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The coping processes of adult refugees resettled in New Zealand

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Introduction

A significant proportion of the international research concerning adult refugees has investigated clinical perspectives and emphasised the impact of pre and post-migration experiences as key factors affecting their mental health (Colic-Peisker & Tilbury, 2003; Guerin & Guerin, 2007; Watters, 2001; WHO, 2007). Nevertheless, the relationship between the level of trauma suffered and subsequent distress experience is complex. Today, the burden of mental disabilities affecting former refugees resettled in a third country is difficult to interpret because of conflicting findings due to methodological errors and limitations as well as cultural differences when interpreting emotional suffering (Fazel et al., 2005; Graig et al., 2006; Hollifield et al., 2002).

In that respect, over the past decade, transcultural psychiatric approaches (Kirmayer, 2006; Rousseau et al., 2004; Summerfield, 2001; Tousignant, 1992) promoting a more balanced investigation of the cultural and social aspects of refugees experience of resettlement in a third country, have demonstrated the influence of such factors on individuals' behaviour and subsequently on their mental well-being.

However, the predominance of the clinical perspective tends to understate the impact of those socio-cultural aspects, as well as the impact of resettlement barriers (i.e. lack of social status, economic constraints) on former refugees' stress which is recognised as likely to be as powerful as the events prior to the flight from their country of origin (WHO, 2001).

Additionally, clinical reviews amongst former refugees resettled in New Zealand have shown that available medical responses to support those facing mental difficulties were limited and often led to unsatisfactory outcomes in contrast to those expected over a course of treatment (Briggs & Macleod, 2006; Guerin et al., 2004).

Such facts highlight the challenges for health professionals to address the mental distress of a multicultural group for which the Western mental health classification and approach appear to be limited (Bracken et al., 1995; Jackson, 2006). On the other hand, despite the acknowledgment of refugees' endurance abilities to overcome traumatic events during their pre-migration flight and in first asylum countries, relatively less is known about their capacities to show positive adaptation to life's tasks in the course of resettlement and how this impacts on preventing or mitigating mental health problems (Hollifield, 2005; UNHCR, 2002).

The current study, therefore, was undertaken to address some of the above mentioned gaps as well as to obtain a contextual and comprehensive knowledge of adult refugees' coping processes whilst resettling for which knowledge is still insufficiently documented (Lin, 1986; UNHCR, 2002). Grounded theory was the qualitative methodology chosen to explain this phenomenon for which there is, as yet, no strong theoretical framework. Qualitative data were collected from twenty six former refugees, all now living in New Zealand cities, so as to generate explanations of 'why' and 'how' adult refugees are able to overcome resettlement challenges and to adjust adequately.

Coping processes

Coping has to do with approaches, skills and abilities that allow people to face and manage life's difficulties to prevent and minimise stress related illness. The most widely adopted definition is that of Lazarus and Folkman (1984) who identified coping as constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands which are assessed as challenging or exceeding the resources of an individual. Additionally, Cockerhan and Ritchey (1997) describe coping and behaviour as processes by which individuals appraise and respond to social and environmental sources of stress in an effort to reduce the difficulties induced by those stressors so as to reduce or prevent stress related illness.

Faced with a challenge, individuals use personal or external coping resources as the key factors that help lessen the adverse effects of stress in overcoming difficulties. Mobilisation of those resources leads to coping strategies; the two most commonly described being emotion-focused or problem-focused coping (Straub, 2003). In emotion-focused coping, individuals try to moderate and regulate distressful emotions, for example, by seeking support from others, avoiding, minimising or reappraising the problems.

In problem-focused coping, individuals try to confront and eventually solve the problems directly by being either pro-active or reactive when the stressor is appraised as being amenable to change. Any situation in which constructive action is possible seems to enhance problem-focused coping whereas situations that have to be accepted are more likely to trigger emotion-focused coping.

There is no widely accepted and over-arching theory of how refugees cope with the challenges of resettlement and adjustment to life in their new country. There is, however, a growing body of knowledge which points to key factors in coping processes, including some work on coping by refugees as described below.

Religion, spirituality and beliefs

Clinicians working with war victims have emphasised that after a severe trauma the central point in the recovery process is to integrate this traumatic experience into a meaningful context in the life story of the affected person (Vanista-Kosuta & Kosuta, 1998). Religion, spirituality and related practices can have that role as they have been found to be important coping resources in dealing with day-to-day living and severe traumas (Pargament et al., 2000; Tarakeshwar et al., 2003).

