Coping and Resilience in Refugees from the Sudan: A Narrative Account

Article *in* Australian and New Zealand Journal of Psychiatry · April 2007

DOI: 10.1080/00048670601172780 · Source: PubMed

3 authors, including:

Ashraf Kagee
Stellenbosch University
255 PUBLICATIONS **5,897** CITATIONS

SEE PROFILE

Coping and resilience in refugees from the Sudan: a narrative account

Robert Schweitzer, Jaimi Greenslade, Ashraf Kagee

Objective: The purpose of this paper was to identify and explicate coping and resilience themes employed by 13 resettled Sudanese refugees.
Method: A sample of 13 Sudanese refugees was asked to describe their experience of coping in the three periods of their migration, namely: pre migration from Sudan, transit, and post migration in their host country. Members of the sample participated in qualitative interviews conducted with the assistance a bilingual community worker.
Results: Three themes that characterized the experience of resettled refugees across all periods were: religious beliefs, social support and personal qualities. A fourth less salient, theme, comparison with others, also emerged in the post-migration context.
Conclusions: A number of themes associated with coping and resilience in response to trauma were identified. These themes may be translated into strategies to assist in responding constructively to trauma. Such approaches may be used to improve the well-being of resettled refugees in Australia.
Key words: Australia, coping, narrative, refugees, resilience.

Australian and New Zealand Journal of Psychiatry 2007; 41:282–288

Sudanese refugees have been exposed to an ongoing civil war since 1983 when violence erupted between the predominantly Muslim north and the Christian south [1]. It is estimated that this conflict has claimed the lives of over two million Sudanese over the past two decades [2]. The combination of war and drought has produced chronic food shortages in many areas of the south, resulting in famines in 1988, 1992 and 1998. As a result, humanitarian conditions in Sudan remain among the worst in the world [2]. Approximately 5.5 million refugees have been forced to flee their homes and have either become internally displaced persons within the country's borders or are living as refugees or asylum-seekers in neighbouring states [2]. Consequently, Sudan has ranked as one of the world's leading producers of uprooted people since the mid-1980s, with more than 80 per cent of southern Sudan's population having been displaced since 1983 [1]. Despite experiencing considerable hardship, reports of resettled Sudanese refugees emphasize that the refugees are extremely resilient and have high expectations for the future [3].

In the 2002–2003 program year, Australia granted a total of 12 525 visas under its Humanitarian Program [4]. In keeping with the United Nations High Commission for Refugees (UNHCR) guidelines, priority was given to the resettlement of people from Africa, with this group comprising 47% of all humanitarian entrants [4]. A national longitudinal survey commissioned by the Department of Immigration, Multicultural and Indigenous Affairs (DIMIA) found that

Robert Schweitzer, Associate Professor (Correspondence)

School of Psychology and Counselling, Queensland University of Technology, Brisbane, Qld 4034, Australia. Email: r.schweitzer@qut.edu.au

Jaimi Greenslade, PhD Researcher

Department of Psychology, University of Queensland, Brisbane, Australia

Ashraf Kagee, Professor

Department of Psychology, Stellenbosch University, Stellenbosch, South Africa

Received 20 July 2006; accepted 23 October 2006.

humanitarian entrants experienced greater levels of stress and social difficulties than other migrant populations [5]. Many Sudanese migrants had fled situations of extreme violence [6] and had experienced significant trauma, hardship, loss of family, and interruptions to schooling or work [7].

The deleterious psychological effects of exposure to trauma and torture have been well documented [8,9]. However, there is growing recognition that a large number of refugees do not experience long-term mental health difficulties despite being exposed to considerable trauma [9,10]. Only limited research has focused on the mental health concerns of such individuals and the factors that facilitate post-migration adjustment. The present study aims to address this empirical gap by describing the themes that emerged in a series of qualitative interviews conducted with a sample of Sudanese refugees. These themes focus particularly on coping and adaptation of members of the sample following traumatic experiences.

