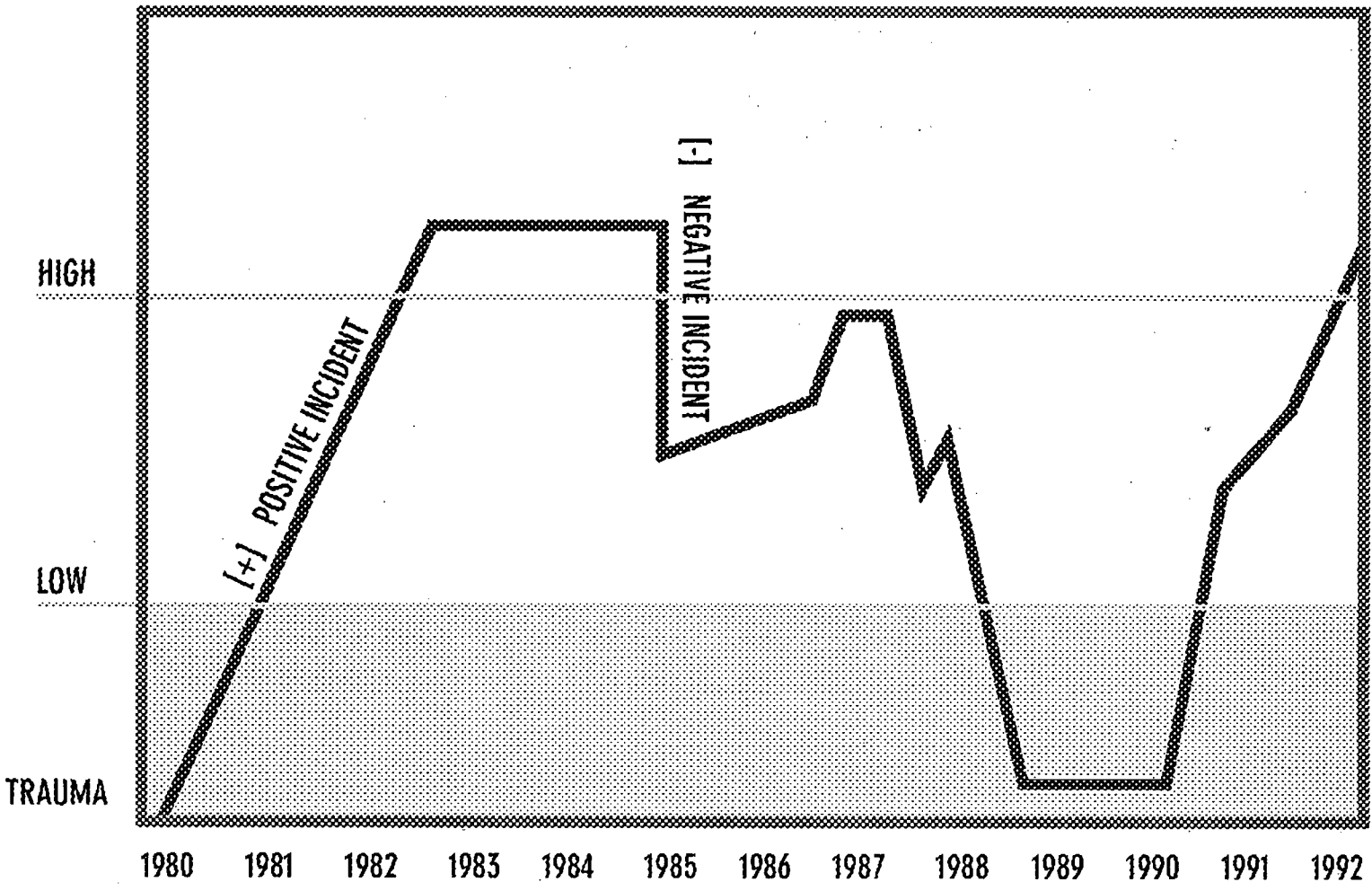
Nature of Trauma:

Year of Trauma:

Age at the time of Trauma:

Length of Trauma:

FIG: TRAUMA SURVIVOR'S LIFELINE



PERIOD OF SUFFERING