Brune et al. (2002), when investigating the outcome of psychotherapy for war traumatised refugees resettled in Germany and Sweden, found that those with strongest religious or political convictions dealt better with their traumas and "new" life. Similarly, Dorais (2007) when studying Vietnamese boat people resettled in Canada, underlined that religion was an important source of hope and meaning throughout their flight and immediately following their resettlement because it reinforced their identity and helped them to adjust to an unfamiliar environment. Shoeb et al. (2007) found that religious

practices and beliefs generated active problem-focused coping amongst Iraqi refugees living in the U.S.A.

Moreover, Mayer (2007) highlights that refugees' resettlement experiences must be understood as a liminal state corresponding to a transitional period characterised by ambiguity and indeterminacy because of the loss of identity. This often makes people turn to faith, either religious or another belief, as a source of emotional support with which to cope with uncertainty and difficulties by addressing the dilemma of being caught between two worlds.

Resilience

Resilience remains a complex concept which has resulted in multiple meanings and ambiguous terminology (Zimmerman & Arunkumar, 1994). There is no universally accepted definition of resilience although it is generally regarded as a person's ability to "bounce back" or adapt successfully after negative life experiences, lifespan transitions or difficult circumstances. Although refugees are often noted as exemplars of resilience, Hollifield (2005) stated that the resilience of refugees is poorly researched. This can be explained by doubts in psychiatric epidemiology about the validity of this construct when applied to non-Western cultures (Gunnestad, 2006; Harrop et al., 2006).

Amongst the available information is that collected by Wilson (as cited in Agaibi & Wilson, 2005) when reviewing studies on victims of war, torture, holocaust and natural disasters. They reported that positive personal attitudes, skills and interaction with others were common manifestations promoting resilience as a response to acute or prolonged forms of stress and its long-term positive adaptation.

Gakuba (2001) found that the umbrella of school or university was a critical protective factor to develop resilience amongst young Rwandan refugees seeking refuge either in Switzerland or France after the 1994 genocide. Studying was seen as being essential to embracing the future by giving them not only the means to be "upgraded and valued" in their new society but also the perspective to be "useful" to their country of origin should their residency status in Switzerland or France be rejected after a few years.

Similarly, the Ministry of Education in New Zealand (2006) has acknowledged the role of school-based intervention in promoting positive adaptation outcomes for young refugees by facilitating the development of both personal and external resilience factors. This includes, for example, the availability of a caring adult or mentor, the promotion of self-esteem, understanding of maladaptive behaviour and offering other teaching options, including intervention in the form of therapy.

Recently, Cone (2007) investigated Russian immigrants and refugee resilience attitudes in the U.S.A. Flexibility, political or religious convictions, taking risks, complying with the resettlement requirements, maintaining their cultural roots through community events, hope and strong determination to succeed were powerful personal characteristics contributing to individuals' resilience.

Self-efficacy

Self-efficacy, which refers to personal judgment of one's capabilities to exercise some measure of control in the face of stressful events (Bandura, 1997) plays a key role in stress reactions and quality of coping. It is an important resource for positive psychological adaptation as it determines that people are more likely to engage in tasks with which they feel comfortable and be less likely to participate in tasks with which they do not.

For example, Luszczynska et al. (2005) and Salanova et al. (2006) have highlighted that people with a strong sense of self-efficacy appeared to invest more effort and to develop active coping with the stress induced by unemployment. By contrast, those with lower self-efficacy tended to be more passive and to use emotion-focused rather than problem-focused coping strategies. Benight and Bandura (2003) when reviewing the role of perceived self-efficacy in recovery from diverse types of trauma such as natural disasters, military combat, terrorist attack or criminal assaults found that people who believe they can defeat past trauma have demonstrated pro-active coping abilities to regain control over their lives rather than having their lives dictated by adverse circumstances.

Scholz et al. (2000), when investigating the understanding of self-efficacy in different countries (Asia, Arab Peninsula, Eastern Europe and South America) suggest that this construct tends to be universal despite cross-cultural differences. Self-efficacy theory, therefore, could be useful in investigating refugees' experiences in their mastery of adverse circumstance (no studies could be found). Such a gap could be an area for further investigation, to verify the applicability of the concept to non-Westerners.

Social support

Social support has the potential to encourage adaptive coping responses by promoting self-esteem, confidence and a sense of control and also by providing information and guidance (Harrop et al., 2006). Whereas the acknowledged role of resettlement and social services, when driven by good policy, is to increase refugees' capacities to adapt to their host country, the role of social support in terms of buffering the impact of stress on refugees remains poorly explained (Stanfeld, 2006).