Research on refugee mental health

Evidence emerging from the field of refugee mental health has suggested that the traumatic events experienced by refugees may lead to an increased risk of psychological distress and psychopathology [5–7,9]. Recent investigations have pointed to elevated rates of emotional distress, symptoms of post-traumatic stress, anxiety and depression [8,9]. Other mental health problems such as psychosomatic disorders, grief-related disorders and crises of existential meaning have also been reported but to a lesser extent [11,12]. In general, a robust dose-response relationship has been found between the number of traumatic events and the level of psychological stress reported among refugees [13]. For example, Steel *et al.* [9] found that refugees reporting more than three trauma categories had an eight-fold increase in risk of mental illness. Further, participants reporting one or more trauma category had a two-fold increase of risk of disturbance compared to those who had experienced no exposure to trauma after 10 years of resettlement.

Recent research has also suggested a deleterious effect of stress in the post-migration period. For example, Schweitzer *et al.* [10] found that post-migration difficulties such as unemployment and family separation were associated with symptoms of depression and anxiety among a sample of 63 resettled Sudanese refugees. Similarly, Heptinstall *et al.* [14] found that family financial difficulties and having an insecure asylum status were predictive of symptoms of depression and post-traumatic stress in a sample of 40 refugee children between the ages of 8 and 18.

Limitations of research on refugee mental health

Despite support for the relationship between traumatic events and symptoms of traumatization, recent data [6] has indicated several limitations to research among refugees in conceptualizing their psychological status. With few exceptions, psychological studies have utilized quantitative methodologies to examine exposure to traumatic events, post-traumatic psychiatric reactions, and the identification of risk factors to mental illness or acculturation stress. While such an approach has offered clinicians an understanding of the level of DSM-related psychopathology among refugees, the strong focus on trauma and post-traumatic stress reactions means that limited attention has been directed towards understanding positive adaptation in refugees. Most research based on checklist and structured questionnaire data has not sufficiently acknowledged that the majority of refugees appear to have adapted to the various stressors they have encountered without any formal assistance from mental health professionals [9,10]. Indeed, in recent years a considerable body of literature has emerged on resilience and growth in response to traumatic events such as natural disasters, medical illness, war and combat, and bereavement [15,16]. For example, Schaffer and Moos [15] have shown that individuals who have been confronted with life-threatening experiences frequently report a re-evaluation of their own lives and strengthened family relationships. Such individuals also report having increased empathy for others and more frequent usage of social resources such as family members, friends, and co-workers. Tedeschi and Calhoun [17] similarly report that victims of traumatic events report improved relationships, new possibilities, a greater appreciation for life, and a greater sense of personal strength and spiritual development.

A number of quantitative studies have noted that social support is associated with increased psychological well-being in refugees [10,18,19], and having a strong religious or political belief system has been associated with better therapy outcomes [20]. Moreover, avoidance strategies such as prayer, sleeping,

and reading have been identified as methods which help refugee youth cope with sadness [21].While these studies have been useful in identifying the coping strategies associated with refugees, they are limited in that they focus only on the coping strategies employed in the post-migration period. As such, they ignore the impact of coping mechanisms employed during the time when migrants were exposed to traumatic events. Further, studies focussing on adaptation tend to utilize quantitative methodologies, which rely on *a priori* assumptions about the range of relevant variables to be assessed. These assumptions may be problematic in under-researched areas where little is known about the phenomenon being examined. The aim of the present study was therefore to document the resources utilized by recently arrived refugees in Australia by examining the themes characterizing the experience of refugees through three phases of migration; that is, pre migration, transition, and post migration.

Method

Our study of coping and resilience has grown out of our collaboration with Sudanese refugees living in Brisbane and forms part of ongoing research [10]. It extends on research conducted by Khawaja *et al.* [22] and provides a focussed examination of coping and resilience factors in Sudanese refugees. The present paper draws upon interviews completed in 2004.

Participants

The sample consisted of thirteen Sudanese refugees aged between 17 and 44 years (mean = 29.77, SD = 8.35). Of the total sample, four (three males and one female) participants were recruited through liaison with a non-government refugee resettlement organization. A further nine (six male and three female) participants were recruited by means of convenience sampling. Two community liaison workers (one male, one female), who had strong links with the Sudanese refugee community, identified potential participants and invited them to participate in the study.

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

The interview

We used a qualitative approach to obtain data on the themes that characterized coping by members of the sample. A semi-structured interview protocol was developed for this study, which asked participants to describe their experiences during the three periods of migration. As participants only tended to describe the stressors they experienced in each period, they were specifically prompted to outline the strengths and resources they brought to bear on the situation that enhanced their coping. An example of such a prompt included 'was there anything (or anyone) that helped you handle the difficulties you are describing?'.

Procedure

Ethical approval was obtained from the ethics committee at the Queensland University of Technology. Two bilingual multicultural workers (one male and one female), who were trained in conducting qualitative interviews, assisted in the recruitment of participants and data collection. Prior to commencement of the interviews, all participants were informed of the goals of the study, given assurance of confidentiality and asked to sign an informed consent form. Fourteen people were approached to participate in the study, of which one declined to enroll. One participant was under 18 years of age and consent was obtained from his guardian to participate. Twelve of the participant interviews were conducted in English, which is a second language in Sudan. One interview was conducted in Dinka, with the assistance of a female bilingual multicultural worker. Four participants were interviewed at a non-government refugee resettlement organization and the rest were interviewed in their homes. Interviews were conducted as part of a larger investigation into the psychosocial adaptation of refugees from the Horn of Africa. As a token of appreciation for their participation, each participant was provided with a $20 voucher to a large supermarket chain. Due to the sensitivity of the topic and the possibility of interviewees becoming distressed as a result of the interview, referral procedures were put in place to address the needs of distressed respondents. Over the course of data collection, two referrals were made to a specialist agency for follow-up. All interviews were tape recorded, transcribed, and entered into Atlas.ti, a computer program that assists in the analysis of qualitative data.

Analysis

The analysis was conducted using the guidelines developed by Smith *et al.* [23] for Interpretive Phenomenological Analytic principles (IPA) and augmented by the use of the Atlas.ti qualitative date retrieval computer program. The methodology allows for the explication of personal perceptions or accounts of phenomena based upon an exploration of the participant's personal world, while at the same time recognizing that any explication requires a degree of interpretative activity. The process

of explication builds from an idiographic case study approach, where themes are identified for each interviewee, to a nomothetic approach, where themes are clustered, identified for the group. The explication of themes that emerged across participants is than explicated with illustrative examples drawn from the interview data as a whole.

The first stage involved reading individual transcripts and identifying themes that were considered expressions of the salient experiences and concerns of the respondent. This process involved two steps. The first was open coding where interview transcripts were read holistically and key issues mentioned by respondents were noted. The second step was selective coding where key phrases, statements, and comments were labelled and categorized according to their content. The labels are referred to as themes. Essentially, a theme attempts to capture the essential qualities or meanings as reflected in the transcript. In practice, one might read the entire interview, often repeatedly, make preliminary notes, and then proceed to abstract the theme for particular interview segments or meaning units.

The aim of the second stage was to identify emergent (or superordinate) themes. It involved treating the data as a whole and identifying connections between the themes identified in the first stage. This step involved listing the emerging themes and reflecting upon commonalities or ideas that cohere. The second stage of the analysis provided the basis for the explication of the data, which involved translating the emergent themes into a narrative account of the experiences of the participants.

The program Atlas.ti facilitated both processes. In the first stage, the program allowed us to engage in open-coding of themes followed by selective coding once we reached a point of saturation. We also searched for patterns in the codes by examining the frequency of codes across participants. For the second stage, the program facilitated the identification of 'families', which allowed us to interrogate data associated with clusters of themes.

The structure of the findings was confirmed by means of re-reading the original narratives and modifying the codes accordingly. A second investigator and an independent researcher checked each phase of the explication in order to ensure that the emergent themes could be traced to the original data [24].