Amongst available studies, Simich et al. (2004) found that immigrants and refugees encountered many barriers such as lack of language ability and no access to, or no command of, the internet so as to obtain informational support. This resulted in refugees distrusting providers, choosing instead to turn to other sources of help such as friends, established refugees, relatives or religious associations which were perceived as being more effective in meeting their informational needs. Similarly, Colic-Peisker and Tilbury (2003) reported that refugees from former Yugoslavia and Africa resettled in Australia found solutions beyond government assistance by using their own abilities and relied on their family, community of origin and other informal social networks.

Summary

As outlined above, available information on refugees' coping processes whilst resettling highlights some of their strengths and attributes contributing to and sustaining their successful adaptation to life's tasks in their host country. Other positive self-concepts include internal locus of control, self-esteem, self-determination and self-confidence. There is evidence that all interact and are significant factors influencing and fostering active coping processes leading to a positive psychological adaptation and adjustment (Harrop et al., 2006).

Nevertheless, despite those recent attempts to describe such phenomena, research is lacking on refugees' perspectives on the factors which they themselves consider important to overcome resettlement difficulties and why those factors are critical to adjust to their new environment and to maintain their mental well-being. This study, therefore, was undertaken to address this significant gap in research to date especially amongst adult refugees who have been resettled in New Zealand.

Methodology

Grounded theory has been the qualitative method of enquiry chosen because, with few exceptions, studies on refugees' mental health have utilised quantitative methodologies to examine mental illnesses related to past traumatic events or social disadvantages. Whereas such an approach has provided an understanding of the level of related psychopathology, limited attention has been given to individuals' positive adaptation whilst resettling.

Grounded theory, therefore, is an appropriate approach for researching phenomena for which there is, as yet, no strong theoretical framework. The derived theory, being grounded in participants' data, appears relevant both for them and for those interested in their experiences (Chamberlain et al., 2004). This contrasts with quantitative research where theories are generated instead from testing and refining previously constructed hypotheses.

The research questions guiding this study were (i) which factors contribute to adult refugees' coping processes to overcome resettlement difficulties and adjust to life in New Zealand and, (ii) how do those factors impact on their resettlement outcomes including their mental well-being during their adaptation process in New Zealand?

Participants were interviewed individually using the semi-structured interview technique and were recorded subject to the participant's agreement. Interviews were designed permitting participants to elaborate on (i) their main difficulties since arrival, (ii) the factors which have helped them to overcome such difficulties and, (iii) the main goals they expected to achieve in New Zealand. Follow-up sessions were conducted with all participants during which each of them was given a copy of her/his transcript to clarify and verify her/his own experiences against the emerging findings of the research.

Data collection and analysis

Qualitative data were collected from twenty six adult former refugees, originally from the war-torn countries of Afghanistan, Burma (Myanmar), Ethiopia, the Kurdistan region, and Somalia, all now living in the New Zealand cities of Christchurch and Nelson.

Consistent with grounded theory, data collection and analysis were conducted simultaneously. The first phase of the analysis consisted of the breakdown of the data through the meticulous reading of each transcript, referred to as *open coding* (Glaser and Strauss, 1967; Dey, 2004). This permitted the highlighting of broad incidents and events describing adult refugees' coping processes. Participants' narratives were compared constantly so as to identify similarities which were grouped together under common *categories,* usually verbatim so as to reflect accurately their meaning.

As the analysis progressed, variations, dissimilarities or new themes in data emerged leading to complementary exploration as well as directing the researcher towards the topic or the individual who should be studied next so as to confirm or contrast the developing categories. Such sampling, named *theoretical sampling,* is a critical tenet of grounded theory methodology. It is an on-going process of data collection which aims to maximise the variation between participants throughout the analytical and coding progression (Charmaz, 2000, 2006; Strauss and Corbin, 1990, 1998).

The second phase of the analysis marked the transition from establishing 12 categories to explaining and describing their properties and dimensions leading to the reduction of a broad database to a more conceptual level. The third phase determined how those categories interrelated leading to the identification of the core category, also called *basic social process,* which is a common pattern among participants' narratives that emerges with high frequency thereby explaining behaviour to the studied phenomenon (Corbin & Strauss, 2008; Punch, 2005).

Sampling was completed with 26 participants. Thus the established categories were *saturated* when their properties, dimensions and relationships were explained theoretically and data became repetitive and did not provide any further insights. *Memos* (field notes and diagrams) supported fully the overall analytical process so as to refine interview procedures or to gather impressions which could not be captured through recording. This also helped the ongoing thinking process to contrast, or maximise, emerging findings. Additionally, *theoretical sensitivity* guided the researcher to identify relevant variables and relationships without being influenced by pre-conceived ideas (Glaser, 1978; Dey, 1999; Strauss & Corbin, 1990).