Results

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

Family and community support

One resource that participants commonly reported as assisting their coping was social support from their family, friends and the community. In the pre-migration and transition periods, participants reported largely receiving support from their family and friends. Family, including extended family members such as grandparents, cousins, aunts and uncles were described as providing emotional support. For example, one informant described receiving support from his grandmother: 'At that time my grandmother was alive so if I have anything I just go and talk to her and yeah, she comforts me'. Emotional support was also provided by close friends. As one participant reported: 'If I had a fight or with my, say with my Aunty or my uncle, and I am feeling down, if I go to my, to my friends family they will comfort me, you know they will say, OK, you will one day grow up and have your own family, don't think about that, you know, use encouraging words'.

Upon their arrival in Australia, participants reported having lost a large degree of their social network. As such, they relied on a broader range of individuals for social support. Specifically, individuals no longer relied on only family and friends but utilized support from others in the Sudanese community. Participants in the sample stated that they discussed their problems related to adaptation to life in Australia with other members of their community, who were particularly encouraging with regard to education and employment as they understood the difficulties faced by newly arrived refugees in these areas.

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

The role of religion

A second factor that allowed refugees to cope with their difficult experiences was belief in God. As one participant reported, 'You know, when I pray and I say, God is there, God will help'. Belief in God provided participants with a mechanism by which they could regain some of the control and meaning they had lost over their lives. As one participant reported: 'I was losing my control and I decided to walk out and just leave it to God, that's just what I said and nothing has happened since then'. Another stated, 'When you put everything in God's hands, and believe in God, it happens'.

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

Participants' religious beliefs also assisted them in making social contacts as they often became involved with the church that provided respondents with social, informational and material support. Specifically, one participant reported that the church gave them money and clothes and assisted them in gaining safe passage from Sudan. Another participant described the emotional support that the church provided to his mother, stating 'My mum goes to church because you know, because they speak English and they understand. The thing I like about them is they understand the problem you know'.

Personal attitudes and beliefs

During the pre-migration and transition periods, participants stated that their attitude in responding to highly adverse personal circumstances was a factor that facilitated their coping. Some participants felt that they became strong, dealt with each of the challenges that arose and resolved to fight for what they believed in despite the hardships that it might have caused. For example, one participant stated: 'I said to myself that I will not go to fight. I rather die than going to fight. I said I'm not going to give up, I'm not going to say I'm not getting enough food, I'm not having fun, I'm not having everything I used to have before, so I'm going to give up and just lie there and kill myself, no I didn't'.

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

Comparison with others

A final coping strategy that was employed by participants was comparison with others. This coping strategy was only reported by participants in the post-migration period. It involved comparing themselves to others who were less fortunate and thereby allowed them to gain perspective and to cope with their difficulties. As one participant stated: 'I am fortunate enough because I'm in Australia but there are some people that are still in Africa, not even in Australia, there are some refugees that are in places like Woomera and they are still going through more hell than me'.

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

Discussion

Participants in the study were able to identify critical themes associated with coping and well-being during the pre-migration, transition and post-migration periods. These themes and actions are consistent with those pre-stressor characteristics that have been identified in other populations as buffers to the development and maintenance of psychological disturbance. Specifically, past research has suggested that social and family support, spirituality and religious faith [25] are important factors in promoting resilience. Further, a number of studies have noted that the capacity to make meaning of situations is associated with positive outcome [26]. Therefore, the themes and actions associated with coping characterizing refugees in the present study are likely to lead to improved adaptation and recovery following significant stressors.

The findings of the study demonstrate that participants in the sample did not respond passively to events. Even after experiencing forced migration, respondents were able to engage with others in an active and problem-solving way. This is not to suggest that all refugees are able to access the resources demonstrated by members of the current sample, but rather, that it is important to focus on the individuals' capacity to make meaning based upon their experiences in seeking refuge. We concur with the findings by Kline and Mone [7], who called attention to the limitations of a narrow mental health focus. These authors argue for a psychosocial approach that takes into account the beliefs, perspectives and values of the individuals. Our findings underpin the strengths that refugees bring to this task and provide a basis for rebuilding and reinforcing an adaptive orientation in building a new life in their adopted country.

Several limitations need to be noted. The use of retrospective accounts as part of the qualitative methodology is always open to the potential reconstruction of events resulting from recall deficiencies and retrospective interpretation. This process may in turn impact upon the reliability of the findings. Furthermore, the small sample size and the heterogeneous nature of the sample in terms of time spent during the period of transition and in Australia needs to be considered in terms of the generalization of the findings to the Sudanese refugee population as a whole, both in Australia and internationally. Future studies utilizing larger samples may be able to examine specific groups of refugees more closely and explore whether there are factors that result in specific trajectories or result in more robust resilience for the respondents. However, it is hoped that the findings will provide a basis for further investigations of newly arrived refugees and particularly, the factors that contribute to the resilience of people who have responded to highly adverse experiences and events.

An important contribution of the present study is that it extends on trauma research by focussing on the factors that lead to psychosocial health. It also utilized a qualitative methodology, which is arguably

more suited to gaining an understanding of the refugee experience and the role of meaning making in participants' understanding of their experiences. These findings provide a context for developing culturally sensitive and narrative-based techniques addressing the experience of refugees in their host countries. Such approaches need to acknowledge the 'cultural therapeutic mediators' in assisting persons to overcome the stressors impacting upon their life within their adopted country [27,28]. Gormon extends these ideas further in her argument that therapy with culturally different clients should go beyond the person's vulnerabilities and risks and focus on the exploration of strengths and supports. Such an approach includes an exploration of identity as well as the social context in relation to significant others, the broader community, and the world at large [29].

In summary, the study highlights the role of family and community in enabling people who have been exposed to significant traumatic events to make meaning of those events. It also highlights the role of spirituality and the respondent's personal attitudes and beliefs in promoting emotional adjustment. It is hoped that future studies will compliment a perceived focus on negative outcomes and symptomatology with the more positive attributes identified in the current study to gain a more comprehensive picture of the refugee experience. Ideally, such studies will adopt longitudinal methodologies utilizing both quantitative and qualitative methodologies to gain a better understanding of the developmental trajectories of well-being in at-risk populations. Key variables may include the impact of risk exposure such as pre-migration trauma, the mental health impact of protective factors including social resources and individual coping [30]. Such studies hold the potential of a greater understanding of resilience and in turn having a positive influence on policies and programs aimed at promoting the positive adaptation of all members of the community.

Acknowledgements

I would like to thank Andrea Bak and the Queensland Program for Assistance to Survivors of Torture and Trauma for their valuable help in facilitating the study.