Findings

As mentioned previously, data were collected from twenty six adult former refugees.The participants' socio-demographic characteristics are collated in table 1.

Table 1: Socio-demographic characteristics of participants

		Total (n=26)	Female (n=12)	Male (n=14)
Country of origin N (%)	• Afghanistan • Burma (Myanmar) • Ethiopia • Kurdistan region • Somalia	8 (30) 5 (19) 4 (15) 3 (11) 6 (23)	4 (33) 3 (25) 2 (16) 1 (8) 2 (16)	4 (28) 2 (14) 2 (14) 2 (14) 4 (28)
Refugee classification N (%)	• Quota refugee • Family reunification • Convention refugee	16 (61) 9 (35) 1 (4)	9 (75) 3 (25) -	7 (50) 6 (43) 1 (7)
Place of residence in New Zealand N (%)	• Christchurch • Nelson	21 (81) 5 (19)	9 (75) 3 (25)	12 (86) 2 (14)
Age in years	• Mean (SD) • Maximum • Minimum	38 (4) 62 18	35 (9) 45 18	41 (10) 62 21
Marital status N (%)	• Single • Married • Divorced • Widowed	5 (19) 16 (61) 3 (11) 2 (7)	2 (16) 6 (41) 2 (16) 2 (16)	3 (21) 10 (71) 1 (7) 0 (0)
Family size (persons)	• Mean (SD) • Maximum • Minimum	5 (2) 9 1	5,6 (1,7) 9 4	5 (2,4) 8 1
Having children < 5 yrs N (%)	• Yes • Maximum of children < 5 yrs • Minimum of children < 5 yrs • None	14 (53) 2 1 12 (46)	- - - -	- - - -
Length of residence in New Zealand (years)	• Mean (SD) • Maximum • Minimum	5 (4) 13 1	4 (2) 9 1	5 (4) 13 1
Occupational status N (%)	• Full time work • Part time work • Casual* or no work • Studying	6 (23) 7 (27) 11 (42) 2 (8)	1 (8) 3 (25) 6 (50) 2 (17)	5 (36) 4 (28) 5 (36) -

* "from time to time"

The main resettlement difficulties described by participants were consistent with those reported in the literature (Abbott, 1989; Butcher et al., 2006; Chile, 2002; Ministry of Health, 2001; Nam & Ward, 2006; New Zealand Immigration Service & Department of Labour, 2004). They were practical (poor command of English for some of them), socio-economic (poverty, unemployment), socio-cultural (culture shock, poor societal participation, negative stereotyping of refugee, discrimination) and emotional (sadness, worries, uncertainties, anger).

From the different factors identified by participants as contributing to their coping processes, four major categories emerged: (i) their personal resources, (ii) formal support

from resettlement services providers, (iii) the support of caring individuals, and (iv) their personal achievements. Indeed, participants explained that their ability to activate effective coping strategies was underpinned by the inter-relationship of their personal resources and achievements influenced by the pragmatic and encouraging external support from resettlement services providers and caring New Zealanders as presented in the figure 1 below.

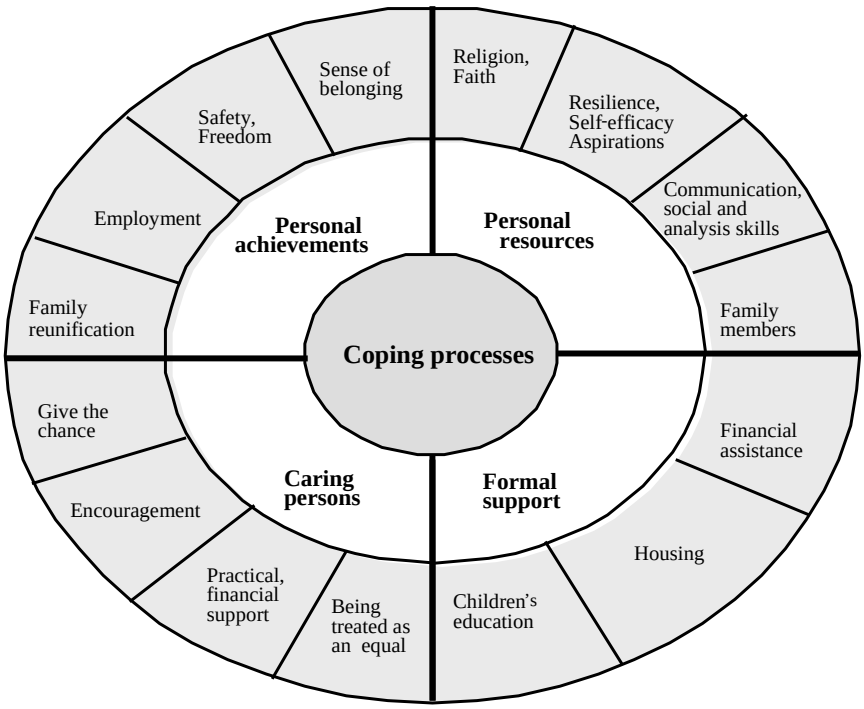

Figure 1: Factors adult refugees talk about as contributing to their coping processes

Participants emphasised that this dynamic process, in which personality and environmental factors interacted in a reciprocal and transactional relationship, was the condition *sine qua non* to negotiate and manage resettlement challenges. Should one of these factors not be present, then participants would face greater difficulties when coming to terms with their new environment and their adjustment to life in New Zealand. This will be explained with illustrative examples drawn from interviews as a whole.

Personal resources

Participants stated that mobilisation of personal characteristics such as determination, flexibility, acceptance of the situation, hope, intelligence, use of knowledge of past experiences and communication or analytical skills were critical to overcome some of their difficulties. They described how those attributes were helpful in developing problem-focused coping strategies. One 45 year old woman, who resettled in New Zealand seven years ago, explained that on arrival she did not speak English, was a

widow with three children, did not have any recognised professional skills and experienced cultural shock. She considered, however, that her knowledge, acceptance and strong determination were significant assets to cope with her situation and stated:

> I was determined. I really wanted to have a better life for my 3 children. I needed to be strong because I understood that I had to live here…/…I have learned how to drive and could drive for a person who has a private business. Before coming here, I had a small street restaurant in Africa for 3 years and I did it all on my own. It worked very well and I was on my own with 3 children.

Participants reminded themselves that because of war and persecution they had known worse situations than resettlement and had learnt how to deal with highly adverse circumstances as described in the following statement:

> I have been in a lot of troubles. I was persecuted because it was the war, I have been in jail, I survived many years in refugee camp where I saw a lot of people dying because they were too weak, children were very sick. I have learned how to be strong and how to survive and manage with life. I have experienced the worst and I have learnt how to hope.

Most participants also stressed the critical role of their religious beliefs or faith in a "Supreme Force" to move forward. This gave meaning to both their losses and flight, as well as enabling them to transcend subsequent problems because, as reported by one participant, it gave them hope and strength impacting on problem-focused coping strategies:

> Because our strong belief in our God, I thought that everything will be okay. We have a saying God tells us to move first and then He will give help. This means that if you do not move or if you just sit, nobody will help you. This is the idea. I think it has some relation with Christianity because it is said that if you knock the door, the door will be opened. If you ask you will be given. The same idea is with us in the Holy Koran. Always be smart and look for the things, don't stay and wait that God gives you everything.

Praying was the first resource to deal with emotional distress by providing them with peace. Religious practices and structures helped to reconstruct a social network by meeting others and providing participants with information to access work or to obtain practical support.

Family members also were an important source of practical and emotional support. Established relatives assisted newcomers to find accommodation, do shopping, meet others and encouraged them because they understood the difficulties faced on arrival. Children were important motivators and their success at school provided parents with pride and joy. One participant reported:

> Two of my children finished high school. Now they know what to do, in their career, in the future. One of my sons is working. My younger son has Kiwi

> friends and since he started primary school here he does not have problems, he is very happy.

Children, because of immediate inclusion in the educational system, also represented important support for translation and explanations of Western habits. One participant reported:

> My children help me with everything, especially with computers, with language. I ask them when I do not know. When we watch movies or the cartoons I ask them “what’s happening here” and they explain to me.

On the other hand, many participants reported not receiving support from their community of origin because of existing internal divisions due to historical events or cultural pressures. Many avoided contact with their fellow countrymen because it was a source of "turmoil" as stressed by one participant:

> I avoid going to meetings of my community for five years because I lost my time. People are always arguing and I do not understand what they want. Community makes me feel bad because they talk about politics. This makes it very hard to gather people and make them happy. People bring here their problems on the table. People do not change their position, they jump and this is wrong.

Importantly, many participants recalled that they did not seek support from other refugees because all were overwhelmed with the same socio-economic constraints and personal hardships such as family separation.

In summary, participants described strong personal resources referring to characteristics of resilience and perceived self-efficacy acquired throughout both their personal lives and during their exile. However, many stressed that those positive constructs required external support to be enhanced and used meaningfully.