References

1. United States Committee for Refugees. Sudan fact sheet. [cited 4 Nov 2004.] Available from URL: http://www.refugees.org/news/crisis/sudan.htm
2. United States Committee for Refugees. Sudan fact sheet. [cited 3 Nov 2004.] Available from URL: http://www.refugees.org/news/crisis/sudan.htm
3. United States Committee for Refugees. World refugee survey 2000. Washington, DC: United States Committee for Refugees, 2004. [cited 4 Nov 2004.] Available from URL: http://www.refugees.org/news/fact_sheets/faq_sudan_facts102300.htm
4. Department of Immigration and Multicultural and Indigenous Affairs. Fact sheet 60: Australia's refugee and humanitarian program. [cited 4 Nov 2004.] Available from URL: http://www.immi.gov.au/facts/60refugee.htm
5. McLennan W (Ed). *Mental health and wellbeing: profile of adults*. Canberra, Australia: Australian Bureau of Statistics, 1997. [cited 22 Jan 2007.] Available from URL: http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CA25687100069892CA25688900233CAF/$file/43260_1997.pdf
6. Miller KE, Muzurovic J, Worthington GJ, Tipping S, Goldman A. Bosnian refugees and the stressors of exile: a narrative study. *Am J Orthopsychiatry* 2002; 72:341–354.
7. Kline PM, Mone E. Coping with war: three strategies employed by adolescent citizens of Sierra Leone. *Child Adolesc Social Work J* 2003; 20:321–333.
8. Steel Z, Silove D, Bird K, McGorry P, Mohan P. Pathways from war trauma to posttraumatic stress symptoms among Tamil asylum seekers, refugees, and immigrants. *J Trauma Stress* 1999; 12:421–435.
9. Steel Z, Silove D, Phan T, Bauman A. Long-term effect of psychological trauma on the mental health of Vietnamese refugees resettled in Australia: a population-based study. *Lancet* 2002; 360:1056–1062.
10. Schweitzer R, Melville F, Steel Z, Lacharez P. Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees. *Aust N Z J Psychiatry* 2006; 40:179–187.
11. Silove D. The psychosocial effects of torture, mass human rights violations and refugee trauma: toward an integrated conceptual framework. *J Nerv Ment Dis* 1999; 187:200–207.
12. Steel Z. Beyond PTSD: towards a more adequate understanding of the multiple effects of complex trauma. In: Moser C, Nyfeler D, eds. *Traumatiserungen von Flüchtlingen und Asyl Schenden: Enflus des politischen, sozialen und medizinischen Kontextes*, Zürich: Seismo, 1991:66–84.
13. Mollica RF, McInnes K, Sarajlic N *et al*. Disability associated with psychiatric comorbidity and health status in Bosnian refugees living in Croatia. *J Am Med Assoc* 1999; 282:433–439.
14. Heptinstall E, Sethna V, Taylor E. PTSD and depression in refugee children: associations with pre-migration trauma and post-migration stress. *Eur Child Adolesc Psychiatry* 2004; 13:373–380.
15. Schaefer JA, Moos RH. The context for posttraumatic growth: life crises, individual and social resources, and coping. In: Tedeschi RG, Park C, Calhoun LG, eds. *Posttraumatic growth: positive changes in the aftermath of crises*, London: Laurence Erblaum Associates, 1998:99–125.
16. Tedeschi RG, Calhoun LG. The Posttraumatic Growth Inventory: measuring the positive legacy of trauma. *J Trauma Stress* 1996; 9:455–472.
17. Tedeschi RG, Calhoun LG. Posttraumatic growth: a new perspective on psychotraumatology. *Psychiatr Times* 2004; 21:58–60.

18. Ahern J, Galea S, Fernandez WG *et al*. Gender, social support and posttraumatic stress in postwar Kosovo. *J Nerv Ment Dis* 2004; 192:762–770.
19. Jasinskaja-Lahti J, Liebkind K, Jaakkola M, Reuter A. Perceived discrimination, social support networks, and psychological well-being among three immigrant groups. *J Cross Cult Psychol* 2006; 37:293–311.
20. Brune M, Haasen C, Krausz M *et al*. Belief systems as coping factors for traumatized refugees: a pilot study. *Eur Psychiatry* 2002; 17:451–458.
21. Halcon LL, Robertson CL, Savik K *et al*. Trauma and coping in Somali and Oromo refugee Youth. *J Adolesc Health* 2004; 35:17–25.
22. Khawaja N, White K, Schweitzer R, Greenslade J, The difficulties and coping strategies of Sudanese refugees pre, during and postmigration: a qualitative approach. *Transcult Psychiat Res Rev* (in press).
23. Smith JA, Jarman M, Osborn M. Doing interpretative phenomenological analysis. In: Murray M, Chamberlain K, eds. *Qualitative health psychology*, London: Sage, 1999:218–240.
24. Strauss A, Corbin J. *Basics of qualitative research: grounded theory procedures and techniques*, London: Sage, 1990.
25. Greef AP, van der Merwe S. Variables associated with resilience in divorced families. *Soc Indic Res* 2004; 68:59–75.
26. Bracken PJ. Post-modernity and post-traumatic stress disorder. *Soc Sci Med* 2001; 53:733–743.
27. Voulgaridou M G, Papadopoulos R K, Tomaras V. Working with refugee families in Greece: systemic considerations. *J Family Therapy* 2006; 28:200–220.
28. Courtois CA. Complex trauma, complex reactions: assessment and treatment. *Psychotherapy: Theory, Research, Practice, Training* 2004; 41:412–425.
29. Gorman W. Refugee survivors of torture: trauma and treatment. *Prof Psychol Res Pr* 2001; 32:443–451.
30. Beiser M. Longitudinal research to promote effective refugee resettlement. *Transcult Psychiatry* 2006; 43:56–71.