Caring persons

Support received from caring and empathetic New Zealanders, either by sponsor volunteers from the Resettlement Migrants Services agency (RMS), or "anonymous" individuals, was perceived as the most effective social support. Firstly, participants stressed that those caring persons provided them with emotional support by encouraging and acknowledging their capabilities rather than focusing on their deficits. Secondly, caring persons provided practical support, such as financial help, enrolment of children at school, finding housing etc. One informant reported:

> My sponsor, she really helped me, helped us a lot. She helped me from her heart, she cared so much and she was suffering for me. She was with me all the time. She changed my life, she loved us and she was always very kind for us. She did a lot to find solutions with us. It has been the most important support. She is still helping us a lot after all these years.

Thirdly, those caring persons provided informational support to assist participants in their adaptation process in a new culture as well as giving them the opportunity to demonstrate their professional skills or talents as illustrated in the following excerpts:

> My Kiwi friend, who has a farm, helped me a lot. I worked for him at that time and we became, we still remain friend. He explained to me how I need to cope, how to find a job…/…He came to my place, when I had some financial difficulties. He lent me money to start my business. He trusted me and I could buy some products and I paid him back.

> My new boss gave me the chance and he could see the results. He was very impressed. After few months, he offered me to work full time with coordination responsibilities and challenges. I accepted that job.

In summary, participants mentioned that caring persons were critical, not only in the regaining of control over their lives because they boosted and nurtured their self-esteem and confidence, but also in the development of their sense of belonging in the host society by enlarging their social network beyond the scope of family and community of origin.

Formal support

The support provided by resettlement services providers was described as being mainly financial and practical. Quota refugees (referred by the UNHCR) were, in general, appreciative of the assistance they received on arrival in terms of learning English, being accommodated, obtaining part-time work. This was perceived as essential to deal with initial culture shock and vulnerability. One participant reported:

> The government has helped us to have a house, to survive and to have enough to live, to pay the basic fees…/… The system has been good for me. I had problems during one of my delivery. If this had happened in Africa, I would have died. But here, immediately they knew the problem and they treated me. I am lucky.

All participants, regardless of New Zealand refugee categorisation, reported being indebted to New Zealand for having protected their lives. They also acknowledged the support which their children had received in accessing the education system. Nevertheless, most of them perceived this support as inadequate to cover adults' social needs which started to dominate after the initial 6-12 months period of resettlement.

Poor support to access the labour market was reported as being a major source of stress. Whereas most of the participants were aware of their weaknesses, they stated that too much emphasis was given to their poor language abilities or professional skills which accentuated their sense of worthlessness and distrust of available support because of lack of encouragement. Furthermore, many perceived agencies as having their personal agendas thereby compromising effective support to engage with the mainstream society as illustrated in the following statements:

> The agencies did not help me at all. My opinion is that they have to create problems amongst the refugee communities to get funded by the government. They are not helpful at all…
>
> …They (agencies and departments) are afraid that refugees' associations become strong because if this happen they will lose funds. So, it is better for them to say that we have problems to get funds.

Moreover, the non-utilisation of the expertise and competencies of established refugees by not giving them a role or position of authority in the resettlement provision was a recurrent source of dissatisfaction.

Participants explained that the dependence on unemployment benefits after more than a year or two aggravated their feelings of alienation and frustration because of limited financial resources and non-participation in meaningful activities. They described the dilemma of having to be involuntarily dependant upon the welfare system which they perceived as humiliating and stressful but without which they could not survive. One informant reported:

> When we have problems we go to the offices which are supporting refugees such as Housing New Zealand, Immigration Services. We said to them that some families are really struggling. But the people working in the government services reply that we should be happy with what we have and that this is not their problem! So why do they bring us here?...
>
> …This year the government gave us NZ$10 more for each child/week, but on the other hand they have increased our rent by NZ$40. What are they doing? This is like giving us something with one hand and takes all of it back with the other hand. We have minimum salary, we know that we will never have high salary, why do they take the few extra dollars that we have?

Being benefit recipients appeared to emphasise participants' inability to affirm their capabilities and skills in becoming self-reliant. Many mentioned that it limited their capacity to plan towards improving their situation and their idea of a better future. They acknowledged that financial assistance buffered some stress, but also maintained them in a state of dependence on the resettlement services providers. This involuntary situation was seen by many as disenabling their coping capabilities thereby affecting negatively their mental well-being as highlighted by the following excerpt:

> What you do with your hand, what you get is sweeter. It gives you good morale. You are responsible. If you have benefits you are not alive, you are out of the system. You cannot grow up and become somebody in the society and support your family. Each time I am working, I feel that I am responsible of my family and I like supporting them. But whenever I get this unemployment benefit, I feel not responsible and I cannot show to my children that I care for them and that I am proud to work for them.

Personal achievements

Accessing work and being reunified with family members were major coping resources for adjustment in New Zealand. Both were linked intrinsically: unemployment adversely impacted on meeting family needs and not being reunified with the family affected participants' morale negating their active coping strategy. Meaningful employment was critical not only to cover daily financial needs but also to regain a social status and control over their lives. Many reported that it also enabled them to observe, mix with and learn from New Zealanders and to demonstrate their capacities in the face of stereotyping and discrimination. One participant stated:

> Today I have achieved something in my life. I have my own business and succeeded to do something good for my children… My skills are really recognised. I started business from zero and now I am in a very good position.

Another described that work had been the "key" to settle in New Zealand and to be satisfied with his life:

> When you work, you are able to make friends, you mingle with the people. …/…I have learnt English in my work. People talk to me all the time and I can understand and answer. After eleven years I have been able to buy a house. I know many people now and I also know the country. What I have mainly learned and achieved because of the work it is to live with different people, culture or religion. This is a lot.

Men explained that work was critical in the rebuilding of their self-esteem and confidence by regaining their role of "breadwinner" within the family. Those who were facing chronic unemployment reported being constantly sad, anxious and losing links with their spouses and children as described by one participant:

> Nobody gives me chance to work. I have Kiwi degree, they do not give me the job because they say that I need experience but how can I get experience if they do not give me the job? …
>
> … This is like being ON and OFF all the time. Parents need to be strong and for that they need job to show to their children the right way. How can parents influence their children to work hard at school if they cannot show them? Look, parents they stay at home all day long, when they say to their children "Do your homework!" children do not listen, they go to town and they smoke or drink. Parents cannot show the rules and this results in family conflict.

Similarly, family reunification was a major achievement and a powerful force in coping with resettlement adversity. It enhances problem-focused coping because it upholds an individual's sense of responsibility, including pride, to show their capacity to care for their loved ones. It enhances emotional-focused coping because it alleviates the constant anguish linked to family members being left in their country of origin or camps in an

unsafe environment.

Obtaining New Zealand Citizenship was seen as an important accomplishment so as to be regarded as a New Zealander thereby being recognised as useful and not being “dependent” on others. To have the same opportunities and obligations as New Zealanders would reduce marginalisation and prevent psychological distress. However, participants were concerned at constantly being referred to as "refugees" which appellation they considered to be an opprobrium which contributed to stereotyping such as being seen as "poor victims" unable to decide for themselves or "using the system".

Participants' choice of either emotion or problem-focused coping was directed by available personal and external coping resources, their specific socio-economic and emotional needs and re-assessed accordingly. Emotion focused coping was used to deal with situations which participants could not influence such as immigration procedures. Problem coping was used to manage practical issues such as work because participants considered that they had the capacity to do so.

Basic social process

As the analysis progressed, the basic social process (referring, essentially to what people do in dealing with their main concerns or problems) identified by the participants to overcome resettlement difficulties and adjust to life in New Zealand, was the “obtaining of a social position”. It was the main goal to achieve, which motivated them to develop their coping processes and which they described as: (i) having satisfactory work, (ii) being economically self-sufficient, (iii) contributing and participating to the mainstream society, and (iv) being regarded as a New Zealander.

The prospect of becoming financially self-reliant, regaining control over their lives in a social network beyond their family and groups of origin and having the means of acting as effective parental role models, thereby securing their family links, was described as being the driving force in stimulating adult refugee's coping abilities and positive behavioural patterns. In that respect the obtaining of a social position was perceived as essential to regain or maintain a satisfactory mental well-being in an unfamiliar environment.

Discussion

Former refugees in this study confirmed the practical, socio-economic, cultural and emotional difficulties reported in the existing literature described as being major barriers in adjusting to New Zealand. They also explained that the mobilisation of their personal resources, the availability of formal support as well as that of caring members of the community, plus their gradual achievements, were critical factors contributing to the development of their coping processes and behaviour so as to overcome those difficulties and related stress.

This is consistent with other more general research which has identified family members,

religion, personality characteristics and pragmatic and encouraging social support as significant buffers in times of adversity which direct individuals to being pro-active to solve their problems (Abbott, 1989; Colic-Peisker & Tilbury, 2003; McSpadden, 1987; Schweitzer et al., 2007).

Findings suggest that these contributing factors in which personality and environmental factors interacted in a reciprocal and transactional relationship, were the *sine qua non* condition to negotiate and manage resettlement challenges. Indeed, participants frequently emphasised that if this interaction was not activated they faced greater difficulties in coming to terms with their new environment and their adjustment to life in New Zealand, thus leading potentially to adverse mental health outcomes.

The value of such an explanation is that it provides a framework in an area where little prior investigation has been undertaken and which can be incorporated in propositions that permit empirical testing. For example, the factors adult refugees' regard as contributing to their coping processes presented in figure 1 could be used as the basis for a simple self-assessment tool or for the development of structured questionnaires which could highlight those personal strengths which need to be activated together with deficits which require support.

In this study, participants described factors which may have self-evident face validity as a "common sense" depiction of inter-related coping resources. They offered a possible guide for multisectoral interventions so as to develop such interventions and support structures which lie beyond the immediate control of health professionals, thereby addressing individuals' priorities in their process of adaptation in the host country. The exploration of the major role played by host society members to facilitate the adaptation process of former refugees' could be another research area of considerable relevance and use when structuring assistance policies and programmes.

Additionally, findings permitted the developing of a theoretical explanation whereby the *obtaining of a social position* was the main goal which motivated adult refugees in developing their coping processes. Beyond the prospect of regaining control over their lives, participants emphasised that such an accomplishment was critical to prevent or reduce adverse mental health outcomes in an unfamiliar environment. The obtaining of a social position was described by the participants as the driving force to develop their coping processes so as to reach their own resettlement goals which often are similar to those targeted by the resettlement policies. Findings, however, suggest that institutional hindrances often mask their implementation.

Despite considerable efforts to improve resettlement outcomes in New Zealand (Department of Labour, 2007) current support tends to focus on refugees' weaknesses resulting in activities being organised around those limitations. As a consequence, participants considered that their motivation to obtain a social position often was hindered by an assistance based on social dependence rather than supporting their strengths and socio-economic priorities which are critical to coping.

Such a deficit approach, despite good intentions, was viewed by many participants as

preventing them from regaining control over their lives which they associated with their current adverse mental health outcomes and described as "sadness, anger, anguish, depression or uncertainty". In that respect, religion was the most reported resource to alleviate such suffering and the least helpful was health care provision which the majority perceived as not solving their current problems. This is consistent with a recent review conducted in New Zealand by Nash et al. (2006) who stressed the importance of addressing the centrality of work or citizenship when supporting former refugees because available support proves to be ineffective to assist their social integration.

Findings suggest that targeting refugees' priorities as well as establishing the resettlement conditions which contribute to their mental well-being could prevent costly health interventions, the efficacy and efficiency of which are likely to be minimal because they do not have the trust of the “refugee clientele” and do not resolve major sources of resettlement distress.

Such support appears to be critical to comply with the purpose of resettlement which is to provide access to civil, political, economic, social and cultural rights similar to those enjoyed by nationals. Should this support not be available, the prospect of a "better life" turns instead into dependence on the welfare system or relatives which is difficult to break. This frustrating and continuing experience of unintentional alienation aggravates and accentuates their sense of worthlessness which impacts negatively on their mental health status and family cohesion, problems which cannot be resolved by the health sector on its own.

One of the strengths of this study is its focus on former refugees’ positive characteristics and the environmental factors contributing to their successful coping and adaptation in New Zealand. It is a radical departure from the dominant paradigm which tends to conceptualise former refugees' adjustment process in non-coping terms as presence or absence of psychopathology. Such an orientation provides insights into “what works” and thereby contributes to improving knowledge so as to enhance the well-being of former refugees which could be of considerable value to both themselves and New Zealand.

Conversely, the absence of an official database in New Zealand providing information about former refugees’ resettlement outcomes has made the documentation of current concerns difficult. The sample size of 26 participants was sufficient to elaborate a theoretical explanation of adult refugees' coping processes by following and respecting the rigorous tenets of grounded theory including data saturation. On the other hand, this limited sample size was not sufficiently representative to be able to conduct quantitative analysis in assessing participants' mental health status.

This study provides a framework for understanding the contributing factors to adult refugees' coping processes. It also highlights potential actions to reduce adverse mental health outcomes by juxtaposing those coping processes with individuals' resettlement goals. Findings suggest the need to strengthen the development of refugees’ personal abilities through practical support and multisectoral interventions so as to assist them in the obtaining of a social position. This is critical to reduce adverse mental health

outcomes because it transcends their adaptation in New Zealand and signifies the finalisation of their exile.

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